



SPA / BEAUTY/ BARBER / NAIL / MASSAGE SUPPLEMENTAL APPLICATION

- 1. Named Insured: _____
- 2. Description of Operations:
 - Spa or Personal Enhancement Facility Beauty Parlor or Hair Styling Salon
 - Barber Shop Nail Salon
 - Massage Therapist Other (Describe): _____
- 3. Total sales/receipts: _____ Number of chairs: _____
Number of Technicians, Operators, or Employees: _____
- 4. Is there a separate professional liability policy in place? Yes No
If so, what are the limits on the professional liability policy? _____
- 5. Insured's website: _____
- 6. Are all operations licensed in accordance with state and local statute? Yes No
- 7. Has your license ever been revoked or suspended? Yes No
If yes, provide a detailed explanation for the cause: _____

- 8. Are students providing any services? Yes No
- 9. Is the applicant operating as a school? Yes No
- 10. Do you rent to any independent operators? Yes No
If yes, do you require certificates of insurance from the independent operators? Yes No
- 11. Do you perform:
 - a. Body piercing? Yes No
 - b. Ear piercing? Yes No
 - c. Tattoo or permanent ink? Yes No
 - d. Hair cutting/styling? Yes No
 - e. Facial shaving? Yes No
 - f. Manicures/pedicures? Yes No
 - g. Facials or makeovers? Yes No
 - h. Permanent cosmetic application or permanent makeup procedures? Yes No
 - i. Eyebrow threading? Yes No
 - j. Eyebrow microblading? Yes No
 - k. Eyebrow/eyelash tinting? Yes No

- l. Hair/scalp treatments? Yes No
- m. Hair implants, weaving, or transplants? Yes No
- n. Electrolysis? Yes No
- o. Masseur services? Yes No
- p. Body treatments? Yes No
- q. Water treatments? Yes No
- r. Wart/mole removal? Yes No
- s. Plastic surgery? Yes No
- t. Ear candling? Yes No
- u. Teeth whitening services? Yes No
- v. Detoxification services, including wraps? Yes No
- w. Infrared services? Yes No
- x. Laser services? Yes No
- y. Botox or injections? Yes No
- z. Hyperbaric chambers? Yes No
- aa. Cryotherapy services or other weight loss services? Yes No
- bb. Physical therapy or other medical services? Yes No
- cc. Acupuncture or cupping? Yes No
- dd. Float tanks? Yes No
- ee. Red light or UV therapy? Yes No
- ff. Laser hair removal? Yes No
- gg. Microdermabrasion? Yes No
- hh. Chemical Peels? Yes No
- ii. Eye lash extensions? Yes No
- jj. Energy Healing/Energy Medicine? Yes No
- kk. Body waxing? Yes No

If so, what percentage of receipts are from waxing? _____

- ll. Any services offered other than what is listed above? Yes No

If yes, please describe: _____

- 12. Do you offer any off-site services? Yes No

If yes, please explain: _____

13. Do you manufacture, repackage or re-label any products? Yes No

If yes, please explain: _____

14. Is this salon operated in conjunction with other activities? Yes No

If yes, please describe: _____

15. Any overnight exposures? Yes No

Tanning Operations

16. Is there a tanning salon/bed exposure? Yes No

If so, complete the tanning salon supplemental application.

Massage Operations:

17. Have you or any of the therapists working with you been sued for malpractice or Yes No

accused of any other allegations?

If yes, please explain: _____

18. Do you keep thorough records on each client? Yes No

Signature of Applicant: _____

Date: _____