

Barber Shop Liability Supplemental

(Complete in addition to Acord Application)

1. Agency Code: _____ Agency: _____
2. Phone: _____ Fax: _____ Web site: _____
3. Producer: _____ E-Mail Address: _____
4. Assistant: _____ E-Mail Address: _____
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General Information:

5. Business Name (dba): _____
6. Legal Name: _____ Years In Business: _____
7. Mailing Address: _____ City: _____ State: _____ Zip: _____
8. Physical Address: _____ City: _____ State: _____ Zip: _____
9. Contact Person: _____ Phone: _____ Fax: _____
10. Email Address: _____ Web site: _____
11. Type of Entity: Individual Partnership Joint Venture Corporation Other: _____
12. Effective Date: ____ / ____ / ____ Expiration Date: ____ / ____ / ____ Need By Date: ____ / ____ / ____

Description of Operations & Exposures:

13. _____

Receipts:

14. Estimated gross receipts from beauty/barber shop operations: \$ _____
15. Estimated gross receipts from product sales: \$ _____
16. Estimated gross receipts from all operations: \$ _____
17. Is any space, booth or chair rented to others? Yes No
If yes, please give names of lessees: _____

A current certificate of insurance must be attached for each lessee

Occupancy & Management:

18. Applicant operates: Beauty Shop Barber Shop Other _____
19. Does the owner(s) lease, operate or participate in the operations of any oth Beauty/Barber shop(s)? Yes No
If so, do you desire coverage for other facilities? Yes No

If coverage is provided elsewhere, attach Certificate of Insurance.

20. Does owner(s) or insured(s) lease, operate or are a subsidiary of any other business(es) other than Beauty/Barber shop(s)? Yes No
If so, are they to be insured under this policy? Yes No
If yes, supply all details. If not, provide a Certificate of Insurance on all other operations. _____

21. Number of years under current management? _____
22. Number of years of Beauty/Barber shop management experience _____
23. Number of years at present location? _____
24. Are release forms signed? Yes No (Attach copies)
25. What method is used for reporting complaints? _____

26. Are signs posted regarding the responsibility for patrons belongings? Yes No

Services:

27. 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 service and sales \$ _____
Nail Sculpting	<input type="checkbox"/>	<input type="checkbox"/>	
Skin Peel/Body Wrap	<input type="checkbox"/>	<input type="checkbox"/>	
Saunas or Steam Baths	<input type="checkbox"/>	<input type="checkbox"/>	
Exercising	<input type="checkbox"/>	<input type="checkbox"/>	
Tanning	<input type="checkbox"/>	<input type="checkbox"/>	
Others	<input type="checkbox"/>	<input type="checkbox"/>	Describe: _____

28. What products are sold? _____

29. Do you sell any product to your customers which bear your private label? Yes No

If yes, what are your annual sales of such products? \$ _____

Please submit Certificates from each supplier of such supplies

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

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

31. Are aerosol products sold on premises? Yes No

If yes, how much aerosol is stored on premises? _____

32. How are the products stored? _____

Employees:

33. List number of employees:

Barbers	Full-Time _____	Part-Time _____
Electrolysis	Full-Time _____	Part-Time _____
Waxing	Full-Time _____	Part-Time _____
Nail Technicians	Full-Time _____	Part-Time _____
Manicurists	Full-Time _____	Part-Time _____
Other:	Full-Time _____	Part-Time _____ Describe: _____

34. Are all above licensed? Yes No

If no, explain: _____

35. Describe any formal training/educational requirements: _____

36. Is staff required to have any CPR and/or First Aid Training? Yes No

If not, is training provided by employer? Yes No

Equipment:

37. Is any equipment leased? Yes No Type? _____

38. List equipment owned: _____

39. Is equipment inspected? Yes No How often? _____

Inspections performed by: _____ Are records kept? Yes No

Equipment:

40. Who maintains and repairs equipment? _____

Tanning:

41. Do you provide tanning services? Yes No If yes, please complete the following Tanning questions:

42. Number of units: _____ Manufacturer: _____

43. What type of bulbs are used? UVA UVB

44. Maximum % of UVB bulbs unit: _____ Manufacturer: _____

45. Is it a suntan Bed Booth

46. Is it coin operated? Yes No

47. Is there an attendant on duty? Yes No

48. Is eye protection mandatory? Yes No

49. Is timer used? Yes No

50. Where is timer control located? _____

Premises Exposures:

51. Shop is located in: Own Building Home Shopping Mall Other: _____

52. Area of shop (sq.ft.): _____ Total area of building (sq.ft.): _____

53. Number of Exits: _____ Number of Stories: _____

54. Age of Building: _____

55. Date of last building updates: Wiring: _____ Plumbing: _____

Roof: _____ Heating _____

56. Construction: Frame Metal Clad Masonry Fire Resistive

57. Sprinkler System? Yes No

Limit of Liability

58. Limits desired: \$1,000,000 \$2,000,000 \$3,000,000

59. Additional insured/landlord (list full name and address): _____

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signature

Date

Print Name

Title

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED
PRIOR TO COVERAGE BEING BOUND**