

S.I.U. LLC 700 N. Brand Blvd., Suite 300 Glendale, CA 91203	BEAUTY PARLOR / BARBER SHOP SUPPLEMENTAL (TO BE USED AS A SUPPLEMENT TO AN ACORD APPLICATION)	P (818) 547-1333 F (818) 547-9003 License: 0C79819
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1. Applicant's Name/DBA: _____

2. How many years of experience in the business? _____

3. Is applicant licensed? Yes No License # _____

4. Operations of applicant:

	Sales		Sales	
Beauty Parlor	_____			Barber Shop
Nail Sculpting	_____			Body Wraps
Electrolysis	_____			False Lashes
Beauty School / Classes	_____			Ear Piercing
Make Overs / Facials	_____			Wig Applications
Chiroprody	_____			Plastic Surgery
Hair Implants	_____			Face Lifting
Skin Dye or Tanning Lotion	_____			Tattoos/Henna
Permanent Makeup:	_____			Other: _____
Other: _____	_____			Other: _____

Total Receipts (Next 12 Months) _____ Total Receipts (Last 12 Months) _____

5. Any Mixing, Blending or Repackaging of products on or off premises? Yes No

6. Number of Operators employed _____ Number of subcontractors on premises? _____

7. Number of Chairs _____

8. Are all operators/subcontractors licensed? Yes No

9. Has any operator/subcontractor had a previous claim for alleged malpractice, error or mistake?
 Yes No

10. Are records kept of patrons' permanent hair waves and hair dyes? Yes No

11. Please state methods used in permanent hair waving (Electric, cold wave, machineless, other): _____

12. Any Tanning beds on premises? Yes No If yes, complete the tanning bed supplemental application.

13. Does applicant do any manufacturing/mixing of products or sell anything under own label? Yes No

14. Does applicant have Workers' Compensation coverage in force? Yes No

15. Does applicant lease employees? Yes No

16. Please attach any descriptive or advertising literature, copy of usual contracts and/or any hold harmless agreements.

WARNING: California law requires complete and truthful information by an applicant for insurance. That includes providing any information that would be material to your business organization, even if not specifically asked for on this application. Your failure to provide truthful answers and all material information can result in the insurance company electing to rescind your policy. This means they will not be responsible for any claims which are presented. To avoid such a situation, answer all of the foregoing questions truthfully and completely. **I Have Read And Understood All Of The Questions Asked And Have Provided All Information Required.**

Signature of Applicant* _____ Date _____

Name and Title* _____

* Must be owner, executive officer, or partner