

**COLONY SPECIALTY INSURANCE  
BEAUTY AND BARBER SHOP  
SUPPLEMENTAL APPLICATION**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant Operates:  Beauty Shop  Barber Shop  Nails  Other

**Employees:**

# \_\_\_\_\_ Barber  
# \_\_\_\_\_ Barber chairs  
# \_\_\_\_\_ Beauticians Full Time      # \_\_\_\_\_ Part Time (less than 15 hours a week)  
# \_\_\_\_\_ Operators performing ear piercing, makeovers/facials (including false eyelashes)  
# \_\_\_\_\_ Manicurists  
# \_\_\_\_\_ Masseuses

**Independent Contractors** (persons who are not employed by the insured):

# \_\_\_\_\_ Barber  
# \_\_\_\_\_ Barber chairs  
# \_\_\_\_\_ Beauticians Full Time      # \_\_\_\_\_ Part Time (less than 15 hours a week)  
# \_\_\_\_\_ Operators performing ear piercing, makeovers/facials (including false eyelashes)  
# \_\_\_\_\_ Manicurists  
# \_\_\_\_\_ Masseuses

Confirm certificates of insurance are obtained showing Independent Contractors are insured with limits at least equal to that of applicant's and that Applicant is named as additional insured on Independent Contractor's policy: \_\_\_\_\_

**Receipts** -Annual receipts from both employee operations and receipts from Independent Contractors

Total all Services: \_\_\_\_\_ Receipts from Spa Services: \_\_\_\_\_ Receipts from waxing: \_\_\_\_\_

**Services:** Do employees or independent contractors provide any of the following. services? If the answer is "yes", coverage is prohibited.

\_\_\_\_\_ Acupuncture  
\_\_\_\_\_ Body piercing or tattooing (ear piercing is ok)  
\_\_\_\_\_ Body wraps other than organic  
\_\_\_\_\_ Collagen Injections  
\_\_\_\_\_ Ear Candling  
\_\_\_\_\_ Esthetician services such as dermabrasions, permanent makeup and similar services  
\_\_\_\_\_ Laser treatments  
\_\_\_\_\_ Permanent hair removal through electrolysis or other type of removal  
\_\_\_\_\_ Permanent makeup

**Tanning Beds:** # \_\_\_\_\_

**Products:**

Does applicant manufacture, mix, blend or repackage products sold for use on or off premises?  Yes  No  
If "yes", Prohibited

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_