

Ashland General Agency, Inc.
BEAUTY SALON / BARBER SHOP LIABILITY SUPPLEMENTAL

(Complete in addition to the **Acord** General Liability Application)
 (Answer **ALL** questions - if they do not apply, indicate not applicable)

NAME (include dba / Inc. / LLC) : _____

1. Business Description: Beauty Salon Barber Shop Other: _____

2. Number of years experience: _____ Number of years in business: _____ Currently: Full Time Part Time

3. Total number of operators employed: _____

Full Time: _____ Part Time (less than 15 hours per week): _____

4. Are all operators licensed?..... yes no

5. **Annual** receipts **estimated** for the **next** 12 months: \$_____ **Annual** receipts for **prior** 12 months: \$_____

6. Has any operator had a previous claim for alleged malpractice, error or mistake?..... yes no

7. Are records kept of patrons' permanent waves and hair dyes?..... yes no

8. Please state methods used in permanent hair waving (electric, cold wave, machineless, other): _____

9. Number of tanning beds on premises: _____ (Be sure to complete the tanning salon supplemental.)

10. Number of masseuses on premises: _____

Training / Certifications: _____

11. Are any of the following exposures included in the applicant's operation?..... yes no
 If so, please indicate the exposure.

- | | | |
|--|---|---|
| <input type="checkbox"/> Nail sculpting | <input type="checkbox"/> Plastic surgery | <input type="checkbox"/> Waxing -- hot / cold |
| <input type="checkbox"/> Manicures / pedicures | <input type="checkbox"/> Hair implants | <input type="checkbox"/> Body piercing |
| <input type="checkbox"/> False lashes | <input type="checkbox"/> Permanent Cosmetics | <input type="checkbox"/> Chiropody |
| <input type="checkbox"/> Ear piercing | <input type="checkbox"/> Makeovers / facials | <input type="checkbox"/> Body Wraps
<input type="checkbox"/> organic <input type="checkbox"/> other than organic |
| <input type="checkbox"/> Face lifting | <input type="checkbox"/> Electrolysis | <input type="checkbox"/> Mixing, blending or repackaging
of products for on or off premises |
| <input type="checkbox"/> Wig application | <input type="checkbox"/> Beauty schools / classes | |

This supplemental application does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

 Applicant's Signature Print Signee Date Producer's Signature