WESTERN WORLD
An AIG company

Application For
Beauty Salons, Barber Shops & Spas
Liability

1. Name of Applicant: _____

   Street Address: _____

   City: _____ State: _____ Zip: _____

   Applicant's Web Site Address: _____

   Applicant's Contact Name: _____ Applicant's Contact Phone No.: _____

   Applicant's Contact Email Address: _____

2. Date Established: _____ *and* Type of Organization: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other (Please explain:) _____

3. Total Sales: $_____

4. Is the applicant engaged in, owned by, associated with or involved in any other enterprise? ☐ Yes ☐ No
   (If yes, please provide full details on page 4.)

5. Has the applicant had prior insurance for this enterprise? *(If yes, please complete the following.)* ☐ Yes ☐ No

Insurance Company	Policy Period	Limits of Liability	Premium	Type of Coverage	Occurrence or Claims Made

6. During the past **three (3) years**, have any claims been presented to your current or prior insurance carrier(s)? *(If yes, please provide description of claim(s), date of loss, amount(s) paid and reserved on page 4.)* ☐ Yes ☐ No

7. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? (*If yes, please provide full details on page 4.)* ☐ Yes ☐ No

8. Has the applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or non-renewed in the past **three (3) years**?
   (If yes, please provide full details on page 4.) ☐ Yes ☐ No

9. In which **one** of the following is this operation located?
   ☐ Store ☐ Department Store ☐ Hotel ☐ Applicant's Home – Approximate Area: _____ Sq. Ft.
   ☐ Other *(Please give full details):* _____

10. Does the applicant perform any of the following services? *(If yes, to any of the following, please provide specific details of the service on page 4 and include descriptive literature, names of products used and the procedure followed.)*

- ☐ Acupuncture
- ☐ Body Piercing other than ears
- ☐ Body Wrapping
- ☐ Botox Injections or any other dermal filler injections
- ☐ "Brazilian Blowouts", or any procedures involving the use of formaldehyde
- ☐ Chemical Face Peels; Microdermabrasion
- ☐ Chiropractors
- ☐ Collagen Fillers
- ☐ Ear Candling
- ☐ Ear Piercing
- ☐ Ear Stapling
- ☐ Electric Or Steam Baths
- ☐ Electrolysis/Hair Removal By Electric Tweezer
- ☐ Eyebrow Microblading
- ☐ Eyelash Extensions or Eyelash Transplants
- ☐ Flotation Tanks/Sensory Deprivation Tanks
- ☐ Hair Implants/Transplants
- ☐ Hair Weaving
- ☐ Laser Hair Removal *(Please list training received on page 4.)*
- ☐ Laser Vein or Tattoo Removal
- ☐ Massage
- ☐ Medical Spas, aka "Medi-spas" (facilities operating under the supervision of a licensed health care professional)
- ☐ Microneedling
- ☐ Nail Sculpturing or Attachments
- ☐ Permanent Make-Up or Tattoos
- ☐ Photofacials
- ☐ Photorejuvenation
- ☐ Podiatry/Chiropody
- ☐ Red Light Therapy
- ☐ Reducing, Slenderizing or Exercising Services
- ☐ Skin Treatment
- ☐ Tanning Beds or Booths *(If yes, see questions 19. and 20.)*
- ☐ Teeth Whitening
- ☐ Wart or Mole Removal

10. **(Continued)**

Do you offer services or treatments that are not generally offered by beauty salons? ☐ Yes ☐ No
(If yes, please give full details on page 4.)

Is there a physician hired or contracted as a Medical Director? ☐ Yes ☐ No

11. *Please provide the details of licensing or certification needed for this operation on page 4*.

12. *Please list any professional associations of which the applicant is a member on page 4*.

13. Are predisposition tests performed prior to rendering services? ☐ Yes ☐ No
(If yes, provide a list of tests performed on page 4.)

14. Are the services performed monitored by management? ☐ Yes ☐ No

15. Are records kept of patrons receiving any spa services? ☐ Yes ☐ No
If yes, do records include the patron's name/address, dates, products used and name of operator? ☐ Yes ☐ No

16. Please list all products used for the following services. *(Please provide a list of products repackaged, rebottled, manufactured by the applicant or labeled with applicant's name on Page 4.)*

	Type of System/Product Used	Approximate # Per Year
Permanent Hair Weaving		
Hair Dyeing & Shampoo Tinting		
Hair Straightening		
Cosmetics Sold for Home Use		Annual Sales: $
Eyebrow and Eyelash Coloring		
Tattoo, Port Wine or Birthmark Removal		
Chemical Face Peel – % of Solution		
Microdermabrasion – Deepest Layer Considered		
Laser Hair Removal *(Please see question 18.)*		
Photofacials		
Photorejuvenation		
Non-Surgical Facelifts		

17.

Class of Business	Please Provide Rating Information
Barber Shop	# of Chairs _____
Beauty Parlor # _____ Employed Operators # _____ Independent contractors Are certifications received from independent contractors? ☐ Yes ☐ No	# of Full-Time Operators _____ # of Part-Time Operators _____ # of Manicurists _____
Body Wrapping	Annual Sales: $
Cosmetologists (No permanent makeup)	Annual Sales: $
Ear Piercing *(Warrant that initial post after piercing is 14kt. gold / surgical steel.)*	Annual Sales: $
Electrologist	Annual Sales: $
Massuer / Masseuse	Annual Sales: $
Manicure Salon	Annual Sales: $
Weight-Loss Counselor	# of Individuals _____
Tanning Bed or Booth – If any, answer questions 19. and 20. which follow.	Annual Sales: $
Tattoo, Port Wine or Birthmark Removal	Annual Sales: $
Microdermabrasion – Deepest Layer Considered	Annual Sales: $
Laser Hair Removal *(Please see question 18.)*	Annual Sales: $
Photofacials	Annual Sales: $
Photorejuvenation	Annual Sales: $
Non-Surgical Facelifts	Annual Sales: $

18. Are employees performing Laser Hair Removal licensed estheticians? ☐ Yes ☐ No
    Prior to the procedure, are the following steps taken:
    Skin analysis? ☐ Yes ☐ No
    Informed consent? ☐ Yes ☐ No
    Waiver signed? ☐ Yes ☐ No
    Pulse test spot done? ☐ Yes ☐ No

19. If there are tanning beds/booths, the Federal Drug Administration requires posting of the following sign – has the applicant complied? ☐ Yes ☐ No

    F.D.A. Requirement - Danger - Ultraviolet Radiation. Follow all instructions. As with natural sunlight, over-exposure 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.

20. Please provide details for **ultraviolet lamps** currently installed. Manufacturer: _____
    Type of Bulbs: _____ Protective Covering: ☐ Yes ☐ No
    % of UVA Bulbs: _____ % of UVB Bulbs: _____
    # of Beds/Booths: _____ Manufacturer: _____
    Installed By: _____
    # of Facial Tanning Units: _____ Manufacturer: _____
    Installed By: _____
    # of Spray Booths: _____ Are approved spray solutions used? ☐ Yes ☐ No
    # of Timers: _____ UL Label ☐ Yes ☐ No
    Timers tested daily? ☐ Yes ☐ No Any booths coin or card operated? ☐ Yes ☐ No
    Timers controlled by employees? ☐ Yes ☐ No Can patrons set timers? ☐ Yes ☐ No
    Are employees trained in use of timers? ☐ Yes ☐ No
    Are employees required to obtain a signed release from patrons prior to use of tanning booth? ☐ Yes ☐ No
    Goggles required and provided for all patrons including spray booths? ☐ Yes ☐ No
    Are signs posted inside/outside of booths instructing on use of goggles? ☐ Yes ☐ No
    Are beds/booths thoroughly disinfected after each use? ☐ Yes ☐ No
    Do minors need signed parental consent to use facility? ☐ Yes ☐ No

21. LIMITS OF INSURANCE REQUESTED:

General Aggregate Limit (Other Than Products – Completed Operations)	$ _____	
Products – Completed Operations Aggregate Limit	$ _____	
Personal and Advertising Injury Limit	$ _____	
Each Occurrence Limit	$ _____	
Damage to Premises Rented by You (Up To $100,000 Limit Available)	$ _____	Any One (1) Premises
Medical Expense Limit (Up To $5,000 Limit Available)	$ _____	Any One (1) Person
Each Professional Incident Limit (If Applicable)	$ _____	

22. Effective Dates Desired – From: _____ To: _____

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.
(FOR NEW YORK INSUREDS: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED $5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Applicant's Signature	Date
Title	Producing Agent

#	**Description or Full Details** *(If necessary, please attach an additional sheet.)*