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BEAUTY PARLOR/BARBER SHOP SUPPLEMENT
(Include Acord application)

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_
Mailing Address: \_\_\_\_\_

Applicant is: A.  Beauty Parlor  Barber Shop B.  Owner  Tenant

Part occupied by applicant: \_\_\_\_\_

How long has applicant been in business? \_\_\_\_\_ years

Have you had similar insurance canceled or declined by any insurance carrier? (Not applicable in Missouri)  Yes  No
If yes, please explain why: \_\_\_\_\_

Number of operators employed: \_\_\_\_\_ Number licensed: \_\_\_\_\_ Full time: \_\_\_\_\_ Part time: \_\_\_\_\_
Number of masseurs: \_\_\_\_\_ (less than 15 hours per week)

Any independent contractors?  Yes  No If yes, are certificates of insurance obtained?  Yes  No

Amount of gross sales: \$ \_\_\_\_\_

Has any operator had a previous claim for alleged malpractice, error or mistake?  Yes  No

Losses for the last 3 years:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Are records kept of patrons' permanent waves and hair dyes?  Yes  No

Are skin tests conducted?  Yes  No

Are questionnaires completed asking about allergies?  Yes  No

Please state methods used in permanent hair waving (electric, cold wave, machineless, other):
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Number of tanning beds on premises: \_\_\_\_\_ Percentage of spray tanning: \_\_\_\_\_%

Are any of the following exposures included in the applicant's operation?

- Nail sculpting  Body wraps  Manicures/pedicures  Electrolysis
 False lashes  Ear piercing  Makeovers/facials  Wig application
 Plastic surgery  Hair implants  Permanent cosmetics  Beauty schools/classes
 Waxing- hot/cold  Chiropody  Face lifting  Body piercing/tattooing
 Chemical peels  Hair Extensions  Diet/protein/weight loss plans  Products containing MMA-
(Methyl Methacrylate Monomer)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature \_\_\_\_\_ Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_