

# 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 |
| Permanent make-up or tattoos   |     |    |
| Laser hair removal   |     |    |
| Ear stapling   |     |    |
| Microneedling  |     |    |
| Piercings (other than ear lobe)  |     |    |
| Colon hydrotherapy   |     |    |
| Acupuncture  |     |    |
| Weight loss advice   |     |    |
| Cellulite reduction  |     |    |
| Ear Candling   |     |    |
| Subcutaneous injections (Botox)  |     |    |
| 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**

