



SALON, SPA, TANNING AND PERSONAL SERVICES QUESTIONNAIRE

(include a completed ACORD application)

| | |
|-------------------|--|
| Named Insured: | |
| Location Address: | |
| Website: | |

1. GENERAL INFORMATION

| | | | | | | | | | |
|--|-----------------------------------|--------------------------|---------------------------------------|--------------------------|--|--------------------------|---------------------------------------|--------------------------|----|
| What services are provided? (check all that apply) | | | | | | | | | |
| <input type="checkbox"/> | 24-Hour Spa | <input type="checkbox"/> | Acupuncture | <input type="checkbox"/> | Acne Scar Treatment | <input type="checkbox"/> | Beauty School/ Classes | | |
| <input type="checkbox"/> | Body Wraps | <input type="checkbox"/> | Brazilian Blowout | <input type="checkbox"/> | Cellulite Reduction | <input type="checkbox"/> | Chemical Peels (<30% acid) | | |
| <input type="checkbox"/> | Chemical Peels (>30% acid) | <input type="checkbox"/> | Colon Hydrotherapy | <input type="checkbox"/> | Cool Sculpting | <input type="checkbox"/> | Cryotherapy | | |
| <input type="checkbox"/> | Cupping | <input type="checkbox"/> | Dermaplaning | <input type="checkbox"/> | Ear Candling | <input type="checkbox"/> | Ear Stapling | | |
| <input type="checkbox"/> | Electrolysis | <input type="checkbox"/> | Exercise Activities | <input type="checkbox"/> | Eyebrow Tinting | <input type="checkbox"/> | Eyelash Extensions | | |
| <input type="checkbox"/> | Eyelash Perming (Lash Lifts) | <input type="checkbox"/> | Eyelash Tinting | <input type="checkbox"/> | Facials (including Galvanic, Microcurrent, High Frequency) | <input type="checkbox"/> | Hair Services (cut, perm, color, etc) | | |
| <input type="checkbox"/> | Herbology | <input type="checkbox"/> | Henna Tattoos | <input type="checkbox"/> | Hot Tub/Jacuzzi | <input type="checkbox"/> | Hyperbaric Chambers | | |
| <input type="checkbox"/> | Ice Rooms | <input type="checkbox"/> | Infrared Sauna | <input type="checkbox"/> | Injections (e.g. Botox) | <input type="checkbox"/> | Intense Pulsed Light (IPL) | | |
| <input type="checkbox"/> | Laser Hair Removal | <input type="checkbox"/> | Laser Hair Restoration | <input type="checkbox"/> | LED Light Therapy | <input type="checkbox"/> | Lice Removal | | |
| <input type="checkbox"/> | Liposuction | <input type="checkbox"/> | Make-Up Application (non-permanent) | <input type="checkbox"/> | Make-Up Application (Permanent/Tattooing) | <input type="checkbox"/> | Manicures/Pedicures | | |
| <input type="checkbox"/> | Massage | <input type="checkbox"/> | Micro Needling / Blading / Channeling | <input type="checkbox"/> | Microdermabrasion | <input type="checkbox"/> | Piercing (ear only) | | |
| <input type="checkbox"/> | Piercing (All Other) | <input type="checkbox"/> | Plasma Fibroblasting | <input type="checkbox"/> | Salt Room | <input type="checkbox"/> | Sauna | | |
| <input type="checkbox"/> | Sensory Deprivation Chamber | <input type="checkbox"/> | Spider Vein Removal | <input type="checkbox"/> | Spray Tanning/Air Brush | <input type="checkbox"/> | Tanning Bed / Booth | | |
| <input type="checkbox"/> | Tattoo | <input type="checkbox"/> | Tattoo Removal | <input type="checkbox"/> | Teeth Whitening | <input type="checkbox"/> | Threading | | |
| <input type="checkbox"/> | Vampire Facial | <input type="checkbox"/> | Vichy (Table) Shower | <input type="checkbox"/> | Water Massage Bed – Mall Kiosk | <input type="checkbox"/> | Water Massage Bed – Non Kiosk | | |
| <input type="checkbox"/> | Waxing (non-genital) | <input type="checkbox"/> | Waxing (genital) | <input type="checkbox"/> | Weight Loss Advice | <input type="checkbox"/> | Wig Application | | |
| <input type="checkbox"/> | Other (describe): | | | | | | | | |
| 2. | What are the hours of operations? | | | | | | | | |
| 3. | Are all operators licensed? | | | | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

HAIR, SKIN, AND NAIL SERVICES

N/A

| | | | | | | |
|----|---|--|---|----------------------|--|---|
| 1. | Provide the total number of all operators (include employees, owners, independent contractors or others providing services) | | | | | |
| | Employee Type | Full Time (20+ hrs/ week) | Part Time (<20 hrs/ week) | Employee Type | Full Time (20+ hrs/ week) | Part Time (<20 hrs/ week) |
| | Beauticians/Barbers | | | Aesthetician | | |
| | Nail Technicians | | | Massage Therapists | | |
| | Electrologists (include those performing chemical peels & microdermabrasion) | | | Other (describe): | | |
| 2. | Are any aesthetician paramedical aestheticians? | | | | Yes | No |
| 3. | Do any aestheticians operate under a physician's supervision or perform services based on medical referrals? | | | | Yes | No |
| 4. | After each client, are all tools disposed of, or sterilized in an approved licensing board method? | | | | Yes | No |
| 5. | If the Applicant does facial chemical peels or microdermabrasion, are customers required to wear eye protection? | | | | Yes | No |
| 6. | Does the Applicant dispense or sell any herbal supplements or medications including CBD or other holistic products? | | | | Yes | No |
| 7. | Does the Applicant manufacture, repackage, or re-label any products? | | | | Yes | No |
| | Please describe: | | | | | |
| 8. | If the Applicant does body wraps or exercise activities, do more than 20% of annual sales come from these services? | | | | Yes | No |

SUN TANNING/SPRAY TANNING

N/A

| | | | | | | |
|-----|--|-----------------------|-------------------|--------------|-----|----|
| 1. | Number of: | | | | | |
| | Tanning Beds: | Spray Tanning Booths: | Air Brush Booths: | Toning Beds: | | |
| 2. | Are all sun tanning beds/booths UL listed? | | | | Yes | No |
| 3. | Do all sun tanning beds/booths have automatic shut-offs? | | | | Yes | No |
| 4. | Are all timers operated by an attendant? | | | | Yes | No |
| 5. | Are customers allowed to tan longer than the manufactured recommended maximum exposure time? | | | | Yes | No |
| 6. | Do all sun tanning beds/booths have the FDA-mandated black box warning that the product should not be used by persons under the age of 18 years? | | | | Yes | No |
| 7. | Are records kept of each client's exposure times? | | | | Yes | No |
| 8. | Are minors required to have written consent from a parent or guardian before using the tanning facility? | | | | Yes | No |
| 9. | Are all bulbs in sun tanning beds/booths compatible, as defined by the FDA and state regulations? | | | | Yes | No |
| 10. | Are sun tanning beds/booths disinfected after each use? | | | | Yes | No |
| 11. | Do all customers undergo an initial evaluation to determine skin type prior to tanning? | | | | Yes | No |
| 12. | Are customers with Skin Type I allowed to use the sun tanning beds/booths? | | | | Yes | No |
| 13. | Are customers informed that tanning while using some medication, cosmetics, lotions, creams, etc may increase their sensitivity to UV rays? | | | | Yes | No |
| 14. | Are customers informed that UV exposure may worsen some light sensitive medical conditions and that they should consult their doctor prior to use? | | | | Yes | No |
| 15. | Are signs posted prohibiting the use of tanning units during pregnancy? | | | | Yes | No |

| | | | | | |
|-----|--|--|-----|--|----|
| 16. | Is the minimum amount of time allowed between exposures less than 48 hours? | | Yes | | No |
| 17. | Are customers required to use eye protection? | | Yes | | No |
| 18. | How are customers protected from ingesting or inhaling the spray tan/air brush solution? | | | | |
| | | | | | |
| 19. | Does the Applicant allow customers with respiratory conditions, such as asthma, to spray tan/air brush without a doctor's consent? | | Yes | | No |
| 20. | For spray-on tanning services, are customers required to use goggles, nose filters, ear plugs and lip balms? | | Yes | | No |
| 20. | What is the minimum amount of time allowed between applications? | | | | |
| 21. | Are spray tanning/air brush operations mobile? | | Yes | | No |
| | a. What percentage of operations are mobile? | | | | |
| | b. What procedures are in place to prevent bodily injury or property damage? | | | | |
| | | | | | |

TEETH WHITENING

| | |
|--|----|
| | NA |
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| | | | | | |
|----|---|--|-----|--|----|
| 1. | Are bleaching agents limited to carbamide peroxide and hydrogen peroxide? | | Yes | | No |
| 2. | If carbamide peroxide is used, is the maximum concentration 22%? | | Yes | | No |
| 3. | Are lasers or UV lights used to accelerate the whitening process? | | Yes | | No |
| 4. | Is this a kiosk-based business? | | Yes | | No |
| 5. | Are persons under the age of 16 or women that are nursing or pregnant prohibited from receiving teeth whitening services? | | Yes | | No |

POOLS/SAUNAS/STEAM ROOMS/HOT TUBS

| | |
|--|----|
| | NA |
|--|----|

| | | | | | |
|----|--|----------------|---------|--------------|----|
| 1. | Number of: | | | | |
| | Pools: | Hot Tubs/spas: | Saunas: | Steam Rooms: | |
| 2. | If the Applicant has hot tubs, whirlpools, steam rooms or saunas, please answer the following: | | | | |
| | a. Are warnings and directions for use clearly posted? | | Yes | | No |
| | b. Are all thermostats tamper-resistant? | | Yes | | No |
| | c. Are all emergency shut offs accessible to customers and staff? | | Yes | | No |
| | d. Are all features equipped with a timer for automatic shut-off? | | Yes | | No |

FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____