



## Beauty Shop Supplemental Questionnaire

Insured Name & Mailing Address

Agent Name

Agent Code: \_\_\_\_\_

1. Years in business? \_\_\_\_\_

2. Type: \_\_\_\_\_

If Shop Owner, how many employees? \_\_\_\_\_ Do they have their own insurance? Yes No (attach cert)

If booth renter(s), do they have their own insurance? Yes No (attach cert)

3. Any Tanning Operations? Yes No If yes, please complete the Tanning Supplement.

If yes, how many beds? \_\_\_\_\_

4. Spray Tanning? Yes No

5. Any Micro-Derm Abrasion? Yes No

If yes, please describe process:

6. Facials or other skin care treatments? Yes No

7. Any unusual services?

8. Nail services? Yes No

9. Waxing services? Yes No

10. Massage Therapy services? Yes No

11. Does the insured manufacture any products? Yes No If yes, explain: \_\_\_\_\_

12. Does the insured sell any products? Yes No If yes, explain: \_\_\_\_\_

REMARKS