

7. Do you receive income from any other source? Yes No
 If yes, please describe: _____

SECTION III – PROFESSIONAL SERVICES PLEASE COMPLETE EVERY ITEM OR INDICATE N/A Please indicate all services provided by you or your business:

Category	Number of Employed Full Time Operators	Number of Employed Part Time Operators (under 25 hours per week)	Number of Full Time Independent Contractors or Chair Lessees	Number of Part Time Independent Contractors or Chair Lessees
Barbers				
Cosmetologist				
Manicurist				
Electrologist				
Esthetician				
Massage Therapist				

Do you provide any of the following services:

1. Ear Piercing Yes No
 What is the estimated number per week? _____

2. Waxing, Skin Peels, and Body Wraps Yes No
 What is the estimated number of weekly treatments performed? _____

3. Electrolysis Yes No
 If yes, please complete Section I of the attached Supplemental Application _____

4. Microdermabrasion Yes No
 If yes, please complete Section II of the attached Supplemental Application _____

5. Tanning – Full, Body, Facial, Spray Yes No
 If yes, please complete Section III of the attached Supplemental Application _____

6. Do you provide any of the following services:

a. Chiropody or Podiatry Yes No

b. Face lifting, removal of warts, moles or growths Yes No

c. Body Piercing (other than ear) Yes No

d. Permanent Makeup Yes No

e. Wigs, Hair Implanting, Hair Transplanting Yes No

f. Saunas or Steam Baths Yes No

g. Laser hair removal Yes No

h. Eyelash & Eye Brow Tinting Yes No

i. Weight Control Services, Nutritional Counseling or fitness classes Yes No

j. Do you provide any other services not described above? Yes No

If yes, please describe: _____

SECTION IV – PROPERTY PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Limits of Insurance: Building _____ Business Personal Property _____ Other _____

2. Where do you operate? Retail Space Stand Alone Building Mall Home
 Other If other, please describe: _____

3. Do you own the building or are you a tenant? Building Owner Tenent
 If you are the building owner, do you have other tenants? Yes No
 If yes, please describe: _____

4. Building Construction: Frame Joisted Masonry Non-combustible Fire resistive

5. Number of Stories: _____ Area Occupied: _____ Sq Ft Year built: _____
If building is over 30 years old, answer question 6.

6. Building Improvements: Wiring Year: _____ Plumbing Year: _____ Roofing Year: _____ Heating Year: _____

7. Is there a fire hydrant within 1,000 feet? Yes No If no, what is the distance? _____
Is there a fire station within 5 miles? Yes No If no, what is the distance? _____

8. Is the building sprinklered? Yes No

9. Do you have a burglar alarm? Yes No
If yes, is the alarm central station or local ?
If central station, who is the alarm monitoring company? _____

SECTION V –PRIOR INSURANCE AND CLAIMS INFORMATION PLEASE COMPLETE EVERY ITEM OR INDICATE NA

1. Please provide prior insurance information.

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence or Claims Made

2. Have you, or any other person for whom coverage is being requested, had any liability applications denied, policies cancelled, or policies not renewed in the past three (3) years? Yes No
If yes, please provide complete details: _____

3. Have you, or any other person for whom coverage is being requested, had a license or certification investigated, limited, revoked, suspended, cancelled or voluntarily surrendered by, or to, any state or federal licensing board or regulatory agency? Yes No
If yes, please provide complete details: _____

4. Have you, or any other person for whom coverage is being requested, had any claims in the past five years? Yes No
If yes, please complete the following in detail. If needed, attach another sheet with the details.

Date of Claim	Description of Claim	Open/Closed	Amount Paid or Reserved

5. Are you, or any other person for whom coverage is being requested, aware of any circumstances which may result in a claim? Yes No
If yes, please provide full details: _____

Applicant's Warranty:

Applicant warrants that all operations meet the requirements as published under Article 12: Health and Safety of the California State Board of Barbering and Cosmetology Code of Regulations.

Applicant's Name (Please Print)

Title

Applicant's Signature

Date

Submitting Producer

Date

IMPORTANT: THIS IS NOT A BINDER OR OFFER OF COVERAGE

Barber and Beauty Supplemental Application

Named Insured:

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

I. Electrolysis (If not applicable, check here)

1. Are pre-treatment consultations required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you require all clients to complete a past and current health history form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you require all clients to sign a consent form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you require parents/guardians to sign consent forms for clients who are minors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. How long are consent forms maintained on file?	_____	
6. Are gloves worn for services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are only single-use, presterilized, disposable needles used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are forceps, machines tips and phoresis rollers cleaned after every treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. What is the average number of weekly treatments?	_____	
10. What is the maximum number of weekly treatments?	_____	

II. Microdermabrasion (If not applicable, check here)

1. Are you certified in microdermabrasion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you provide pre and post treatment instructions to all clients? Are instructions both written and verbal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you require all clients to sign a consent form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you require parents/guardians to sign consent forms for clients who are minors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. How long are consent forms maintained on file?	_____	
6. What is the average number of weekly treatments?	_____	
7. What is the maximum number of weekly treatments?	_____	

III. Tanning (If not applicable, check here)

1. Do you provide spray tanning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. What is the total number of beds?	_____	
3. Are beds cleaned after each use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you use coin or slot tanning beds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do beds have UL Labels and FDA warnings posted on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are tanning beds controlled and operated by the insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are customers limited to a maximum of 30 minutes per session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you require and make available protective eyewear for all customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Do you require all customers to sign a consent form prior to the start of the tanning session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Do you require parents/guardians to sign consent forms for clients who are minors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. How long are consent forms maintained on file?	_____	
12. What is the average number of weekly sessions?	_____	
13. What is the maximum number of weekly sessions?	_____	

Signature of Insured _____ Date _____