

**BARBER SHOP AND
BEAUTY SALON SUPPLEMENT**

(Include Acord Application)

Applicant/Named Insured: _____

Mailing Address: _____

Location Address: _____

Website Address: _____ Phone: _____ Fax: _____

Policy Number: _____

1. Years in business at current location: _____ Years of experience in field: _____
2. Applicant operates: ☐ Beauty shop ☐ Barber shop ☐ Nail salon ☐ Other: _____
3. Shop is located in: ☐ Own building ☐ Shopping mall ☐ Home ☐ Other: _____
4. Square footage of building occupied by the applicant: _____ sq. ft.
5. Number of fire extinguishers on premises: _____
6. Have all fire extinguishers been serviced and tagged in the past 12 months? ☐ Yes ☐ No
7. Number of exits: _____
8. Are doors equipped with panic door hardware? ☐ Yes ☐ No
If no, are doors kept unlocked during business hours? ☐ Yes ☐ No
9. Estimated annual gross sales/receipts:

Operation	Gross Sales/Receipts
Beauty or barber shop operations	\$
Wig services and sales	\$
Products bearing your private label	\$
Products you mix, blend or package	\$

Annual gross sales/receipts from all operations: \$ _____

10. Employee information:

- a. Number of full and part time employees by description:

Employee Description	# Full Time	# Part Time (under 30 hours/week)
Beauticians		
Barbers		
Electrologist		
Manicurist/Nail Technician		
Waxing Technician		

Note: A certificate of insurance must be attached for each lessee

- b. Are all of the above employees licensed? ☐ Yes ☐ No
If no, explain: _____
11. Are aerosol products sold on premises? ☐ Yes ☐ No
If yes, describe how much aerosol and how stored on premises: _____
12. Do you sell any products to your customers which you mix, blend or package? ☐ Yes ☐ No
(We require a list of ingredients and samples of labels and directions for all such products)
13. Do you sell any products to your customers that bear your private label? ☐ Yes ☐ No
(Submit Certificates from each supplier of such products)

14. Services offered in your business (X all applicable services):

- | | |
|--|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Permanent Makeup |
| <input type="checkbox"/> Body Wraps (percentage of gross sales: _____ %) | <input type="checkbox"/> Permanent Waves |
| <input type="checkbox"/> Botox/Collagen Injection | <input type="checkbox"/> Plastic Surgery |
| <input type="checkbox"/> Chemical Peel | <input type="checkbox"/> Saunas or Steam Baths |
| <input type="checkbox"/> Electrolysis / permanent hair removal | <input type="checkbox"/> Tanning – Beds or Booths |
| <input type="checkbox"/> Exercising (requires Health Club Supplement) | <input type="checkbox"/> Tanning – Spray |
| <input type="checkbox"/> Foot Soaks / Baths | <input type="checkbox"/> Tattoo / Body Piercing |
| <input type="checkbox"/> Hair Dyeing | <input type="checkbox"/> Wart / Mole Removal |
| <input type="checkbox"/> Hair Implants / Transplants | <input type="checkbox"/> Wigs |
| <input type="checkbox"/> Hair Relaxing | <input type="checkbox"/> Waxing (percentage of gross sales: _____ %) |
| <input type="checkbox"/> Massages | <input type="checkbox"/> Other (describe): _____ |
| <input type="checkbox"/> Microdermabrasion – no lasers | _____ |
| <input type="checkbox"/> Nail Sculpting | _____ |

15. If hair dyeing is done at your premises, is a predisposition test given? ☐ Yes ☐ No

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.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

NOTICE TO COLORADO APPLICANTS:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO NEW YORK APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant Name

Applicant Signature

Date

Producer Name

Producer Signature

Date