



BEAUTY AND BARBER SHOP SUPPLEMENT
(Include Acord Application)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

Phone: _____

Fax: _____

1. Years in this type of business _____ Years at this location _____
2. Applicant Operates: Beauty Shop Barber Shop Nail Salon Other _____
3. Shop is located in: Own Building Home Shopping Mall Other _____
4. Square footage of building occupied by the applicant _____
5. Number of fire extinguishers on premises? _____ currently serviced and tagged? Yes No
6. Number of exits? _____ Are doors equipped with panic door hardware? Yes No
If no, are doors kept unlocked during business hours? Yes No
7. Estimated annual gross sales/receipts:

a. Beauty/barber shop operations	\$ _____
b. Wig services and sales	\$ _____
c. Products which bear your private label	\$ _____
d. Products you mix, blend or package	\$ _____
e. Annual gross sales/receipts from all operations	\$ _____

8. Number of:

	<u>Full Time</u>	<u>Part Time (under 30 hrs/week)</u>
a. Beauticians	_____	_____
b. Barbers	_____	_____
c. Electrolysis	_____	_____
d. Manicurist	_____	_____
e. Nail Technician	_____	_____
f. Waxing Technician	_____	_____

g. Are all the above licensed? Yes No

If No, explain: _____

(A certificate of Insurance must be attached for each lessee)

10. Services offered in your business :

- | | | |
|--|------------------------------|-----------------------------|
| Exercising (requires exercising questionnaire) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hair Dyeing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Predisposition test given? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hair Relaxing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nail Sculpting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Permanent Hair Removal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Permanent Waves | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Skin Peel/Body Wraps | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Saunas or Steam Baths | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tanning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wigs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Foot baths/soaks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Massages | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Others - Describe:

10. Are aerosol products sold on premises? Yes No

If yes, how much aerosol is stored (to include how aerosol is stored) on premises? _____

_____ Yes No
(We require a list of ingredients and samples of labels and directions for all such products)

12. Do you sell any products to your customers that bear your private label? Yes No

(Please submit Certificates from each supplier of such products)

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no Material facts have been suppressed or misstated

Completion of this form does not bind coverage or commit the company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____

Producer: _____

Signature: _____

Signature: _____

Date

Date