



MARKEL SOUTHWEST UNDERWRITERS, INC.

BEAUTY PARLOR/BARBER SHOP SUPPLEMENT

(Include Acord application)

Applicant's Name: _____ Location Address: _____
Mailing Address: _____

Applicant is: A. Beauty Parlor Barber Shop B. Owner Tenant

Part occupied by applicant: _____

How long has applicant been in business? _____ years

Have you had similar insurance canceled or declined by any insurance carrier? (Not applicable in Missouri) Yes No

If yes, please explain why: _____

Number of operators employed: _____ Number licensed: _____ Full time: _____ Part time: _____
Number of masseurs: _____ (less than 15 hours per week)

Any independent contractors? Yes No If yes, are certificates of insurance obtained? Yes No

Amount of gross sales: \$ _____

Has any operator had a previous claim for alleged malpractice, error or mistake? Yes No

Losses for the last 3 years:

Are records kept of patrons' permanent waves and hair dyes? Yes No

Are skin tests conducted? Yes No

Are questionnaires completed asking about allergies? Yes No

Please state methods used in permanent hair waving (electric, cold wave, machineless, other):

Number of tanning beds on premises: _____ Percentage of spray tanning: _____%

Are any of the following exposures included in the applicant's operation?

- Nail sculpting
- False lashes
- Plastic surgery
- Waxing- hot/cold
- Chemical peels
- Body wraps
- Ear piercing
- Hair implants
- Chiropody
- Hair Extensions
- Manicures/pedicures
- Makeovers/facials
- Permanent cosmetics
- Face lifting
- Diet/protein/weight loss plans
- Electrolysis
- Wig application
- Beauty schools/classes
- Body piercing/tattooing
- Products containing MMA-
(Methyl Methacrylate Monomer)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature _____ Producer's Signature _____ Date _____