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 f 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	Body wraps	Manicures/pedicures	Electrolysis
False lashes	Ear piercing	Makeovers/facials	Wig application
Plastic surgery	Hair implants	Permanent cosmetics	Beauty schools/classes
Waxing- hot/cold	Chiropody	Face lifting	Body piercing/tattooing
Chemical peels	Hair Extensions	Diet/protein/weight loss plans	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

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