

KINGSTONE INSURANCE COMPANY

15 Joys Lane

Kingston, NY 12401

Phone: 845-331-3288

Fax: 845-340-8396 or 845-340-8383

Beautician/Barber/Nail Salon Professional Liability Supplemental Questionnaire

Applicant: _____

How Long In Business? _____ # Of Chairs? _____

Of Operators: _____ Are All Licensed and Valid? _____

of Full Time: _____ # Of Part Time: _____ # Of Manicurists _____

Average # of years experience of operators: _____

Are only Name Brand Products used or sold? _____

Imported Products? _____ If Yes, What? _____

Does applicant sell/use any products under his/her own name brand? _____

If Yes, What _____

Do operators give skin tests prior to application of Tint/Dye? _____

What precautions does the applicant take to prevent the customers face and neck from coming in contact with hair preparations?

Are instruments sterilized after every client? _____

Are instruments designated for individual clients (Nail Salon)? _____

Are flammable hair solutions and cleaning supplies stored away from heat sources?

How often does the applicant sweep the floor to prevent hair from accumulating?

Does applicant provide hair removal services? _____
(Any type including laser and electrolysis) If yes, please explain:

What other services are performed? (Facials, tanning booths, massage therapists, body piercing or tattooing etc)? If Yes please explain below or on reverse. _____

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Supplement

Does applicant teach/employ students? ____ If yes explain: _____

Is there adequate ventilation on the applicant's premises to prevent respiratory problems due to commonly used chemicals and nail dust? ____ Please explain:

Has any company refused or cancelled coverage? ____ If yes explain: _____

Any Losses? _____

INSURED'S Signature: _____ Date: _____

PRODUCER Signature: _____ Date: _____