



## Beauty Shop Supplemental Questionnaire

Insured Name & Mailing Address

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Agent Name

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Agent Code: \_\_\_\_\_

1. Years in business? \_\_\_\_\_
2. Booth Renter: \_\_\_\_\_ Shop Owner: \_\_\_\_\_  
If Shop Owner, how many employees? \_\_\_\_\_ Do they have their own insurance (Y/N)? \_\_\_\_\_ (attach cert)  
If booth renter(s), do they have their own insurance (Y/N)? \_\_\_\_\_
3. Any Tanning Operations (Y/N)? \_\_\_\_\_ If yes, please complete the Tanning Supplement.  
If yes, how many beds? \_\_\_\_\_
4. Spray Tanning (Y/N)? \_\_\_\_\_
5. Any Micro-Derm Abrasion (Y/N)? \_\_\_\_\_  
If yes, please describe process: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Facials or other skin care treatments (Y/N)? \_\_\_\_\_
7. Eyelash Extension(Y/N)? \_\_\_\_\_
8. Any unusual services? \_\_\_\_\_  
\_\_\_\_\_
9. Nail services (Y/N)? \_\_\_\_\_
10. Waxing services (Y/N)? \_\_\_\_\_
11. Massage Therapy services (Y/N)? \_\_\_\_\_
12. Does the insured manufacture any products (Y/N)? \_\_\_\_\_ If yes, explain: \_\_\_\_\_
13. Does the insured sell any products (Y/N)? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

REMARKS

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