

BEAUTY SHOP AND BARBER SHOP LIABILITY SUPPLEMENTAL QUESTIONNAIRE
(Complete in Addition to Acord Application)

1. Name of Applicant: _____
2. Applicant Operates: Beauty Shop Barber Shop Other _____
- _____
3. Shop is located in: Own Building Home Shopping Mall Other _____
- _____
4. What is the area of the premises that you occupy? _____ Square Feet
5. Estimated annual gross receipts from beauty/barber shop operation? \$ _____
6. Estimated annual gross receipts from all operations? \$ _____
7. Is any space, booth or chair rented to others? Yes No
- If Yes, please give names of lessees _____

A Certificate of Insurance Must be Attached for Each Lessee

8. Number of:
- | | | | |
|----------------------------------|--|---|-------|
| a. Beauticians - Full Time | _____ | *Part Time | _____ |
| b. Barbers - Full Time | _____ | *Part Time | _____ |
| c. Electrolysis - Full Time | _____ | *Part Time | _____ |
| d. Waxing - Full Time | _____ | *Part Time | _____ |
| e. Nail Technician - Full Time | _____ | *Part Time | _____ |
| f. Manicurists Full or Part Time | _____ | <i>*Part Time are those working less than 30 hours per week</i> | |
| g. Are all of above licensed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, explain: _____ | |

9. Services offered in your business:
- | | | | |
|----------------------------|--------------------------|--------------------------|---|
| | Yes | No | |
| Permanent Waves | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hair Relaxing | <input type="checkbox"/> | <input type="checkbox"/> | Number given weekly _____ |
| Permanent Hair Removal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Needle Form <input type="checkbox"/> Share Wave <input type="checkbox"/> Other _____ |
| Hair Dyeing | <input type="checkbox"/> | <input type="checkbox"/> | |
| Predisposition test given? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Wigs | <input type="checkbox"/> | <input type="checkbox"/> | Income from wig services and sales \$ _____ |
| Nail Sculpting | <input type="checkbox"/> | <input type="checkbox"/> | |
| Skin Peel/Body Wraps | <input type="checkbox"/> | <input type="checkbox"/> | |
| Saunas or Steam Baths | <input type="checkbox"/> | <input type="checkbox"/> | |
| Exercising | <input type="checkbox"/> | <input type="checkbox"/> | Attach Exercise Questionnaire (CSL 7007) |

Tanning

Attach Suntanning Questionnaire (CSL 7006)

Others (describe) _____

10. Do you sell any products to your customers which bear your private label? Yes No

If Yes, what are your annual sales of such products? _____

Please submit Certificates from each supplier of such products.

11. Do you sell any products to your customers which you mix, blend or package? Yes No

Please submit a list of ingredients and samples of labels and directions for all such products.

12. Are aerosol products sold on premises? Yes No If yes, how much aerosol is stored on premises? _____

How are the products stored? _____

13. Premises Information:

1. Number of fire extinguishers on premises? _____ Number of exits? _____

a. Fire extinguishers serviced and tagged within the last year? _____

2. Smoke detectors?

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. Yes No

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: _____

Date: _____

Producer Signature: _____