

BEAUTY SHOP, BARBER SHOP AND DAY SPA GENERAL LIABILITY SUPPLEMENTAL APPLICATION

Applicant's Name:	Agency Name: Agency Location:
Applicant Mailing Address:	Agent Name:
Applicant Location Address:	Applicant's E-mail Address:
Applicant Website Address:	Applicant's Phone:
PROPOSED EFFECTIVE DATE: FROM _____ TO _____ 12:01 A.M., Standard Time at the address of the applicant	

Applicant is:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other (Specify)
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1.	APPLICANT INFORMATION	
a.	Years in business	
b.	Applicant is:	<input type="checkbox"/> Owner <input type="checkbox"/> Employed Operator <input type="checkbox"/> Independent Contractor
c.	Does applicant have other business ventures for which coverage is not requested? If yes, please describe	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Does applicant engage in the generation of power, other than emergency back-up power, for own use or sale to power companies? If yes, please describe	<input type="checkbox"/> Yes <input type="checkbox"/> No

2.	CLASSIFICATION OF RISK check all that apply	
	<input type="checkbox"/> Barber Shop <input type="checkbox"/> Beauty Parlor <input type="checkbox"/> Day Spa <input type="checkbox"/> Dental Spa - PROHIBITED <input type="checkbox"/> Float Tank	<input type="checkbox"/> Massage Parlor <input type="checkbox"/> Med (Medical) Spa - PROHIBITED <input type="checkbox"/> Nail Salon <input type="checkbox"/> Tanning Salon

3.	OPERATIONS	
a.	Gross sales all sources	\$
b.	Number of operators: Full time hair Part time hair (less than 20 hours per week)	Aestheticians Masseuses: Nail Technicians
c.	Are all operators licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Any pending or previous allegations of malpractice, error or mistake? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Any operations performed away from applicant's premises? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

4.	WATER EXPOSURES Check all that apply -		
	Description <input type="checkbox"/> Float tanks number <input type="checkbox"/> Hydromassage bed/chair number <input type="checkbox"/> Hot tubs and spas number <input type="checkbox"/> Pools Indoor number Outdoor Number <input type="checkbox"/> In-ground <input type="checkbox"/> Above ground <input type="checkbox"/> Showers <input type="checkbox"/> Wading pool number	Safety <input type="checkbox"/> Certified lifeguard available when swimming is allowed. <input type="checkbox"/> Depth markings clearly visible <input type="checkbox"/> Diving boards and/or slides Number Height <input type="checkbox"/> Indoor pools in separate room with self closing, self-latching door	<input type="checkbox"/> Life-safety equipment poolside <input type="checkbox"/> Outdoor pools fenced with self-locking gates <input type="checkbox"/> Pool Rules posted <input type="checkbox"/> Showers have non-slip surfaces <input type="checkbox"/> Swimming pools, wading pools hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act

5.	TANNING AND TONING	
a.	<input type="checkbox"/> Tanning beds, Number of beds <input type="checkbox"/> Tanning spray on booths, Number of booths check all that apply: <input type="checkbox"/> Beds and/or booths cleaned after each use <input type="checkbox"/> Beds and/or booths UL approved <input type="checkbox"/> Goggles required <input type="checkbox"/> Parent signature required for use by minors <input type="checkbox"/> Signed waiver required <input type="checkbox"/> Signs posted prohibiting tanning while pregnant and/or on medication <input type="checkbox"/> Timers controlled by applicant <input type="checkbox"/> Unattended tanning salon - PROHIBITED	
b.	<input type="checkbox"/> Toning tables, If checked: Number of tables Signs posted warning pregnant women of dangers of use?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6.	OTHER EXPOSURES check all that apply		
	<input type="checkbox"/> Acne scar treatment - PROHIBITED <input type="checkbox"/> Barber shop chairs Number <input type="checkbox"/> Beauty schools/classes <input type="checkbox"/> Body piercing <input type="checkbox"/> Body Wraps <input type="checkbox"/> Cellulite Reduction - PROHIBITED <input type="checkbox"/> Chemical Peels Type: Receipts: \$ <input type="checkbox"/> Chiropody -PROHIBITED <input type="checkbox"/> Colon hydrotherapy PROHIBITED <input type="checkbox"/> Cosmetic injections - Prohibited <input type="checkbox"/> Ear Candling PROHIBITED <input type="checkbox"/> Ear Piercing <input type="checkbox"/> Electrolysis Receipts \$ Percent of total % Excess of 30% PROHIBITED <input type="checkbox"/> Eyelash tinting - PROHIBITED <input type="checkbox"/> Face Lift -PROHIBITED <input type="checkbox"/> Eyelash lift -PROHIBITED	<input type="checkbox"/> False Eyelashes <input type="checkbox"/> Fat Reducing Procedures - PROHIBITED <input type="checkbox"/> Intense Pulsed Light (IPL) <input type="checkbox"/> Hair Implants - PROHIBITED <input type="checkbox"/> Hormone Therapy - PROHIBITED <input type="checkbox"/> Laser Hair Removal Receipts \$ Percent of total % Excess of 30% is PROHIBITED <input type="checkbox"/> Lice Removal on premises <input type="checkbox"/> Lice Removal off premises -PROHIBITED <input type="checkbox"/> Makeovers/Facials <input type="checkbox"/> Manicure/Pedicure <input type="checkbox"/> Manufacture of hair or skin care products - PROHIBITED <input type="checkbox"/> Mesotherapy treatment - PROHIBITED <input type="checkbox"/> Microdermabrasion - PROHIBITED <input type="checkbox"/> Micro-needle Therapy - PROHIBITED <input type="checkbox"/> Nail Sculpting	<input type="checkbox"/> Permanent Makeup Receipts \$ Percent of total % Excess of 20% Refer to Tattoo Parlor <input type="checkbox"/> Plastic Surgery -PROHIBITED <input type="checkbox"/> Podiatry detoxification - PROHIBITED <input type="checkbox"/> Port wine or birthmark removal -PROHIBITED <input type="checkbox"/> Prenatal Massage - PROHIBITED <input type="checkbox"/> Red light therapy - PROHIBITED <input type="checkbox"/> Tattoo Receipts \$ Percent of total % Excess of 20% refer to Tattoo Parlor <input type="checkbox"/> Tattoo Removal – PROHIBITED <input type="checkbox"/> Teeth whitening - PROHIBITED <input type="checkbox"/> Vein treatments – PROHIBITED <input type="checkbox"/> Vitamins and/or other supplements - PROHIBITED <input type="checkbox"/> Wig application <input type="checkbox"/> Waxing – hot/cold <input type="checkbox"/> Other (describe)

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files 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 subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: 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 is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: 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 is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties un-der state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: 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'S STATEMENT:

I/We hereby declare that the above statements and particulars are true and I/We agree that his application shall be the basis of the contract with the insurance company.

APPLICANT NAME: 	APPLICANT TITLE:
APPLICANT'S SIGNATURE _____ (must be signed by an active owner, partner or executive officer)	DATE:
PRODUCER'S SIGNATURE: _____	DATE:

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.