

Services		Low Risk Beauty	High Risk Beauty	
Salon Services	Tattoo & Piercing	Aesthetician	Esthetician	Other
Hairstyling (Cutting, Color, Barbering, Extensions, etc.)	Traditional Tattoo, Piercing, Cosmetic Tattooing, PMU, etc.	Beauty & Spa Services: Usually, Little to no licensing /training required in most states. (Cosmetology, facials, waxing, spray tanning, tooth gems, other non-invasive beauty treatments	Advanced skincare & aesthetic procedures. Licensing and formal training are required in most states. Chemical Peels, Dermaplaning, Microdermabrasion, Microneedling, PRP/PRF, Laser & Light-Based Services (hair removal, tattoo removal, IPL, RF), Body Contouring (CoolSculpting, ultrasound, cryo slimming, etc.)	Any service your business offers that does not fit into the categories listed above. This may include specialized or emerging beauty, wellness, or personal care treatments. If you select 'Other,' please describe so we can review and confirm whether it's eligible for coverage.

Please describe what your business does. (primary services you provide and any specialties)

If you have an "other," please describe it here.

Enter the amount annual revenue for each of the below activities.

Salon	Tattoo & Piercing	Aesthetics	Esthetics	Other
\$ Annual	\$ Annual	\$ Annual	\$ Annual	\$ Annual

Enter the number of practitioners in each category. Count each person once in the category that represents their **highest-level service**.
 Do not double-count staff who provide multiple services.

Personnel	Salon	Tattoo & Piercing	Aesthetics	Esthetics	Other
Full Time					
Part-time					
Total					
All Total					
Do you require independent contractors to keep their own insurance policy?					

*Independent contractors/booth renters are excluded unless named below. Anyone not listed but working in your space will be required to send us a COI naming you as an additional insured.

Service Providers			
Full Name	Yrs w Business	Yrs of Exp	Services Provided

If there are more than 10 providers, please add an additional page with provider information.

Additional Questions	
Are all service providers required to maintain the relevant licenses and or certifications?	
Are all operations licensed in accordance with state and local statutes?	
Has your (or any employee's) license ever been revoked or suspended?	
If yes, please explain:	
Do you provide any off-site services (e.g., client homes, events, pop-ups)?	
If yes, please explain:	
Do you manufacture, repackage, or sell any products under your own label?	
If yes, please describe:	
Do you maintain thorough client records, including signed consent/waivers when appropriate?	
Do you require independent contractors/booth renters to maintain their own insurance and provide a certificate of insurance naming you as an additional insured?	
Do you keep a weapon on premises?	
Do you provide written instructions for care/maintenance to all clients?	
Are pre-employment background checks performed on all employees/contractors?	
Do you provide services to minors?	
Do you follow all rules and regulations around providing service to minors?	
Do you have any rules or guidelines related to providing services to intoxicated persons?	
Please explain:	

Property			
Location Number		Protection Class	
Address			
City/State/Zip			

Coverage	Limits						
Building		<table border="1"> <tr> <td>BI Time Element</td> <td>Extra Expense</td> </tr> <tr> <td></td> <td>\$ Included</td> </tr> </table>		BI Time Element	Extra Expense		\$ Included
BI Time Element	Extra Expense						
	\$ Included						
Tenant Improvement							
Business Personal Property							
Business Income							
Form							

Building Details					Updates			
Construction Type	Year Built	Sq Ft	Stories	Owned?	Roof	Electric	HVAC	Plumbing

Safety		
Sprinklers		
Central Station Alarm		
Distance to Hydrant		Ft
Distance to Fire Department		Miles

*Theft is only offered with a central station alarm

If you have more than one location, please print and complete as many copies of this page as you need.

Additional Interest	
	Interest
Name	
Address	
	Primary and Non-Contributory?
	Waiver of Subrogation?
	Named CG 2010?

Non-Named Blanket AI is included for landlords*

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND COMPLETE.

Any individual who, intending to deceive or with the knowledge that they are aiding in an act of fraud against an insurance company, submits an application or files a claim containing false or misleading statements may be held liable for insurance fraud, leading to potential fines and/or imprisonment.

 Signature of Applicant

 Title

 Date

 Signature of Producing Agent

 Date