

☐ **Scottsdale Insurance Company**
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

☐ **Scottsdale Surplus Lines Insurance Company**
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

☐ **Scottsdale Indemnity Company**
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

BEAUTY, BARBER AND BODY ART SUPPLEMENTAL APPLICATION

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

Agency Name: _____
 Agent No.: _____
 Address: _____

 E-mail: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. **Name of business (D/B/A):** _____

2. **Website:** _____

3. **Business is (check all that apply):**

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Barber Shop | <input type="checkbox"/> Beauty Parlor | <input type="checkbox"/> Body Branding | <input type="checkbox"/> Body Piercing |
| <input type="checkbox"/> Day Spa | <input type="checkbox"/> Dental Spa | <input type="checkbox"/> Massage Parlor | <input type="checkbox"/> Medical (Medi) Spa |
| <input type="checkbox"/> Nail Salon | <input type="checkbox"/> Permanent Makeup | <input type="checkbox"/> Tanning Salon | <input type="checkbox"/> Tattoo Parlor |
| <input type="checkbox"/> Other—Describe: _____ | | | |

4. **Total gross sales:** \$ _____ **Percentage for services rendered:** _____% **Percentage for products:** _____%

5. **Total number of operators/technicians (including owners, employees, and independent contractors):** _____

Full-time hair: _____ Part-time hair (less than twenty [20] hours per week): _____

Estheticians: _____ Masseuses/Masseurs: _____ Nail Technicians: _____

Tattoo Artists: _____ Body Branding/Modification Artists: _____ Body and Ear-Piercing Artists: _____

Permanent Makeup Artists: _____ Other (Describe): _____

6. **Premises exposures:**

Beauty/Barber Shop chairs:	Low-Level Light Therapy Booths:	Tanning booths:
Float Tanks:	Saunas:	Tanning spray-on booths:
Hot tubs/spas:	Swimming Pools:	Toning beds:
Hydromassage beds:	Tanning beds:	Other (describe):

7. **Are all operators licensed?** ☐ Yes ☐ No

8. **Services Rendered.** Please indicate the percentage of gross sales for each service provided, **totaling 100%:**

Service	Percentage of Gross Sales (%)	Service	Percentage of Gross Sales (%)
Acne scar treatment		Hydro massage beds	
Acupuncture		Hyperbaric oxygen treatments (HBOT)	
Anal or genital whitening or steaming		Ice bath—other than medical	
Aromatherapy		Infrared services	
Body branding—Method: _____		Intense pulsed light (IPL) treatments	
Body masks or body wraps		Laser hair removal	
Body scrubs		Low-level light therapy (LLLT)	
Chemical peel—light		Makeup application—for special occasions	
Chemical peels—medium and deep		Massage	
Chiropractic or podiatry		Massage—prenatal	
Colon hydrotherapy/cleansing		Medical spas/med spa	
Cortisone or steroid treatments		Mesotherapy treatment	
Cosmetic injections (e.g. Botox, Juvederm, or similar)		Microdermabrasion or Microplanning	
Cryotherapy—other than medical		Nail services (e.g. manicures, pedicures)	
Dental spas (e.g. permanent jewels, teeth modification)		Paraffin wax treatments	
Dermaplaning		Permanent makeup including microblading	
Diet, nutritional or weight loss consultation		Piercing—body—Describe: _____	
Ear candling/coning		Piercing—ear	
Ear piercing		Podiatry detoxification	
Electrolysis hair removal		Scalp treatments	
Enzyme baths		Scar or stretchmark camouflage	
Eyelash/Eyebrow—shaping, conditioning, and serums		Shaving	
Eyelash/Eyebrow—tinting		Subdermal Implants	
Eyelash—extensions and fills		Sun tanning salons	
Facials, including exfoliation		Tanning beds/booths	
Fat reduction or body contouring by advanced technologies		Tattoo	
Fibroblasting		Tattoo, port wine or birthmark removal	
Hair coloring or other chemical treatments		Tissue extraction (e.g. dermal punch)	
Hair extensions		Threading—eyebrow or face	
Hair implants		Toning beds	
Haircut and styling		Vein treatments	
Head lice removal		Waxing—hair removal	
Henna tattoo—natural		Other—Describe: _____	
Henna tattoo—synthetic and/or black			

9. Are any operations performed away from the applicant's premises? ☐ Yes ☐ No
If yes, explain: _____
10. Does applicant manufacture or sell any food, beverage, supplement, vitamin, nutraceutical or herbal supplements under their own label? ☐ Yes ☐ No
11. Does applicant manufacture, mix, blend, or repackage products sold under their own label for use on or off premises (excluding any food, beverage, supplement, vitamin, nutraceutical, or herbal supplement)? ☐ Yes ☐ No
If yes, advise:
Gross sales: _____
Name of product: _____
Copy of label including ingredients: _____
12. Are all independent contractors required to carry liability insurance with limits equal to or greater than yours and name your business as additional insured? ☐ Yes ☐ No
13. Does applicant perform services on clients under the age of 18? ☐ Yes ☐ No
If yes:
Provide type of service(s) rendered: _____
Are consent forms, including hold harmless, obtained and signed by the legal parent or guardian? ☐ Yes ☐ No
14. Are tool sterilization protocols in place for all operators? ☐ Yes ☐ No
15. Before using chemicals, waxes, inks or pigments, are client screenings conducted, including allergy questioning and patch testing? ☐ Yes ☐ No
16. For tattooing, body branding, body piercing, or permanent makeup application, are written consent/waiver and aftercare forms used with all clients? ☐ Yes ☐ No
If yes, provide sample copies of consent/waiver and aftercare forms.
If no, why not? _____
17. Are FDA guidelines followed for the preparation, packing, and holding of tattoo or permanent makeup inks or pigments? ☐ Yes ☐ No
18. For Tanning Beds, Booths and Spray-on Booths:
- A. What are the estimated annual gross receipts from the tanning operation? _____
- B. Number of tanning units: _____ Number of spray-on tanning booths: _____
- C. Serial numbers of all tanning units:
- | | |
|-----------|-----------|
| (1) _____ | (4) _____ |
| (2) _____ | (5) _____ |
| (3) _____ | (6) _____ |
- D. Manufacturer of tanning units: _____
- E. Name of distributor tanning units purchased from: _____
- F. Installation of units completed by: _____
- G. Are all tanning units listed owned by the applicant? ☐ Yes ☐ No
If no, provide name and address of owner:
Name: _____
Address: _____
- H. Does equipment owner require being named as an additional insured? ☐ Yes ☐ No
If yes, is equipment owner the manufacturer or distributor of the equipment? ☐ Yes ☐ No
- I. Maximum exposure time each session: _____

J. Are timers tested daily?.....☐ Yes ☐ No
K. Is attendant on duty at all times?.....☐ Yes ☐ No
If no, explain: _____

L. Are goggles provided?.....☐ Yes ☐ No
M. Are all timers operated by an attendant?.....☐ Yes ☐ No
N. Are tanning units Underwriters Laboratory approved?☐ Yes ☐ No
O. Are all tanning units disinfected after each use?☐ Yes ☐ No
P. Do signs prohibit use of tanning units during pregnancy or if on medication?☐ Yes ☐ No
Q. Are customers advised to remove contact lenses?☐ Yes ☐ No
R. Are waivers signed by each customer?☐ Yes ☐ No
S. If customer is under the legal age, is the parent required to also sign waiver?☐ Yes ☐ No
T. Does applicant provide mobile tanning services?.....☐ Yes ☐ No
If yes, provide details: _____

19. **Low-Level Light Therapy (LLLT) booths:**Number: _____

A. Are signs posted, or notification provided, prohibiting use of LLLT units for individuals who are pregnant, have photosensitive medical conditions, or take photosensitive medications/supplements?...☐ Yes ☐ No
B. Are signs posted, or notification provided, requiring protective eyewear or eye closure during light therapy?.....☐ Yes ☐ No
C. Are LLLT units promoted as a treatment, cure, enhancer, or recovery accelerator?.....☐ Yes ☐ No
D. Are all LLLT timers, duration, and frequency of use controlled by the applicant?☐ Yes ☐ No
E. Are all LLLT units disinfected after each use?.....☐ Yes ☐ No
F. Are waivers signed by each customer?☐ Yes ☐ No

20. **Has the business or any operator had a previous claim or pending allegations for alleged malpractice, error or mistake?**☐ Yes ☐ No
If yes, explain: _____

21. **Are any services provided by or under the supervision of a licensed healthcare professional, such as a medical doctor or dentist?**☐ Yes ☐ No
If yes, explain: _____

22. **Does applicant have other business ventures for which coverage is not requested?**.....☐ Yes ☐ No
If yes, explain and advise where insured: _____

23. **Does applicant engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**☐ Yes ☐ No
If yes, describe: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____