



Dallas
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hullandco-texas.com

BEAUTY SALONS, NAIL SALONS AND BARBER SHOPS

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Applicant's Name: _____ **Date:** _____

	Prohibited	Submit	Eligible
1. Any prior claims?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liability			
2. Are the insured's license and the licenses of all employees valid? (No students operating with a permit)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
3. Are combs, brushes, clippers and other equipment used on clients sterilized in between uses according to state disinfection methods?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
4. Are the floors regularly cleaned to prevent accumulating hair?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
5. Are any Products sold under applicants name or label?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
6. Are any product sold other than hair care Products?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Any body piercing?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
8. Tattooing, including but not limited to the insertion of pigment into or under the skin?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
9. Any activities not normal and customary for a Barber or Beauty Salon?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property			
10. Is there an adequate number of currently tagged fire extinguishers?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
11. Is all the electrical wiring on circuit breakers?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
12. Is there overloading of electrical circuits with extension cord use?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
13. Is there any aluminum wiring?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
14. Total property values greater than 500,000?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Optional Professional Liability - If prohibited, professional liability coverage is not available.			
15. Any removal of hair by electrolysis or lasers?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
16. Any hair implanting or hair transplanting or any attempt at these?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
17. Any dye or coloring to eyelashes or eyebrows except mascara or eyebrow pencils.	<input type="checkbox"/> Yes		<input type="checkbox"/> No
18. Face lifting, skin peels, the removal of warts, moles or growths or any attempts at these or similar services?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
19. Any massage services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Chiropody or Podiatry?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
21. Number of: Beauticians: _____ Barbers: _____ Manicurists: _____			

***Provide complete details of any submit items.
We can review an application for eligibility with complete details.
If Prohibited, please decline the account.***

Submit Details: _____

Applicants Signature _____ Date _____