

BEAUTY SALON & SPA OPERATORS SUPPLEMENT
 Forming part of the Professional Liability Application

swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977



_____ Name of Applicant

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

Acid/Glycolic Peel	_____ Percentage	Scarification	_____ Percentage
_____ Percentage of Solution Concentration		Skin Tag Removal	_____ Percentage
Body Wrap	_____ Percentage	Spray Tanning - Handheld	_____ Percentage
Botox, Restylane, Collagen Injections	_____ Percentage	Spray Tanning – Booth	_____ Percentage
Cellulite Treatment	_____ Percentage	Spider Veins Removal	_____ Percentage
Diet/Nutrition	_____ Percentage	Tanning – Booth	_____ Percentage
Dry Heat Sauna	_____ Percentage	Tattooing – Henna	_____ Percentage
Ear Candling	_____ Percentage	Tattooing – Other	_____ Percentage
Eyebrow Tinting	_____ Percentage	Tattoo Removal	_____ Percentage
Eyelash Curling and Perming	_____ Percentage	Waxing/Sugaring	_____ Percentage
Facials	_____ Percentage	Weight Loss Supplement	_____ Percentage
Hair Dressing	_____ Percentage	Weight Loss by Other Methode**	_____ Percentage
Ionization Foot Detoxification	_____ Percentage	Other _____ Describe _____	_____ Percentage
Laser Hair removal	_____ Percentage		
Makeup - Non-Permanent	_____ Percentage		
Manicure/Pedicure	_____ Percentage		
Massage _____ Type _____	_____ Percentage		
Micro Pigmentation	_____ Percentage		
Mole Removal	_____ Percentage		
Oxygen Bar	_____ Percentage		
Piercing – Ears/Nose	_____ Percentage		
Piercing – Other Thank Ears/Nose**	_____ Percentage		

TOTAL should equal 100%

**** Please Specify**

Provide Information on the following Equipment used:

	# of Units	Type of Timer (Digital, Coin, Token, Manual, etc.)
AIR BRUSH		
BEDS		
BOOTHS		
SPRAY BOOTHS		
TANNING BEDS		
TANNING BOOTHS		
OTHER (describe:)		

Do you collect and discuss the client's health information?

Yes No

If Yes, how long do you keep the information in file?

Is a waiver signed, dated and kept on record?

Yes No

If Yes, please provide a copy

Do you offer massages to infants?

Yes No

If Yes, please provide full details

Do you utilize services of any Consultants and/or Medical Doctors?

Yes No

If Yes, do you check of they have appropriate Licenses?

Yes No

If No, please explain the reason:

Approximate percentage of billing attributable to Medical Doctors/consultants?

Percentage

Are all Medical Doctors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured?

Yes No

If yes, what limits?

Please describe your recruitment/hiring policy:

Print Name and Title

Signature of Applicant or Authorized Representative

DATE:

D	D	M	M	Y	Y
---	---	---	---	---	---