

COLONY INSURANCE COMPANY
BEAUTY SHOP AND BARBER SHOP LIABILITY
 SUPPLEMENTAL QUESTIONNAIRE
 (Complete in Addition to Acord Application)

1. Name of Applicant: _____
2. Applicant Operates: Beauty Shop Barber Shop Other _____
3. Shop is located Own Bldg. Home Shopping Mall Other _____
4. What is the area of the premises that you occupy? _____
5. Estimated annual gross receipts from beauty/barber shop operation \$ _____
6. Estimated annual gross receipts from all operators \$ _____
7. Is any space, booth or chair rented to others? Yes No
 Is Yes, please give names or lessees:

A Certificate of Insurance Must be Attached for Each Lessee

8. Number of:
 - a. Beauticians – Full Time _____ *Part Time _____
 - b. Barbers – Full Time _____ *Part Time _____
 - c. Manicurists Full or Part Time _____

***Part Time are those employees working less than 30 hours per week**

- d. Are all of the above licensed? Yes No If No, explain _____

9. Services offered in your business:

	Yes	No	
Permanent Waves	<input type="checkbox"/>	<input type="checkbox"/>	
Hair Relaxing	<input type="checkbox"/>	<input type="checkbox"/>	Number given weekly _____
Permanent Hair Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Needle Form <input type="checkbox"/> Shore Wave <input type="checkbox"/> Other _____
Hair Dyeing	<input type="checkbox"/>	<input type="checkbox"/>	
Predisposition test given	<input type="checkbox"/>	<input type="checkbox"/>	
Wigs	<input type="checkbox"/>	<input type="checkbox"/>	Income from wig services and sales _____
Nail Sculpting	<input type="checkbox"/>	<input type="checkbox"/>	
Exercising	<input type="checkbox"/>	<input type="checkbox"/>	
Tanning	<input type="checkbox"/>	<input type="checkbox"/>	Attach Tanning Salon Questionnaire
Permanent Make-up	<input type="checkbox"/>	<input type="checkbox"/>	
Body Wrap—Other than Organic			
Others (describe) _____			

10. Do you sell any products to your customers which bear your private label? Yes No
 Is Yes, what are your annual sale of such products? _____

Please submit Certificate of Insurance from each supplier of such products

11. Do you sell any products to your customers which you mix, blend or package?
 Yes No
Please submit a list of ingredients and samples of labels and directions for all such products.

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

Any person who, with Intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____ Date: _____

Producer: _____ Date: _____