



BEAUTY SALONS, NAIL SALONS AND BARBER SHOPS

Applicant's Name: _____ Date: _____

E-mail Address: _____

- | | Prohibited | Submit | Eligible |
|--|------------------------------|------------------------------|------------------------------|
| 1. Any prior claims? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| LIABILITY | | | |
| 2. Are the insured's licensed and the licenses of all employees valid?
(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
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
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 |
| PROPERTY | | | |
| 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 |
| OPTIONAL PROFESSIONAL LIABILITY - 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
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
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. Chiropody 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 _____