



**Blackmoor General Insurance Agency**  
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## BEAUTY/BARBER AND NAIL SALON SUPPLEMENTAL APPLICATION

1. APPLICANT INFORMATION EFFECTIVE DATE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

TERM: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_ NEW VENTURE:  YES  NO  
 2.  INDIVIDUAL  CORPORATION  PARTNERSHIP  OTHER (EXPLAIN) \_\_\_\_\_  
 3.  BEAUTY SHOP  BARBER SHOP  NAIL SALON  SCHOOL (SEE VOCATIONAL SUPPLEMENT - DO NOT CONTINUE)

4. ANNUAL RECEIPTS \_\_\_\_\_  
 5. ARE THE INSURED AND OPERATORS LICENSED AND THE LICENSES OF ALL EMPLOYEES VALID AND ON DISPLAY?  YES  NO  
 6. ARE COMBS, BRUSHES, CLIPPERS AND OTHER EQUIPMENT STERILIZED BETWEEN CUSTOMERS?  YES  NO  
 7. ARE ANY PRODUCTS SOLD UNDER APPLICANTS NAME OR LABEL? DESCRIBE; \_\_\_\_\_  YES  NO  
 8. TATOOING, INCLUDING INSERTION OF PIGMENT INTO OR UNDER THE SKIN (permanent eyeliner, eyebrows etc)  YES  NO  
 9. ANY REMOVAL OF HAIR BY ELECTROLYSIS, LASERS OR SIMILAR METHODS?  YES  NO

10.

TYPE	# FULL-TIME	# PART-TIME	PAYROLL
BEAUTICIAN/BARBER/STYLIST			
NAIL TECHNICIAN			
MASSAGE THERAPIST			
AESTHETICIAN/HAIR REMOVAL TECHNICIAN			

11. IF YOU PROVIDE A SERVICE(S) BELOW, INDICATE BY SHOWING RECEIPTS

RECEIPTS	SERVICE	RECEIPTS	SERVICE	RECEIPTS	SERVICE
	BODY WRAPPING		HAIR COLORING		PEDICURE
	BODY PIERCING		HAIR IMPLANTS		PERMANENT WAVES
	CHEMICAL PEELS		HAIR REMOVAL		PODIATRY
	CHIROPODY		MANICURE		SALE OF HAIR PRODUCTS
	FACE LIFT		MASSAGE		TANNING (SEE BELOW)
	HAIR COLORING		MICRODERM ABRASION		WART/GROWTH REMOVAL
	TATOO SERVICE OR PERMANENT MAKEUP		NAIL SCULPTURING		WIG SERVICE

12. ANY SPACE, BOOTH, OR CHAIR RENTED TO OTHER  YES  NO  
 13. DO YOU MANUFACTURE, BLEND OR MIX ANY PRODUCTS OTHER THAN HAIR DYE? EXPLAIN:  YES  NO  
 14. ARE YOU THE SOLE OCCUPANT OF THE SPACE  YES  NO  
 15. IF TANNING SERVICES, COMPLETE THE FOLLOWING  N/A

UTRAVIOLET LAMPS CURRENTLY INSTALLED

YES  NO

PERCENTAGE OF UVA BULBS? \_\_\_\_\_% PERCENTAGE OF UVB BULB? \_\_\_\_\_%

NUMBER OF BEDS \_\_\_\_\_ NUMBER OF FACIAL TANNERS? \_\_\_\_\_

UL APPROVED

YES  NO

ALL TIMERS TESTED DAILY

YES  NO

ARE TIMERS CONTROLLED BY EMPLOYEES

YES  NO

CAN PATRONS SET TIMERS

YES  NO

ARE GOGGLES REQUIRED AND PROVIDED FOR ALL USERS

YES  NO

ARE THERE SIGNS INSIDE AND OUTSIDE OF BOOTHS INSTRUCTING ON USE OF GOGGLES

YES  NO

ARE BOOTHS COIN OPERATED

YES  NO

ARE BEDS/BOOTHS THOROUGHLY DISINFECTED AFTER EACH USE

YES  NO

DO MINOR NEED SIGNED PARENTAL CONSENT TO USE FACILITY

YES  NO

ARE BOOTHS RENTED TO OR FROM YOU

YES  NO

HAVE ALLEMPLOYEES RECEIVED TRAINING IN USE OF TIMERS?

YES  NO

ARE PATRONS REQUIRED TO SIGN A WAIVER OR RELEASE PRIOR TO USING (ATTACH COPY)

YES  NO

IS THE FOLLOWING WORDING HANGING IN A VISABLE AREA TO PATRONS?

YES  NO

F.D.A Requirement – Danger – Ultraviolet Radiation. Follow All Instructions. As With Natural Sunlight, Overexposure 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

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRODUCER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_