

COLONY INSURANCE COMPANY
BEAUTY SHOP AND BARBER SHOP LIABILITY
GENERAL LIABILITY SUPPLEMENTAL APPLICATION

Name of Applicant: _____ Date: _____
Applicant Operates: Beauty Shop Barber Shop Nails Other

Employees:

- # _____ Barber
_____ Barber chairs
_____ Beauticians Full Time # _____ Part Time (less than 15 hours a week)
_____ Operators performing ear piercing, makeovers/facials (including false eyelashes)
_____ Manicurists
_____ Masseuses

Independent Contractors (persons who are not employed by the insured):

- # _____ Barber
_____ Barber chairs
_____ Beauticians Full Time # _____ Part Time (less than 15 hours a week)
_____ Operators performing ear piercing, makeovers/facials (including false eyelashes)
_____ Manicurists
_____ Masseuses

Confirm certificates of insurance are obtained showing Independent Contractors are insured with limits at least equal to that of applicant's and that Applicant is named as additional insured on Independent Contractor's policy: _____

Receipts -Annual receipts from both employee operations and receipts from Independent Contractors
Total all Services: _____ Receipts from Spa Services: _____ Receipts from waxing: _____

Services: Do employees or independent contractors provide any of the following. services? If the answer is "yes", coverage is prohibited.

- _____ Acupuncture
_____ Body piercing or tattooing (ear piercing is ok)
_____ Body wraps other than organic
_____ Collagen Injections
_____ Esthetician services such as dermabrasions, permanent makeup and similar services
_____ Laser treatments
_____ Permanent hair removal through electrolysis or other type of removal
_____ Permanent makeup

Tanning Beds: # _____

Products:

Does applicant manufacture, mix, blend or repackage products sold for use on or off premises? Yes No
If "Yes", Prohibited

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer Signature: _____ Date: _____