

**Beauty Shop and Barber Shop Liability Supplemental Questionnaire**  
General Agency

**Notice: This Questionnaire becomes part of the policy and must be signed in ink by the President, Owner or Authorized Representative of the Applicant.  
Any coverage we issue is due to the reliance of the truth and accuracy of the statements in this Questionnaire.  
This document must be completed in addition to the ACORD Application.**

1. Name of Applicant: \_\_\_\_\_
  
2. What year did you take over management of this business? \_\_\_\_\_
  
3. Applicant Operates:     Beauty Shop     Barber Shop     Other \_\_\_\_\_
  
4. Shop is located in:     Own Building     Home     Shopping Mall     Other \_\_\_\_\_
  
5. What is the area of the premises that you occupy? \_\_\_\_\_ Square Feet
  
6. Estimated annual gross receipts from beauty/barber shop operation?    \$ \_\_\_\_\_
  
7. Estimated annual gross receipts from all operations?    \$ \_\_\_\_\_
  
8. Is any space, booth or chair rented to others?     Yes\*     No    \*A *Certificate of Insurance Must be attached for Each Lessee*  
If yes, please give names of lessees \_\_\_\_\_
  
9. Number of:
 

a. Beauticians - Full Time	_____	*Part Time	_____
b. Barbers - Full Time	_____	*Part Time	_____
c. Electrolysis - Full Time	_____	*Part Time	_____
d. Waxing - Full Time	_____	*Part Time	_____
e. Nail Technician - Full Time	_____	*Part Time	_____
f. Manicurists Full or Part Time	_____	<i>*Part Time are those working less than 30 hours per week</i>	
g. Are all of above licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, explain: _____	

  
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10. Services offered in your business:
- |                            | Yes                      | No                       |   |
|----------------------------|--------------------------|--------------------------|---|
| Permanent Waves            | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Hair Relaxing              | <input type="checkbox"/> | <input type="checkbox"/> | Number given weekly _____   |
| Permanent Hair Removal     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Needle Form <input type="checkbox"/> Share Wave <input type="checkbox"/> Other _____ |
| Hair Dyeing                | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Predisposition test given? | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Wigs                       | <input type="checkbox"/> | <input type="checkbox"/> | Income from wig services and sales \$ _____   |
| Nail Sculpting             | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Skin Peel/Body Wraps       | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Saunas or Steam Baths      | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Exercising                 | <input type="checkbox"/> | <input type="checkbox"/> | Attach Exercise Questionnaire (CSL 7007)  |
| Tanning                    | <input type="checkbox"/> | <input type="checkbox"/> |   |
- Others (describe) \_\_\_\_\_

11. Do you sell any products to your customers that bear your private label?     Yes     No  
 If yes, what are your annual sales of such products? \_\_\_\_\_

***Please submit Certificates from each supplier of such products.***

12. Do you sell any products to your customers which you mix, blend or package?     Yes     No

***Please submit a list of ingredients and samples of labels and directions for all such products.***

13. Are aerosol products sold on premises?  Yes     No    if yes, how much aerosol is stored on premises? \_\_\_\_\_

How are the products stored? \_\_\_\_\_

14. Premises Information:

- a. Number of fire extinguishers on premises? \_\_\_\_\_
- b. Fire extinguishers serviced and tagged within the last year? \_\_\_\_\_
- c. Number of exits? \_\_\_\_\_
- d. Working smoke detectors? \_\_\_\_\_

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Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and/or civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). **(Other state specific notifications shown below).**

**Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**Applicable in Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

**Applicable in Florida and Oklahoma:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

**Applicable in Kansas:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in Maine, Tennessee, Virginia and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Applicable in Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_