



*Please visit www.allrisks.com/submit-a-risk or contact your current All Risks, Ltd. producer to submit applications.

Beauty Salons, Barber Shops & Spas Application

1. Name of Applicant: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Applicant's Website Address: _____

2. Date Established: _____
Type of Organization: Individual Partnership Corporation Other: _____

3. Total Sales: \$ _____

4. Is the applicant engaged in, owned by, associated with or involved in any other enterprise? Yes No
If yes, please provide full details on page 3.

5. Has the applicant had prior insurance for this enterprise? Yes No
If yes, please complete the following:

Insurance Company	Policy Period	Limits of Liability	Premium	Type of Coverage	Occurrence and Claims Made

6. During the past three years, have any claims been presented to your current prior insurance carrier(s)? Yes No
If yes, please provide description of claim(s), date of loss, amount(s) paid and reserved on page 3.

7. Is the applicant or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? Yes No

If yes, please provide full details on page 3.

8. Has the applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or non-renewed in the past three years? Yes No

If yes, please provide full details on page 3.

9. In which **one** of the following is this operation located? Store Department Store Hotel
 Applicant's Home – Approximate Area _____ Sq. Ft. Other: _____

10. Does the applicant perform any of the following services?
If yes, to any of the following, please provide specific details of the service on page 3 and include descriptive literature, names of products used and the procedure followed.

- | | |
|---|--|
| <input type="checkbox"/> Body Wrapping | <input type="checkbox"/> Laser Vein or Tattoo Removal |
| <input type="checkbox"/> Botox Injections | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Chemical Face Peels; Microdermabrasion | <input type="checkbox"/> Nail Sculpturing or Attachments |
| <input type="checkbox"/> Collagen Fillers | <input type="checkbox"/> Permanent Eyebrow or Eye Liner; Permanent Make-Up |
| <input type="checkbox"/> Ear Piercing | <input type="checkbox"/> Photofacials |
| <input type="checkbox"/> Electric or Steam Baths | <input type="checkbox"/> Photorejuvenation |
| <input type="checkbox"/> Electolysis/Hair Removal by Electric Tweezer | <input type="checkbox"/> Reducing, Slenderizing or Exercising Services |
| <input type="checkbox"/> Hair Implants/Transplants | <input type="checkbox"/> Skin Treatment |
| <input type="checkbox"/> Hair Weaving | <input type="checkbox"/> Tanning Beds or Booths (if yes, please see question 20) |
| <input type="checkbox"/> Laser Hair Removal (please list training received) | <input type="checkbox"/> Wart or Mole Removal |

Do you offer services or treatments that are not generally offered by beauty salons? Yes No
If yes, please give full details on page 3.

Is this a medspa supervised by a licensed healthcare professional? Yes No

Is there a physician hired or contracted as a Medical Director? Yes No

11. Please provide the details of licensing or certification needed for this operation on page 3.

12. Please list any professional associations of which the applicant is a member of page 3.

13. Are predisposition tests performed prior to rendering services? Yes No
 If yes, please provide a list of tests performed on page 3.
14. Are the services performed monitored by management? Yes No
15. Are records kept of patrons receiving any spa services? Yes No
 If yes, do records include the patron's name/address, dates, products used and name of operator? Yes No
16. Please list all products used for the following services. *Please provide a list of products repackaged, rebottled, manufactured by the applicant or labeled with applicant's name on page 3.)*

	Type of System/Product Used	Approximate # Per Year
Permanent Hair Weaving		
Hair Dyeing & Shampoo Tinting		
Hair Straightening		
Cosmetics Sold for Home Use		Annual Sales: \$ _____
Eyebrow and Eyelash Coloring		
Tattoo, Port Wine or Birthmark Removal		
Chemical Fact Peel - % of Solution		
Microdermabrasion – Deepest Layer Considered		
Laser Hair Removal (please see question 23)		
Photofacials		
Photorejuvenation		
Non-Surgical Facelifts		

17.

Class Of Business	Please Provide Rating Information
Barber Shop	# of Chairs: _____
Beauty Parlor: # _____ Employed Operators # _____ Independent Contractors	# of Full-Time Operators: _____ # of Part-Time Operators: _____
Are certifications received from independent contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Manicurists: _____
Body Wrapping	Annual Sales \$ _____
Cosmetologists (No permanent makeup)	Annual Sales \$ _____
Ear Piercing (<i>warrant that initial post after piercing is 14kt. gold/surgical steel</i>)	Annual Sales \$ _____
Electrologist	Annual Sales \$ _____
Massuer/Masseuse	Annual Sales \$ _____
Manicure Salon	Annual Sales \$ _____
Weight-Loss Counselor	Annual Sales \$ _____
Tanning Bed or Booth – If any, answer question 21 which follows	# of Individuals: _____
Tattoo, Port Wine or Birthmark Removal	Annual Sales \$ _____
Microdermabrasion – Deepest Layer Considered	Annual Sales \$ _____
Laser Hair Removal (<i>Please see question 23</i>)	Annual Sales \$ _____
Photofacials	Annual Sales \$ _____
Photorejuvenation	Annual Sales \$ _____
Non-Surgical Facelifts	Annual Sales \$ _____

18. Are employees performing Laser Hair Removal licensed estheticians? Yes No
 Prior to the procedure, are the following steps taken:
- Skin analysis: Yes No
- Informed consent: Yes No
- Waiver signed: Yes No
- Pulse test spot done: Yes No
19. If there are tanning beds/booths, the Federal Drug Administration requires posting of the following sign – has the applicant complied? Yes No
- F.D.A Requirement – Danger – Ultraviolet Radiation. Follow all instructions. As with natural sunlight, over-exposure may cause premature aging of the skin and skin cancer. Medications or cosmetics applied to the skin may increase your sensitivity to ultraviolet light. Consult your physician before entering booth if taking medication or if you believe yourself especially sensitive to sunlight.**

