



**BEAUTY SALONS, NAIL SALONS AND BARBER SHOPS**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

- |  | <b>Prohibited</b>            | <b>Submit</b>                | <b>Eligible</b>              |
|--|------------------------------|------------------------------|------------------------------|
| 1. Any prior claims?   |                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| <b>LIABILITY</b>   |                              |                              |                              |
| 2. Are the insured's licensed and the licenses of all employees valid?<br>(No students operating with a permit)                            | <input type="checkbox"/> No  |                              | <input type="checkbox"/> Yes |
| 3. Are combs, brushes, clippers and other equipment used on clients<br>sterilized in between uses according to state disinfection methods? | <input type="checkbox"/> No  |                              | <input type="checkbox"/> Yes |
| 4. Are the floors regularly cleaned to prevent accumulating hair?  | <input type="checkbox"/> No  |                              | <input type="checkbox"/> Yes |
| 5. Are any Products sold under applicants name or label?   | <input type="checkbox"/> Yes |                              | <input type="checkbox"/> No  |
| 7. Any body piercing?  | <input type="checkbox"/> Yes |                              | <input type="checkbox"/> No  |
| 8. Tattooing, including but not limited to the insertion of pigment into<br>or under the skin?   | <input type="checkbox"/> Yes |                              | <input type="checkbox"/> No  |
| 9. Any activities not normal and customary for a Barber or Beauty Salon?   | <input type="checkbox"/> Yes |                              | <input type="checkbox"/> No  |
| <b>PROPERTY</b>  |                              |                              |                              |
| 10. Is there an adequate number of currently tagged fire extinguishers?  | <input type="checkbox"/> No  |                              | <input type="checkbox"/> Yes |
| 11. Is all the electrical wiring on functional and operational circuit breakers?   | <input type="checkbox"/> No  |                              | <input type="checkbox"/> Yes |
| 12. Is there overloading of electrical circuits with extension cord use?   | <input type="checkbox"/> Yes |                              | <input type="checkbox"/> No  |
| 13. Is there any aluminum wiring?  | <input type="checkbox"/> Yes |                              | <input type="checkbox"/> No  |
| 14. Total property values greater than 500,000?  |                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 15. Are there functioning smoke detectors on the premises?   |                              | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| <b>OPTIONAL PROFESSIONAL LIABILITY</b> - If prohibited, professional liability coverage is not available.                                  |                              |                              |                              |
| 15. Any removal of hair by electrolysis or lasers?   | <input type="checkbox"/> Yes |                              | <input type="checkbox"/> No  |
| 16. Any hair implanting or hair transplanting or any attempt at these?   | <input type="checkbox"/> Yes |                              | <input type="checkbox"/> No  |
| 17. Any dye or coloring to eyelashes or eyebrows except<br>mascara or eyebrow pencils.   | <input type="checkbox"/> Yes |                              | <input type="checkbox"/> No  |
| 18. Face lifting, skin peels, the removal of warts, moles or growths or<br>any attempts at these or similar services?                      | <input type="checkbox"/> Yes |                              | <input type="checkbox"/> No  |
| 19. Any massage services?  |                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 20. Chiropractic or Podiatry?  | <input type="checkbox"/> Yes |                              | <input type="checkbox"/> No  |
| 21. Number of:      Beauticians: _____      Barbers: _____      Manicurists: _____   |                              |                              |                              |

***Provide complete details of any submit items.  
We can review an application for eligibility with complete details.  
If Prohibited, please decline the account.***

Submit Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_