



# SALON, SPA, TANNING AND PERSONAL SERVICES QUESTIONNAIRE

(include a completed ACORD application)

Named Insured:	
Location Address:	
Website:	

## 1. GENERAL INFORMATION

What services are provided? (check all that apply)									
<input type="checkbox"/>	24-Hour Spa	<input type="checkbox"/>	Acupuncture	<input type="checkbox"/>	Acne Scar Treatment	<input type="checkbox"/>	Beauty School/ Classes		
<input type="checkbox"/>	Body Wraps	<input type="checkbox"/>	Brazilian Blowout	<input type="checkbox"/>	Cellulite Reduction	<input type="checkbox"/>	Chemical Peels (<30% acid)		
<input type="checkbox"/>	Chemical Peels (>30% acid)	<input type="checkbox"/>	Colon Hydrotherapy	<input type="checkbox"/>	Cool Sculpting	<input type="checkbox"/>	Cryotherapy		
<input type="checkbox"/>	Cupping	<input type="checkbox"/>	Dermaplaning	<input type="checkbox"/>	Ear Candling	<input type="checkbox"/>	Ear Stapling		
<input type="checkbox"/>	Electrolysis	<input type="checkbox"/>	Exercise Activities	<input type="checkbox"/>	Eyebrow Tinting	<input type="checkbox"/>	Eyelash Extensions		
<input type="checkbox"/>	Eyelash Perming (Lash Lifts)	<input type="checkbox"/>	Eyelash Tinting	<input type="checkbox"/>	Facials (including Galvanic, Microcurrent, High Frequency)	<input type="checkbox"/>	Hair Services (cut, perm, color, etc)		
<input type="checkbox"/>	Herbology	<input type="checkbox"/>	Henna Tattoos	<input type="checkbox"/>	Hot Tub/Jacuzzi	<input type="checkbox"/>	Hyperbaric Chambers		
<input type="checkbox"/>	Ice Rooms	<input type="checkbox"/>	Infrared Sauna	<input type="checkbox"/>	Injections (e.g. Botox)	<input type="checkbox"/>	Intense Pulsed Light (IPL)		
<input type="checkbox"/>	Laser Hair Removal	<input type="checkbox"/>	Laser Hair Restoration	<input type="checkbox"/>	LED Light Therapy	<input type="checkbox"/>	Lice Removal		
<input type="checkbox"/>	Liposuction	<input type="checkbox"/>	Make-Up Application (non-permanent)	<input type="checkbox"/>	Make-Up Application (Permanent/Tattooing)	<input type="checkbox"/>	Manicures/Pedicures		
<input type="checkbox"/>	Massage	<input type="checkbox"/>	Micro Needling / Blading / Channeling	<input type="checkbox"/>	Microdermabrasion	<input type="checkbox"/>	Piercing (ear only)		
<input type="checkbox"/>	Piercing (All Other)	<input type="checkbox"/>	Plasma Fibroblasting	<input type="checkbox"/>	Salt Room	<input type="checkbox"/>	Sauna		
<input type="checkbox"/>	Sensory Deprivation Chamber	<input type="checkbox"/>	Spider Vein Removal	<input type="checkbox"/>	Spray Tanning/Air Brush	<input type="checkbox"/>	Tanning Bed / Booth		
<input type="checkbox"/>	Tattoo	<input type="checkbox"/>	Tattoo Removal	<input type="checkbox"/>	Teeth Whitening	<input type="checkbox"/>	Threading		
<input type="checkbox"/>	Vampire Facial	<input type="checkbox"/>	Vichy (Table) Shower	<input type="checkbox"/>	Water Massage Bed – Mall Kiosk	<input type="checkbox"/>	Water Massage Bed – Non Kiosk		
<input type="checkbox"/>	Waxing (non-genital)	<input type="checkbox"/>	Waxing (genital)	<input type="checkbox"/>	Weight Loss Advice	<input type="checkbox"/>	Wig Application		
<input type="checkbox"/>	Other (describe):								
2.	What are the hours of operations?								
3.	Are all operators licensed?					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

## HAIR, SKIN, AND NAIL SERVICES

N/A

1. Provide the total number of all operators (include employees, owners, independent contractors or others providing services)					
Employee Type	Full Time (20+ hrs/ week)	Part Time (<20 hrs/ week)	Employee Type	Full Time (20+ hrs/ week)	Part Time (<20 hrs/ week)
Beauticians/Barbers			Aesthetician		
Nail Technicians			Massage Therapists		
Electrologists (include those performing chemical peels & microdermabrasion)			Other (describe):		
2. Are any aesthetician paramedical aestheticians?				Yes	No
3. Do any aestheticians operate under a physician's supervision or perform services based on medical referrals?				Yes	No
4. After each client, are all tools disposed of, or sterilized in an approved licensing board method?				Yes	No
5. If the Applicant does facial chemical peels or microdermabrasion, are customers required to wear eye protection?				Yes	No
6. Does the Applicant dispense or sell any herbal supplements or medications including CBD or other holistic products?				Yes	No
7. Does the Applicant manufacture, repackage, or re-label any products?				Yes	No
Please describe:					
8. If the Applicant does body wraps or exercise activities, do more than 20% of annual sales come from these services?				Yes	No

## SUN TANNING/SPRAY TANNING

N/A

1. Number of:					
Tanning Beds:	Spray Tanning Booths:	Air Brush Booths:	Toning Beds:		
2. Are all sun tanning beds/booths UL listed?				Yes	No
3. Do all sun tanning beds/booths have automatic shut-offs?				Yes	No
4. Are all timers operated by an attendant?				Yes	No
5. Are customers allowed to tan longer than the manufactured recommended maximum exposure time?				Yes	No
6. Do all sun tanning beds/booths have the FDA-mandated black box warning that the product should not be used by persons under the age of 18 years?				Yes	No
7. Are records kept of each client's exposure times?				Yes	No
8. Are minors required to have written consent from a parent or guardian before using the tanning facility?				Yes	No
9. Are all bulbs in sun tanning beds/booths compatible, as defined by the FDA and state regulations?				Yes	No
10. Are sun tanning beds/booths disinfected after each use?				Yes	No
11. Do all customers undergo an initial evaluation to determine skin type prior to tanning?				Yes	No
12. Are customers with Skin Type I allowed to use the sun tanning beds/booths?				Yes	No
13. Are customers informed that tanning while using some medication, cosmetics, lotions, creams, etc may increase their sensitivity to UV rays?				Yes	No
14. Are customers informed that UV exposure may worsen some light sensitive medical conditions and that they should consult their doctor prior to use?				Yes	No
15. Are signs posted prohibiting the use of tanning units during pregnancy?				Yes	No

16.	Are signed waivers w/restrictions on scheduled/times of exposure obtained per customer		Yes		No
17.	Is the minimum amount of time allowed between exposures less than 48 hours?		Yes		No
18.	Are customers required to use eye protection?		Yes		No
19.	How are customers protected from ingesting or inhaling the spray tan/air brush solution?				
19.	Does the Applicant allow customers with respiratory conditions, such as asthma, to spray tan/air brush without a doctor's consent?		Yes		No
20.	For spray-on tanning services, are customers required to use goggles, nose filters, ear plugs and lip balms?		Yes		No
21.	What is the minimum amount of time allowed between applications?				
22.	Are spray tanning/air brush operations mobile?		Yes		No
	a. What percentage of operations are mobile?				
	b. What procedures are in place to prevent bodily injury or property damage?				

### TEETH WHITENING

NA
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1.	Are bleaching agents limited to carbamide peroxide and hydrogen peroxide?		Yes		No
2.	If carbamide peroxide is used, is the maximum concentration 22%?		Yes		No
3.	Are lasers or UV lights used to accelerate the whitening process?		Yes		No
4.	Is this a kiosk-based business?		Yes		No
5.	Are persons under the age of 16 or women that are nursing or pregnant prohibited from receiving teeth whitening services?		Yes		No

### POOLS/SAUNAS/STEAM ROOMS/HOT TUBS

NA
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1.	Number of:				
	Pools:	Hot Tubs/spas:	Saunas:	Steam Rooms:	
2.	If the Applicant has hot tubs, whirlpools, steam rooms or saunas, please answer the following:				
	a. Are warnings and directions for use clearly posted?		Yes		No
	b. Are all thermostats tamper-resistant?		Yes		No
	c. Are all emergency shut offs accessible to customers and staff?		Yes		No
	d. Are all features equipped with a timer for automatic shut-off?		Yes		No

### FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_