



## Barbers and Beauticians Supplemental Application

**General Information:**

Applicant Name: \_\_\_\_\_ Website Address: \_\_\_\_\_  
 Quote/Policy Number: \_\_\_\_\_ Date Quote Needed: \_\_\_\_\_  
 Agency Name & Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**General Underwriting:**

1. Applicant operates?  Barber Shop  Beauty Salon
2. Number of full-time operators (16 or more hours/weekly): \_\_\_\_\_
3. Number of part-time operators (Less than 16 hours/weekly): \_\_\_\_\_
4. Number of manicurists: \_\_\_\_\_
5. Professional Liability Insurer & Policy Number: \_\_\_\_\_

6. Personnel Data:

Employee Name	Full-time or Part-time	Avg. # of hours worked/week	Years of experience	Indicate YES or NO	
				Hair Dyeing	Manicures

**Operations: Explain any "Yes" response in open area below**

1. Any operators under 16 years of age? \_\_\_ Yes \_\_\_ No
2. Any unlicensed operators? \_\_\_ Yes \_\_\_ No
3. Any appliance / apparatus / device that employs x-rays, electrical, radio  
 or electronic waves? \_\_\_ Yes \_\_\_ No
4. Chiropody procedures? \_\_\_ Yes \_\_\_ No
5. Electrolysis procedures? \_\_\_ Yes \_\_\_ No
6. Slenderizing, reducing, exercising, body massages or bath treatments? \_\_\_ Yes \_\_\_ No
7. Face lifting procedures? \_\_\_ Yes \_\_\_ No
8. Skin peeling procedures? \_\_\_ Yes \_\_\_ No
9. Removal of a wart, mole, or other growth, or removal of hair from a wart, mole or  
 other growth? \_\_\_ Yes \_\_\_ No
10. Use of any electrical or mechanical apparatus or device for massage? \_\_\_ Yes \_\_\_ No

**Operations continued:**

11. Any goods or products manufactured, re-bottled by, packed or re-packed by the insured or sold under the insured's label?  Yes  No
12. Use of ultraviolet or sun lamps, or any other tanning or irradiating devices?  Yes  No
13. Hair implanting or transplanting?  Yes  No
14. Ear / body piercing or tattooing?  Yes  No
15. Barber or beauty school / classes?  Yes  No
16. Does applicant rent space, booths or chairs TO others?  Yes  No
17. Does applicant rent space, booths or chairs FROM others?  Yes  No
18. Does applicant perform hair dyeing and shampoo tinting?  Yes  No  
If yes, answer Hair Dyeing and Shampoo Tinting answer questions 1-3
19. Any claims made by patrons in the last three years?  Yes  No  
If yes, explain below in Loss History
20. Are all electrical file tips sterilized between customers?  Yes  No  
If no, describe: \_\_\_\_\_
21. Are customers required to purchase their own individual nail file & buffer kits for use at the salon?  Yes  No

**Hair Dyeing and Shampoo Tinting: Explain any "No" response**

1. Is a 24-hour pre-disposition test given to patrons whose hair has not been previously tinted or dyed?  Yes  No  
If no, explain \_\_\_\_\_
2. Are records (names & addresses, dates) kept of patrons receiving hair dyeing and shampoo tinting?  Yes  No  
If no, explain \_\_\_\_\_
3. Does the owner or manager supervise all hair dyeing and shampoo tinting?  Yes  No  
If no, explain \_\_\_\_\_

**\*Loss History begins on next page**

Loss History

Date on which injury occurred	Nature of Injury	If Pending, Provide Details. If Settled, State Amount.
1.		
2.		
3.		
4.		

**Explanations/Descriptions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT NOTICE TO ALL APPLICANTS:** THE APPLICANT REPRESENTS THAT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION OR BELIEF, THE STATEMENTS AND FACTS MADE IN THIS APPLICATION / SUPPLEMENTAL APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS OR INFORMATION HAVE BEEN SUPPRESSED, OMITTED OR MISSTATED. FURTHERMORE, THE APPLICANT ACKNOWLEDGES A CONTINUING OBLIGATION TO NOTIFY THE PENN MILLERS INSURANCE COMPANY IN WRITING AS SOON AS PRACTICABLE, IF THERE IS A MATERIAL CHANGE IN ANY OF THE STATEMENTS OR FACTS MADE IN THIS APPLICATION / SUPPLEMENTAL APPLICATION WHICH THE APPLICANT BECOMES AWARE OF AFTER THE DATE THIS APPLICATION / SUPPLEMENTAL APPLICATION IS SIGNED. IF THE MATERIAL CHANGE OCCURS OR BECOMES KNOWN BETWEEN THE DATE THIS APPLICATION / SUPPLEMENTAL APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE INSURANCE FOR WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION HAS BEEN COMPLETED, THE PENN MILLERS INSURANCE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND INSURANCE. IT IS AGREED THAT THE STATEMENTS, FACTS AND INFORMATION CONTAINED IN THIS APPLICATION / SUPPLEMENTAL APPLICATION SHALL BE THE BASIS FOR ANY INSURANCE POLICY ISSUED OR COVERAGE PROVIDED.

THE SIGNING OF THIS APPLICATION / SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE THE INSURANCE FOR WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION HAS BEEN COMPLETED, NOR DOES THE REVIEW OF THIS APPLICATION / SUPPLEMENTAL APPLICATION BIND THE INSURANCE COMPANY, TO WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION IS BEING MADE, TO ISSUE SUCH INSURANCE.

**IMPORTANT NOTICE TO ALL APPLICANTS REGARDING INSURANCE INFORMATION PRACTICES:** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. SPEAK WITH YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

**NOTICE TO ALL APPLICANTS (EXCEPT OHIO, PENNSYLVANIA, TENNESSEE AND VIRGINIA):** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY

PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO ALL PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ALL TENNESSEE AND VIRGINIA APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

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\_\_\_\_\_  
Applicant's Printed Name                      Applicant's Signature                      Date

\_\_\_\_\_  
Agent's Signature    Date