



BEAUTY SHOP SUPPLEMENTALS

1. Named Insured: _____
2. Number of full time barbers/beauticians: _____
3. Number of part time barbers/beauticians: _____
4. Number of manicurists: _____
5. Are all operations licensed in accordance with state and local statute? Yes No
6. Are students employed? Yes No
7. Do you rent to any independent operators? Yes No
8. Do you require certificates of insurance from the independent operators? Yes No
9. Do you perform:
 - a) Body Piercing? Yes No
 - b) Electrolysis? Yes No
 - c) Wart/Mole Removal? Yes No
 - d) Hair implants, weaving or transplants? Yes No
 - e) Ear Candling? Yes No
 - f) Permanent Cosmetic Application? Yes No
 - g) Laser Hair Removal? Yes No
 - h) Microdermabrasion? Yes No
 - i) Chemical Peels? Yes No
 - j) Eye Lash Extensions? Yes No
10. Do you offer any off-site services? Yes No
If yes, please explain: _____
11. Do you manufacture, repackage or re-label any products? Yes No
If yes, please explain: _____
12. Are you equipped with any hot tubs, saunas or steam baths? Yes No
If yes, how many of each: _____

Tanning Operations:

13. How many of each type of tanning unit are on premises?
UVA Bulb Units: _____ UVB Bulb Units: _____
Spray Tanning Units: _____ Other (please describe): _____
14. Are the beds UL listed? Yes No
15. Who is the manufacturer of the beds? _____
16. Do you own or lease the beds? Own Lease
17. Are the beds tested daily to ensure the timers and bulbs are working properly? Yes No

18. Any instructions posted for use of the equipment? Yes No

19. Does the state require a license to operate a tanning salon? Yes No

If yes, what is the expiration date of the license? _____

20. Has your license ever been revoked or suspended? Yes No

If yes, provide a detailed explanation for the cause: _____

21. Is this salon operated in conjunction with other activities? Yes No

If yes, please describe: _____

22. How often is maintenance performed on the beds? _____

23. Do the bulbs have a protective cover? Yes No

24. Are records kept on each customer for each visit and exposure time? Yes No

25. Are all customers furnished information regarding the beds and rays used? Yes No

26. Are goggles supplied and worn by each customer? Yes No

27. Are all beds disinfected after each use? Yes No

28. Are all timers and controls operated by the attendant and not the customer? Yes No

29. Do the beds/booths have dual controls and automatic shut-off? Yes No

30. Are customers limited to a maximum of 30 minutes per session? Yes No

31. Does each customer sign a waiver of liability prior to using the beds? Yes No

32. Are signs posted prohibiting tanning while on medication and/or pregnancy? Yes No

Massage Operations:

33. Are you and any therapists working with you members of the American Massage Therapy Association?

Yes No

34. Have you or any of the therapists working with you been sued for malpractice? Yes No

If yes, please explain: _____

35. Do you keep thorough records on each client? Yes No

Number of masseuses: _____

Signature of applicant: _____

Date: _____