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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 _____