



BEAUTY SALONS, NAIL SALONS AND BARBER SHOPS

Applicant's Name: _____ Date: _____

E-mail Address: _____

- 1. Any prior claims?
LIABILITY
2. Are the insured's licensed and the licenses of all employees valid?
3. Are combs, brushes, clippers and other equipment used on clients sterilized...
4. Are the floors regularly cleaned to prevent accumulating hair?
5. Are any Products sold under applicants name or label?
7. Any body piercing?
8. Tattooing, including but not limited to the insertion of pigment into or under the skin?
9. Any activities not normal and customary for a Barber or Beauty Salon?
PROPERTY
10. Is there an adequate number of currently tagged fire extinguishers?
11. Is all the electrical wiring on functional and operational circuit breakers?
12. Is there overloading of electrical circuits with extension cord use?
13. Is there any aluminum wiring?
14. Total property values greater than 500,000?
15. Are there functioning smoke detectors on the premises?
OPTIONAL PROFESSIONAL LIABILITY - If prohibited, professional liability coverage is not available.
15. Any removal of hair by electrolysis or lasers?
16. Any hair implanting or hair transplanting or any attempt at these?
17. Any dye or coloring to eyelashes or eyebrows except mascara or eyebrow pencils.
18. Face lifting, skin peels, the removal of warts, moles or growths or any attempts at these or similar services?
19. Any massage services?
20. Chiropractic or Podiatry?
21. Number of: Beauticians: _____ Barbers: _____ Manicurists: _____

Provide complete details of any submit items.
We can review an application for eligibility with complete details.
If Prohibited, please decline the account.

Submit Details: _____

Applicants Signature _____ Date _____