



## *Agent Information*

Agent:

Agency Code:

Contact:

Phone:

Email:

New                      Renewal

Policy Number:



# Salon, Spa and Personal Enhancement Supplemental Application

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

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

Location \_\_\_\_\_

Address(es): \_\_\_\_\_

Website Address: \_\_\_\_\_

## GENERAL INFORMATION

1. Are any of the aestheticians paramedical aestheticians; or do any operate under a physician's supervision or perform services based on medical referrals?  Yes  No
2. Do you provide any of the following services? (Check all that apply.)
 

<input type="checkbox"/> Permanent make-up or tattoos	<input type="checkbox"/> Piercings (other than ear lobe)	<input type="checkbox"/> Cellulite reduction
<input type="checkbox"/> Tattoo removal	<input type="checkbox"/> Colon hydrotherapy	<input type="checkbox"/> Ear candling
<input type="checkbox"/> Ear stapling	<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Subcutaneous injections (e.g., Botox)
<input type="checkbox"/> Micro needling/Blading	<input type="checkbox"/> Weight loss advice	<input type="checkbox"/> Sensory deprivation chambers
<input type="checkbox"/> Facial/body waxing	<input type="checkbox"/> Facial chemical peels	<input type="checkbox"/> Microdermabrasion
<input type="checkbox"/> Body wraps	<input type="checkbox"/> Exercise activities	<input type="checkbox"/> Cupping
<input type="checkbox"/> Laser hair removal	<input type="checkbox"/> Cryotherapy	<input type="checkbox"/> Hyperbaric chambers or therapy
<input type="checkbox"/> Herbology	<input type="checkbox"/> Ice Rooms	<input type="checkbox"/> Other – please describe below

## HAIR, NAIL AND SKIN SERVICES N/A

1. What is the total number of employees? \_\_\_\_\_
 

Employee Type	Employees or Independent Contractors	
	Full Time (20+ hrs/week)	Part Time (<20 hrs/week)
Beauticians/Barbers, Nail Technicians or Aestheticians		
Electrologists (include employees performing facial chemical peels and microdermabrasion services)		
Massage Therapists		
Other – please describe		
2. If you do body wraps or exercise activities, do more than 20% of annual sales come from these operations?  Yes  No
3. If you do facial chemical peels or microdermabrasion, are customers required to wear eye protection?  Yes  No
4. Do you manufacture, repackage, or re-label any products? If yes, please describe.  Yes  No
5. Do you dispense or sell any herbal supplements or medications?  Yes  No

## SUNLAMP/UV UNIT INFORMATION N/A

1. Number of Sunlamp/UV units: \_\_\_\_\_

2. Are all units UL listed?  Yes  No
3. Do all units have automatic shut-offs?  Yes  No
4. Are timers controlled by employees?  Yes  No
5. Are customers allowed to tan longer than the manufactured recommended maximum exposure time?  Yes  No
6. Do all sunlamp units have the FDA-mandated black box warning that the product should not be used by persons under the age of 18 years?  Yes  No
7. Are all bulbs in sunlamp units compatible, as defined by the FDA and state regulation?  Yes  No
8. Are units disinfected after each use?  Yes  No
9. Are customers with Skin Type I allowed to tan with sunlamps/UV units?  Yes  No
10. Are customers informed that tanning while using some medication, cosmetics, lotions, creams, etc. may increase their sensitivity to UV rays?  Yes  No
11. Are customers informed that UV exposure may worsen some light sensitive medical conditions and that they should consult their doctor prior to use?  Yes  No
12. What is the minimum amount of time allowed between exposures?  Yes  No
13. Are customers required to use FDA-compliant eye protection?  Yes  No
14. Do you provide FDA-compliant eye protection?  Yes  No
15. Do all customers undergo an initial evaluation to determine skin type prior to tanning?  Yes  No

**SPRAY TANNING INFORMATION**

N/A

1. Number of Spray Tan Booths: \_\_\_\_\_ Number of Air Brush Units: \_\_\_\_\_
2. How are customers protected from ingesting or inhaling the solution? \_\_\_\_\_
3. Do you allow customers with respiratory conditions, such as asthma to tan without a doctor's consent?  Yes  No
4. What is the minimum amount of time allowed between applications?  Yes  No

**TEETH WHITENING SERVICES**

N/A

1. Please certify each of the following:
  - a. Bleaching agents are limited to carbamide and hydrogen peroxide.  Yes  No
  - b. The maximum concentration of carbamide peroxide is 22%.  Yes  No
  - c. Lasers and UV light are not used to accelerate the whitening process.  Yes  No
  - d. This is not a kiosk-based business.  Yes  No
  - e. Persons under the age of 16 or women that are nursing or pregnant are prohibited from receiving teeth whitening services.  Yes  No

**POOLS / SAUNAS / STEAM ROOMS / WHIRLPOOLS**

N/A

1. What is the total number of the following?  
Pools: \_\_\_\_\_ Hot tubs/Whirlpools: \_\_\_\_\_ Saunas/Steam rooms: \_\_\_\_\_
2. If any hot tubs, Jacuzzis, steam rooms or saunas, please certify that you have all of the following:
  - a. Warnings and directions for use clearly posted.  Yes  No
  - b. All thermostats are tamper-resistant.  Yes  No
  - c. All emergency shutoffs are in the same area.  Yes  No
  - d. All of these features are equipped with a timer for automatic shut-off.  Yes  No

## IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY AND ARE MADE PART OF ALL APPLICABLE APPLICATIONS FOR INSURANCE.

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. I HAVE READ AND UNDERSTAND THE FRAUD WARNINGS CONTAINED IN ALL APPLICATIONS.**

(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.)

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Applicant Signature

Title

Date

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Producer Signature

Date