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COLONY INSURANCE COMPANY
BEAUTY SHOP AND BARBER SHOP LIABILITY
SUPPLEMENTAL QUESTIONNAIRE
(Complete in Addition to Acord Application)

- 1. Name of Applicant:
2. Applicant Operates: Beauty Shop Barber Shop Other
3. Shop is located Own Bldg. Home Shopping Mall Other
4. What is the area of the premises that you occupy?
5. Estimated annual gross receipts from beauty/barber shop operation
6. Estimated annual gross receipts from all operators
7. Is any space, booth or chair rented to others? Yes No
Is Yes, please give names or lessees:

A Certificate of Insurance Must be Attached for Each Lessee

- 8. Number of:
a. Beauticians - Full Time Part Time
b. Barbers - Full Time Part Time
c. Manicurists Full or Part Time
* Part Time are those employees working less than 30 hours per week
d. Are all of the above licensed? Yes No If No, explain

- 9. Services offered in your business:
Permanent Waves Yes No
Hair Relaxing Yes No
Permanent Hair Removal Yes No
Hair Dyeing Yes No
Predisposition test given Yes No
Wigs Yes No
Nail Sculpting Yes No
Exercising Yes No
Tanning Yes No
Permanent Make-up Yes No
Body Wrap-Other than Organic
Others (describe)

- 10. Do you sell any products to your customers which bear your private label? Yes No
Is Yes, what are your annual sale of such products?

Please submit Certificate of Insurance from each supplier of such products

- 11. Do you sell any products to your customers which you mix, blend or package? Yes No
Please submit a list of ingredients and samples of labels and directions for all such products.

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: Date:

Producer: Date: