



BARBERS & BEAUTICIANS SUPPLEMENTAL APPLICATION

Applicant /Insured: _____	
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Agent and Code:		
Policy Number (If any assigned)		
Shop Locations	1.	
	2.	
	3.	
	4.	

I. General Information

1	Applicant operates:	Barber Shop	Beauty Salon
2	Number of full-time operators (16 or more hours weekly)		
3	Number of part-time operators (Less than 16 hours weekly)		
4	Number of manicurists		
5	Professional Liability Insurer & Policy Number		
6	Personnel Data		

	Employee Name	Full or Part-Time	Average# of hours worked per week	Years of Experience	Indicate YES or NO	
					Hair Dyeing	Manicures

II. Operations. Explain any "YES" Response In Open Area Below.

	Question	YES	NO
7	Any operators under 16 years of age?		
8	Any unlicensed operators?		
9	Any appliance / apparatus / device that employs x-rays, electrical, radio or electronic waves?		
10	Chiropody procedures?		
11	Electrolysis procedures?		
12	Slenderizing, reducing, exercising, body massages or bath treatments?		
13	Face lifting procedures?		
14	Skin peeling procedures?		
15	Removal of a wart, mole, or other growth, or removal of hair from a wart, mole or other growth?		
16	Use of any electrical or mechanical apparatus or device for massage?		
17	Any goods or products manufactured, re-bottled, packed or re-packed by the insured or sold under the insured's label?		
18	Use of ultraviolet or sun lamps, or any other tanning or irradiating devices?		
19	Hair implanting or transplanting?		
20	Ear / body piercing or tattooing?		
21	Barber or beauty school / classes?		
22	Does applicant rent space, booths or chairs from others?		
23	Does applicant rent space, booths or chairs from others?		
24	Does applicant perform hair dyeing and shampooing? If YES, answer questions #28-30		
25	Any claims made by patrons in the last three years? If YES, answer question #31		

III. Operations. Explain any "NO" Response In Oper		Area Below.	YES	NO
26	Are all electrical file tips sterilized between customers?			
27	Are customers required to purchase their own individual nail file & buffer kits for use at the salon?			

IV. Hair Dyeing And Shampoo Tinting		YES	NO	
28	Is a 24-hour pre-disposition test given to patrons whose hair has not been previously tinted or dyed?			Explain any NO answer.
29	Are records (names & addresses, dates) kept of patrons receiving hair dyeing and shampoo tinting?			Explain any NO answer.
30	Does the owner or manager supervise all hair dyeing and shampoo tinting?			Explain any NO answer.

31 Loss History			
Date In Which Injury Occurred	Nature of Injury	If Pending, Provide Details. If Settled, State Amount.	
1.			
2.			

EXPLANATIONS / DESCRIPTIONS

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Applicant Signature and Date	
Agent Signature and Date	