

Salon, Spa and Personal Enhancement

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

Named Insured:

Website:

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? | Yes | No | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Permanent make-up or tattoos</td> <td style="width: 33%;">Piercings (other than ear lobe)</td> <td style="width: 33%;">Cellulite reduction</td> </tr> <tr> <td>Laser hair removal</td> <td>Colon hydrotherapy</td> <td>Ear Candling</td> </tr> <tr> <td>Ear stapling</td> <td>Acupuncture</td> <td>Subcutaneous injections (Botox)</td> </tr> <tr> <td>Microneedling</td> <td>Weight loss advice</td> <td>Sensory deprivation chambers</td> </tr> </table> | Permanent make-up or tattoos | Piercings (other than ear lobe) | Cellulite reduction | Laser hair removal | Colon hydrotherapy | Ear Candling | Ear stapling | Acupuncture | Subcutaneous injections (Botox) | Microneedling | Weight loss advice | Sensory deprivation chambers | | |
| Permanent make-up or tattoos | Piercings (other than ear lobe) | Cellulite reduction | | | | | | | | | | | | |
| Laser hair removal | Colon hydrotherapy | Ear Candling | | | | | | | | | | | | |
| Ear stapling | Acupuncture | Subcutaneous injections (Botox) | | | | | | | | | | | | |
| Microneedling | Weight loss advice | Sensory deprivation chambers | | | | | | | | | | | | |

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		

2. Check all applicable items that describe services offered:

- | | | |
|--------------------|-----------------------|-------------------|
| Facial/body waxing | Facial chemical peels | Microdermabrasion |
| Body wraps | Exercise activities | |
| Other: | | |

- | | | |
|--|-----|----|
| a. Body wraps or exercise activities, do more than 20% of annual sales come from these operations? | Yes | No |
| b. Facial chemical peels or microdermabrasion: are customers required to wear eye protection? | Yes | No |
| 3. Do you manufacture, repackage, or re-label any products? Describe. | Yes | No |

- | | | |
|---|-----|----|
| 4. Do you dispense or sell any herbal supplements or medications? | Yes | No |
|---|-----|----|

TEETH WHITENING SERVICES

N/A

1. Please certify that you have all of the following:
- a. Bleaching agents are limited to carbamide and hydrogen peroxide.
 - b. The maximum concentration of carbamide peroxide is 22%.
 - c. Lasers and UV light are not used to accelerate the whitening process.
 - d. This is not a kiosk-based business.
 - e. Persons under the age of 16 or women that are nursing or pregnant are prohibited from receiving teeth whitening services.

I certify that all the statements above in question 1 are verified:

Yes – I certify this

