## Capitol Indemnity Corporation Capitol Specialty Insurance Corporation Platte River Insurance Company

# 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**

Are any of the aestheticians paramedical aestheticians; or do any operate under a

Yes No

physician's supervision or perform services based on medical referrals?

Yes Nο

2. Do you provide any of the following services? Permanent make-up or tattoos Piercings (other than ear lobe)

Cellulite reduction Ear Candling

Laser hair removal Ear stapling Microneedling

Colon hydrotherapy Acupuncture Weight loss advice

Subcutaneous injections (Botox) Sensory deprivation chambers

#### HAIR, NAIL AND SKIN SERVICES

N/A

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 Exercise activities

Microdermabrasion

Body wraps

Other:

a. Body wraps or exercise activities, do more than 20% of annual sales come from these operations?

Yes

No

Nο

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

### Do you dispense or sell any herbal supplements or medications? **TEETH WHITENING SERVICES**

Yes Nο

N/A

- 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

#### POOLS / SAUNAS / STEAM ROOMS / WHIRLPOOLS N/A

1. What is the total number of the following?

Pools: Hot tubs/Whirlpools: Saunas/Steam rooms:

- 2. If any hot tubs, Jacuzzis, steam rooms or saunas, Please certify that you have all of the following:
  - 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

#### **IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

| Applicant Signature | Title | Date |
|---------------------|-------|------|
|                     |       |      |
|                     |       |      |
| Producer Signature  |       | Date |