

Applicant name:	
Contact name:	Phone Number:
Year business established:	Years of management experience:
What type of operations best describes this	s business?
$\hfill\Box$ Beauty salon cutting, shampooing, colorin also include cosmetic skin care, make up, eye care)	
$\hfill\square$ Nail Salon (provides nail care services suc extensions as well as limited cosmetic skin care	* *
\Box Day Spa (intended for operations that probody skin care such as waxing and scrubs)	vide massage, non-medical facials, and full
$\hfill \square$ Med Spas (offers elective medical treatment injectables, laser/electrolysis, etc. with spa tr body wraps)	•
\square Other (please describe)	
Do any of the following exposures exist (ple	ease select all that apply)
$\hfill \square$ Unlicensed individual technicians	
\square Non-compliance with state safety regulations	
☐ Tattoos of permanent make-up	
\square Tanning beds or spray tanning	
$\hfill\Box$ Repackaging or relabeling products under	the customer's own label
$\hfill\Box$ Use of marijuana, including edible forms, a cannabidiol (CBD) or hemp	and only incidental non-edible use of
\square Personal trainers, exercise of fitness class	es or centers
\Box Dietary, nutritional, vitamin or weight – ma	nagement food supplements
☐ Overnight boarding of visitors or clients	



☐ Anesthesia use on the customer's premises described as "general" (requires respirator) or "regional" (affects large areas or entire limbs)
☐ Pharmacy and/or drug compounding operations
☐ Cosmetic manufacturing
☐ Cryotherapy
☐ Hydrotherapy
☐ Colon cleanse procedures
☐ Any type of skin injections
\square Laser treatments (hair removal, skin, fat reduction)
☐ Intense pulsed light therapy
□ Face lifts
☐ Body piercing
☐ Hair implantation
\square Any treatment that requires a medical license
\square Removal of wats, moles, or growths
\square Pedicures using Garra rufa fish (aka doctor fish, nibble fish, tiny carp)
\square Whole body treatment as the PRIMARY service
\square Facials/facial treatment as the PRIMARY service
$\hfill\square$ Massage (other than hand/neck/foot while receiving nail treatment) as the
Primary Service
$\hfill\square$ Waxing (other than face) as the PRIMARY service
☐ Aromatherapy as the PRIMARY service
\square Steam room or sauna as the PRIMARY service
☐ None of the above



Does the customer offer full body spa treatments (massage, scrubs, wraps) or facials by licensed estheticians (not a cosmetologist)?	
□ Yes	□ No
injectables (Boto)	er offer medical treatments such as dermabrasion, chemical peels, k, Juvéderm), laser electrolysis, liposuction, or plastic surgery, that performed by and/or under the guidance of licensed medical
☐ Yes	□ No
ls food served on	the premises?
☐ Yes	□ No
Do sales from a gi	ft shop exceed 25% of the total annual sales?
☐ Yes	□ No
Does the insured's	s business sell or distribute dietary supplements?
☐ Yes	□ No
Would you like to include professional liability?	
☐ Yes	□ No
Number of beauti	cians/nail technicians:
Indicate the numb the current year t	per of professional liability losses in the prior 3 completed years and o date.
Number of pools	