
BEAUTY, BARBER & BODY (3B) AND DAY SPA QUESTIONNAIRE

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

Named Insured: _____

Website: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES," you are not eligible for coverage.

1. Has anyone working in the salon incurred a Professional E&O claim in the past five years? Yes No
2. Do you give weight loss advice? Yes No
3. Are any of the aestheticians para-medical aestheticians or do they operate under a physician's supervision or instructions? Yes No
4. Do you provide services based upon medical referrals? Yes No
5. Do you perform the following services:
 - a. Permanent make-up application (tattoos)?** Yes No
 - b. Piercings other than on just the ear (eyebrow, nose, etc.)?** Yes No
 - c. Cellulite reduction (endermologie)? Yes No
 - d. Laser hair removal? Yes No
 - e. Colonics (colon hydrotherapy)? Yes No
 - f. Ear candling? Yes No
 - g. Ear stapling? Yes No
 - h. Acupuncture? Yes No
 - i. Treatments that are injected under the skin (Botox, etc)? Yes No
 - j. Teeth whitening? Yes No

NOTE: A policy may still be written for applicants that offer items a. thru j. above - the prohibited services must be specifically excluded from the policy using BP 04 01 (BOP) or CICL 047 (Package).

*** - These types of services may be eligible for coverage through the Capitol Ink program. Please contact your underwriter for more information.*

For microdermabrasion and facial chemical peel services (complete only if applicable) – if any question in this section is answered "NO," you are not eligible for coverage:

6. Are all aesthetician operations performed by a licensed aesthetician? Yes No
7. Are all customers required to wear eye protection during these services? Yes No

GENERAL INFORMATION

1. Do you manufacture, repackage or re-label any products? Yes No
2. Do you dispense or sell any herbal supplements or medications? Yes No

BEAUTY, BARBER & BODY OPERATIONS

1. What are the total number of employees performing the described services:

- NOTES:** 1) Full-time operators work 20 hours or more per week; part time is less than 20 hours per week. Use the highest classification applicable.
- 2) 3B services include: hair, nails, make-up, body/facial waxing, facial chemical peels and microdermabrasion. These operations are contemplated within the "Beautician/Barbers" field below.

Services/Operations	Employees or Independent Contractors	
	# Full Time	# Part Time
Beauticians/Barbers, Nail Technicians or Aestheticians		
Electrologists		
Massage Therapists		

2. Check all applicable items that describe additional services offered:

- Facial/Body Waxing Facials Microdermabrasion

DAY SPA AND HEALTH & EXERCISE OPERATIONS

1. Do you offer any of the following services:

- a. Health and exercise activities (Yoga, Pilates, etc.)? Yes No
- b. Body wrapping? Yes No
- c. Services other than those specifically prohibited or listed under the 3B services? Yes No
- i. If "YES," describe: _____
- d. If "YES" to any of the above, do more than 20% of your annual sales come from these operations? Yes No

POOLS / SAUNAS / STEAM ROOMS / WHIRLPOOLS (COMPLETE WHEN APPLICABLE)

1. Number of each: (Each of these exposures should be rated for)

- Pools _____ (Complete the pool and water feature questionnaire if any)
- Hot tubs / Jacuzzis _____
- Whirlpools _____
- Saunas / Steam Rooms _____

If any hot tubs, Jacuzzis, steam rooms or saunas; please certify that the following requirements are met:

- a. Warnings and directions for use clearly posted.
- b. All thermostats are tamper-resistant.
- c. All emergency shutoffs are in the same area.
- d. All of these features are equipped with a timer for automatic shut-off.

I certify that all the statements above regarding safeguards are verified: Yes – I certify this

OTHER OPERATIONS

For any tanning exposure please complete: **CGE 182 – Sun Tanning Questionnaire**

For any swimming pool exposure please complete: **CGE 160 – Swimming/Water Feature Questionnaire**

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

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.**

(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.)

Applicant Signature

Title

Date

Producer Signature

Date