

Associated Mutual Insurance Cooperative

Beauticians and Barbers Professional Liability Application

Applicant: Does applicant have other shops?			
Liability (BI): □100,000 □300,0	00	□1,000,000	
Are all operators licensed? Licenses must be properly posted. Provide name of, license no. and yea	rs of experience fo	r all operators:	
Number of full-time operators: Number of part-time operators: Number of Manicurists:	Barbers: Barbers: Number of po	Beauticians: Beauticians: edicure sinks:	
Do operators give skin test prior to a What types of sterilization procedures		tint?	
Does applicant sell or use any produc If yes, what?	ct under his/her ow	n brand name?	
Are any of the following services perf Tattooing Chiropody If any, explain:		☐ Tanning booths/beds ☐ Reducing or exercising	
Does applicant provide hair removal s Eyebrow & Lip Only? Method of hair removal: Does applicant teach or employ stude If yes, explain:	Body	waxing?	
Has any company refused or cancelle If yes, explain:	ed coverage?		
Number of chairs:			
Does applicant rent workstations? If yes, explain:			
Present professional liability carrier: Claims experience: <u>Date</u> <u>Type</u>	Reserve or C	laim Paid	
Insured's signature: Agent:		Date: Date:	