

# SALON, SPA AND PERSONAL ENHANCEMENT SUPPLEMENTAL APPLICATION

## SUBMISSION REQUIREMENTS:

- Completed ACORD Application
- Currently valued loss runs from current/prior insurance carrier

## I. APPLICANT INFORMATION

1.1	Named Insured:	
1.2	Location Address:	
	City, State, Zip:	
1.3	Website:	

## II. GENERAL INFORMATION

2.1	Does the Applicant provide any of the following services? (Check all that apply)			
	Key: (P) = Prohibited Service (must be excluded) (NA) = Non-Admitted			
	<input type="checkbox"/> 24-Hour Spa (P)	<input type="checkbox"/> Exercise Activities (Incidental)	<input type="checkbox"/> Laser Hair Restoration (P)	<input type="checkbox"/> Sensory Deprivation Chamber (P)
	<input type="checkbox"/> Acupuncture (P)	<input type="checkbox"/> Eyebrow Tinting (P)	<input type="checkbox"/> IPL (Intense Pulsed Light)	<input type="checkbox"/> Spider Vein Removal (P)
	<input type="checkbox"/> Brazilian Blowout	<input type="checkbox"/> Eyelash Extensions	<input type="checkbox"/> LED Light Therapy	<input type="checkbox"/> Spray Tanning Booths / Air Brush
	<input type="checkbox"/> Body Wraps	<input type="checkbox"/> Eyelash Perming (aka Lash Lifts) (P)	<input type="checkbox"/> Liposuction (P)	<input type="checkbox"/> Tanning Beds / Booths
	<input type="checkbox"/> Cellulite Reduction (P)	<input type="checkbox"/> Eyelash Tinting (P)	<input type="checkbox"/> Make-up Application (Traditional Non-Permanent)	<input type="checkbox"/> Tattoo (P)
	<input type="checkbox"/> Chemical Peels (< 30% acid)	<input type="checkbox"/> Facials (including Galvanic, Microcurrent, High Frequency)	<input type="checkbox"/> Massage	<input type="checkbox"/> Tattoo Removal (P)
	<input type="checkbox"/> Chemical Peels (> 30% Acid) (P)	<input type="checkbox"/> Hair Services (Cut, Perm, Color, etc.)	<input type="checkbox"/> Micro Needling / Blading / Channeling (P)	<input type="checkbox"/> Teeth Whitening (NA)
	<input type="checkbox"/> Colon Hydrotherapy (P)	<input type="checkbox"/> Herbology (P)	<input type="checkbox"/> Microdermabrasion	<input type="checkbox"/> Threading
	<input type="checkbox"/> Cool Sculpting (P)	<input type="checkbox"/> Henna Tattoos	<input type="checkbox"/> Nails	<input type="checkbox"/> Vampire Facials (P)
	<input type="checkbox"/> Cryotherapy (P)	<input type="checkbox"/> Hot Tub / Jacuzzi (incidental)	<input type="checkbox"/> Permanent Make-Up (Tattooing) (P)	<input type="checkbox"/> Vichy (Table) Showers
	<input type="checkbox"/> Cupping (NA)	<input type="checkbox"/> Hyperbaric Chambers (P)	<input type="checkbox"/> Piercing (Earlobe only)	<input type="checkbox"/> Water Massage Beds – Mall Kiosk (P)
	<input type="checkbox"/> Dermaplaning	<input type="checkbox"/> Ice Rooms (P)	<input type="checkbox"/> Piercing (other than Earlobe) (P)	<input type="checkbox"/> Water Massage Bed – not Kiosk
	<input type="checkbox"/> Ear Candling (P)	<input type="checkbox"/> Infrared Sauna	<input type="checkbox"/> Plasma Fibroblasting (P)	<input type="checkbox"/> Waxing (Facial, Arms, Legs, Stomach, Back)
	<input type="checkbox"/> Ear Stapling (P)	<input type="checkbox"/> Injections (e.g. Botox) (P)	<input type="checkbox"/> Salt Room	<input type="checkbox"/> Waxing (Bikini, Brazilian, Genital) (NA)
	<input type="checkbox"/> Electrology (Traditional)	<input type="checkbox"/> Laser Hair Removal (P)	<input type="checkbox"/> Sauna	<input type="checkbox"/> Weight Loss Advice (P)
	<input type="checkbox"/> Other services not listed, please submit:			
2.2	What are the Applicant's hours of operation?			

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## III. HAIR, SKIN, AND NAIL SERVICES

☐ N/A

\* = not eligible

<b>3.1</b> What are the Applicant's total number of employees and independent contractors in the following categories?			
Employee Type	Employees or Independent Contractors		
	Full Time (20+ hrs/week)	Part Time (<20 hrs/week)	
Beauticians/Barbers			
Nail Technicians			
Aestheticians			
Electrologists (include employees performing facial chemical peels and microdermabrasion services)			
Massage Therapists			
Other, please describe:			
<b>3.2</b> Are any of the aestheticians paramedical aestheticians, or do any operate under a physician's supervision or perform services based on medical referrals?			<input type="checkbox"/> *Yes <input type="checkbox"/> No
<b>3.3</b> If the Applicant does body wraps or exercise activities, do more than 20% of annual sales come from these operations? (If yes, submit)			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3.4</b> If the Applicant does facial chemical peels or microdermabrasion, are customers required to wear eye protection?			<input type="checkbox"/> Yes <input type="checkbox"/> *No
<b>3.5</b> Does the Applicant manufacture, repackage, or re-label any products? (If yes, describe below and submit)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe:			
<b>3.6</b> Does the Applicant dispense or sell any herbal supplements or medications including CBD or other holistic products?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3.7</b> Are all tools either disposed of after each client, or sterilized in a method approved by the licensing board?			<input type="checkbox"/> Yes <input type="checkbox"/> *No

## IV. SUNTANNING SERVICES

☐ N/A

\* = not eligible

<b>4.1</b> Number of tanning beds and booths:	
<b>4.2</b> Are all tanning beds/booths UL listed?	<input type="checkbox"/> Yes <input type="checkbox"/> *No
<b>4.3</b> Do all tanning beds/booths have automatic shut-offs?	<input type="checkbox"/> Yes <input type="checkbox"/> *No
<b>4.4</b> Are tanning bed/booth timers controlled by employees?	<input type="checkbox"/> Yes <input type="checkbox"/> *No
<b>4.5</b> Are customers allowed to tan longer than the manufactured recommended maximum exposure time?	<input type="checkbox"/> *Yes <input type="checkbox"/> No
<b>4.6</b> Do all 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.7</b> Are individuals under 18 years of age allowed to use tanning beds/booths?	<input type="checkbox"/> *Yes <input type="checkbox"/> No
<b>4.8</b> Are all bulbs in tanning beds/booths compatible, as defined by the FDA and state regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.8</b> Are tanning beds/booths disinfected after each use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.10</b> Do all customers undergo an initial evaluation to determine skin type prior to tanning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.11</b> Are customers with Skin Type I allowed to use the tanning beds/booths?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.12</b> Are customers informed that tanning while using some medication, cosmetics, lotions, creams, etc. may increase their sensitivity to UV rays?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.13</b> Are customers informed that UV exposure may worsen some light sensitive medical conditions and that they should consult their doctor prior to use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.14</b> Is the minimum amount of time allowed between exposures less than 48 hours?	<input type="checkbox"/> *Yes <input type="checkbox"/> No
<b>4.15</b> Are customers required to use eye protection?	<input type="checkbox"/> Yes <input type="checkbox"/> *No

## V. SPRAY TANNING SERVICES

☐ N/A

\* = not eligible

<b>5.1</b> Number of spray tan booths:	
Number of air brush units:	
<b>5.2</b> How are customers protected from ingesting or inhaling the spray tan/air brush solution?	
<b>5.3</b> Does the Applicant allow customers with respiratory conditions, such as asthma, to spray tan/air brush without a doctor's consent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.4</b> What is the minimum amount of time allowed between spray tan/air brush applications?	
<b>5.5</b> Are spray tanning/air brush operations mobile?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes submit and answer the questions below:	
What percentage of operations are mobile?	%
What procedures are in place to prevent bodily injury or property damage?	

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## VI. TEETH WHITENING SERVICES

☐ N/A

\* = not eligible

6.1	Are bleaching agents limited to carbamide peroxide and hydrogen peroxide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.2	If carbamide peroxide is used, is the maximum concentration 22%?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.3	Are Lasers or UV lights used to accelerate the whitening process?	<input type="checkbox"/> *Yes	<input type="checkbox"/> No
6.4	Is this a kiosk-based business?	<input type="checkbox"/> *Yes	<input type="checkbox"/> No
6.5	Are persons under the age of 16 or women that are nursing or pregnant prohibited from receiving teeth whitening services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## VII. POOLS/SAUNAS/STEAM ROOMS/WHIRLPOOLS

☐ N/A

\* = not eligible

7.1	What is the total number of the following?	Pools:	Hot Tubs/Whirlpools:	Saunas/Steam Rooms:
7.2	If the Applicant has any hot tubs, whirlpools, steam rooms or saunas, please answer the following:			
	a.	Are warnings and directions for use clearly posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> *No
	b.	Are all thermostats tamper-resistant?	<input type="checkbox"/> Yes	<input type="checkbox"/> *No
	c.	Are all emergency shutoffs for these features accessible to customers and staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> *No
	d.	Are all of these features equipped with a timer for automatic shut-off?	<input type="checkbox"/> Yes	<input type="checkbox"/> *No

## FRAUD WARNINGS

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties.**

### APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD only.

### APPLICABLE IN CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### APPLICABLE IN FL AND OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL only.

### APPLICABLE IN KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### APPLICABLE IN KY, NY, OH AND PA

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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*.

\*Applies in NY only.

### APPLICABLE IN ME, TN, VA AND WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME only.

### APPLICABLE IN NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### APPLICABLE IN OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

### APPLICABLE IN VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

# SALON, SPA AND PERSONAL ENHANCEMENT SUPPLEMENTAL APPLICATION

## REPRESENTATIONS AND SIGNATURE

By signing this Application, the undersigned represents, on behalf of the Applicant and all proposed insureds, the following:

- a. After conducting due diligence, the statements in the Application and Supplemental Application furnished to the Insurer are accurate and complete;
- b. Those statements furnished to the Insurer are representations Applicant makes on behalf of all proposed Insureds;
- c. Those representations are a material inducement to the Insurer to provide a premium proposal;
- d. If a policy is issued, the Insurer will have issued this Policy in reliance upon those representations;
- e. If there is any material change in the Applicant's condition or in the Applicant's activities, services, or answers provided in this Application that occurs or is discovered between the date this Application is signed and the Effective Date of any policy, if issued, Applicant will immediately report such material change to the Insurer in writing; and
- f. The Insurer reserves the right, upon receipt of such notice, to change or rescind any insurance proposal previously offered by the Insurer.

As used above, the term "Insurer" refers to American Management Corporation.

**NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED OR THAT ANY ITEMS REFERENCED IN QUESTIONS OR ANSWERS TO QUESTIONS WILL BE COVERED EVEN IF COVERAGE IS OFFERED AND BOUND.**

**This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.**

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Signature of authorized representative of Applicant

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Title

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Type / Print name of authorized representative

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Date

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Producer Signature

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Date