

## BEAUTY, BARBER AND BODY PROGRAM QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: \_\_\_\_\_

Do all professionals, and the business, have current licenses where required by statute?  Yes  No

If the business maintains a web site, state the address: \_\_\_\_\_

### Employee Summary

**NOTE:** Full-time operators work 20 hours or more per week; part time is less than 20 hours per week. Use the highest classification applicable.

Employee's Name	Independent Contractor's Name	Owner /Operator	Beautician/Barber, Nail Technician or Aesthetician		Electrologist		Massage Therapists	
		Yes/No	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time

### PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES", that aspect of the business is not eligible for coverage.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Is your business 100% mobile?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is your business located in a mobile home?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you use galvanic current machines?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you perform myontology (use of electrical current to improve skin & muscle tone)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you perform laser hair removal?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you perform permanent make-up application (tattoo)?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you perform any cellulite reduction (i.e. endermologie)?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do you give weight loss advice?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Do you provide services based upon medical referrals?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Do you perform colonics (colon hydrotherapy)?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Do you perform ear candling?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Do you have more than ten (10) sun tan beds per location?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Do you have more the forty (40) sun tan beds total?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Do you belong to or are part of a regional or national franchise?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Do you operate a self-service tanning salon (no attendant on duty)?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Do you perform ear stapling?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Do you perform reflexology?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Do you perform herbology?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Do you perform any injectable treatments (Botox, etc.)?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Do you perform acupuncture?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### GENERAL INFORMATION

1. How many years have you been in business? \_\_\_\_\_
2. Do you employ students?  Yes  No
3. Is a 24-hour predisposition test given to patrons whose hair has never been chemically treated (tinted, dyed, permed, etc.)?  Yes  No
4. Do you engage in any off-site activities? If yes, describe below:  Yes  No  
 \_\_\_\_\_
5. Do you manufacture, repackage or re-label any products?  Yes  No
6. Are premises equipped with hot tubs, saunas or steam baths?  Yes  No
7. Do you engage in health and exercise activities (including body wrapping)?  Yes  No  
 If yes, is operation less than 20% of total sales? If yes, describe below:  Yes  No  
 \_\_\_\_\_
8. Do you rent to independent contractors/booth renters?  Yes  No  
 a. If yes, the number of full and part-time operators that rent from you: \_\_\_\_\_  
 b. Please provide name, occupation and liability carrier: \_\_\_\_\_
9. Are you an independent contractor?  Yes  No
10. Describe any services or treatments rendered in your business not generally engaged in by beauty salons:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### AESTHETICIAN OPERATIONS

1. Do you perform microdermabrasion services? If yes, answer questions 3-7:  Yes  No
2. Do you perform facial chemical peel services? If yes, answer questions 3-7:  Yes  No
3. Are these services performed by a licensed aesthetician?  Yes  No
4. Are customers required to wear eye protection during these services?  Yes  No
5. Are any of the aestheticians either para-medical aestheticians or do they operate under a physician's supervision or instructions?  Yes  No
6. Do your facial chemical peel compounds or formulas use 35% or less Glycolic Acid?  Yes  No  
 Do your facial chemical peel compounds or formulas use 50% or less Lactic Acid?  Yes  No
7. If none of the facial chemical peel solutions have Glycolic or Lactic Acid, please list the types of acids, acid percentages and manufacturer/brands of compounds or formulas used:  
 Type: \_\_\_\_\_ % Acid    Manufacturer/brand: \_\_\_\_\_  
 Type: \_\_\_\_\_ % Acid    Manufacturer/brand: \_\_\_\_\_  
 Type: \_\_\_\_\_ % Acid    Manufacturer/brand: \_\_\_\_\_

### TANNING/TONING OPERATIONS

1. What percentage of U.V.B. radiation do your beds produce? \_\_\_\_\_%
2. Are records kept on each customer for each visit and exposure time?  Yes  No
3. Do each customer sign a waiver of liability prior to using these beds?  Yes  No  
**(attach a copy of the waiver to the application)**
4. Are all customers furnished information regarding bed and rays used?  Yes  No
5. Are all customers required to wear eye protection when using the tanning beds?  Yes  No
6. Are all tanning bed timing controls operated by the insured, rather than the customer?  Yes  No



- 7. Are all beds disinfected after each use?  Yes  No
- 8. Maximum number of minutes customers are limited to in a session: \_\_\_\_\_ minutes
- 9. Are these beds UL listed?  Yes  No
- 10. Do you use coin or slot-tanning beds?  Yes  No
- 11. How many tanning beds do you have? \_\_\_\_\_

### MESSAGE OPERATIONS

- 1. Are the insured and any therapists working with or for the insured members of the American Massage Therapy Association?  Yes  No
- 2. Has the insured ever been sued for malpractice?  Yes  No
- 3. Does the insured keep thorough records on all clients?  Yes  No

### ELECTROLYSIS/OTHER OPERATIONS

- 1. Is all wiring and electrical equipment inspected frequently?  Yes  No
- 2. Does the insured travel to clients' homes or to hospitals to perform electrolysis?  Yes  No

### IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

\_\_\_\_\_  
Applicant Signature Title Date

\_\_\_\_\_  
Producer Signature Date

\_\_\_\_\_  
Producer Name and Address