Dryden Mutual Insurance Company
12 Ellis Drive . Dryden, New York 13053
607-844-8106 . 800-724-0560 . Fax: 607-257-0312

Beauty Shop Supplemental Questionnaire

Insured Name & Mailing Address

_____
_____
_____
_____

Agent Name

_____
_____
_____

Agent Code: _____

1. Years in business? _____
2. Booth Renter: _____ Shop Owner: _____
   If Shop Owner, how many employees? _____ Do they have their own insurance (Y/N)? _____ (attach cert)
   If booth renter(s), do they have their own insurance (Y/N)? _____
3. Any Tanning Operations (Y/N)?_____ If yes, please complete the Tanning Supplement.
   If yes, how many beds? _____
4. Spray Tanning (Y/N)? _____
5. Any Micro-Derm Abrasion (Y/N)?_____
   If yes, please describe process: _____

_____
_____

6. Facials or other skin care treatments (Y/N)? _____
7. Any unusual services? _____

_____

8. Nail services (Y/N)? _____
9. Waxing services (Y/N)? _____
10. Massage Therapy services (Y/N)? _____
11. Does the insured manufacture any products (Y/N)? _____ If yes, explain: _____
12. Does the insured sell any products (Y/N)? _____ If yes, explain: _____

REMARKS

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Edition: December 2011