

## SPA AND PERSONAL ENHANCEMENT QUESTIONNAIRE

Applicant Name \_\_\_\_\_ Effective Date \_\_\_\_\_

Agency Name \_\_\_\_\_ Agency # \_\_\_\_\_

- Please attach to an ACORD Application
- Please attach 3 Year Loss Runs

### Applicant Information

1. Do you provide any of the following services, if yes, you are not eligible for coverage

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Acupuncture      | <input type="checkbox"/> Hair Replacement/Implants   | <input type="checkbox"/> Sensory Deprivation Chamber     |
| <input type="checkbox"/> Liposuction      | <input type="checkbox"/> Hydrotherapy  | <input type="checkbox"/> Colon Hydrotherapy              |
| <input type="checkbox"/> Scalp Treatments | <input type="checkbox"/> Laser Treatments  | <input type="checkbox"/> Laser Hair Removal              |
| <input type="checkbox"/> Cryotherapy      | <input type="checkbox"/> Subcutaneous Injections (Botox)   | <input type="checkbox"/> Ear Candling                    |
| <input type="checkbox"/> Ear Stapling     | <input type="checkbox"/> Micro Needling  | <input type="checkbox"/> Piercings* (other than earlobe) |
| <input type="checkbox"/> Cupping          | <input type="checkbox"/> Tattoo or Permanent Makeup* (*use Tattoo and Body Piercing Questionnaire) |  |

2. Website \_\_\_\_\_

3. Years of operation under current management \_\_\_\_\_

4. Total receipts for all operations \$ \_\_\_\_\_

5. Does your facility serve alcohol? \_\_\_ Yes \_\_\_ No

If Yes, please describe the hours of alcohol operations, types of beverages served and annual gross sales from this operation:

6. Do you have a liquor license if one is required? \_\_\_ Yes \_\_\_ No

7. Do any employees or independent contractors operate under a physician's supervision or perform services based on medical referral? \_\_\_ Yes \_\_\_ No

### Hair, Nail or Skin Services

8. Do you rent booth or stall space to independent contractors? \_\_\_ Yes \_\_\_ No

If Yes, do they carry their own insurance? \_\_\_ Yes \_\_\_ No

*If No, please include receipts for independent contractors (Question 4.) and include independent contractors as employees (Question 9.)*

9. What is the total number of hair, nail and skin service employees:

Employee Type	Full-Time	Part-Time
Beauticians/Barbers, Nail Technicians or Aestheticians		
Electrologist (Include employees performing facial chemical peels & microdermabrasion services)		
Massage Services		
Other Services (Describe)		

10. Please check all applicable operations which you offer in your spa or salon:

- Body Wraps       Eye Lash Tinting       Infrared Light Therapy       Microdermabrasion  
 Facial Chemical Peels       Ear Piercing       Facial/Body Waxing       Salt Therapy  
 Exercise Activities       Float Therapy       Weight Loss Consulting  
 Dermasonic – Cellulite Reductions      Other \_\_\_\_\_

11. Eye Lash Tinting – Is work done off the eye lid?       Yes       No

12. Body Wrap or Exercise - Do more than 20% of annual sales come from these operations?       Yes       No

13. Facial Chemical Peels or Microdermabrasion – Are customers required to wear eye protection?       Yes       No

14. Salt Therapy – Are any man-made chemicals (non-oils) added to the salted air?       Yes       No

15. Do you manufacture, repackage or relabel any products?       Yes       No

If Yes, please describe: \_\_\_\_\_

16. Are sterilization procedures in place?       Yes       No

17. Are there any off-premises operations?       Yes       No

If Yes, please describe: \_\_\_\_\_

18. Do you perform any tattoo or permanent makeup operations?       Yes       No

*If Yes, please complete the Tattoo And Body Piercing Questionnaire*

### **Tanning Services**

19. Number of Tanning Beds: \_\_\_\_\_

20. Number of Tanning Spray Booths: \_\_\_\_\_

21. Are timers controlled by the customer?       Yes       No

22. Are customers allowed to tan for more than 20 minutes during any session?       Yes       No

23. Is the tanning salon unattended at any time?       Yes       No

24. Does the salon use any tanning beds that are not UL listed?       Yes       No

### **Teeth Whitening Services**

25. Are bleaching agents limited to carbamide and hydrogen peroxide?       Yes       No

26. Is the maximum concentration of carbamide peroxide limited to 22%?       Yes       No

27. Are lasers and/or UV lights used to accelerate the whitening process?       Yes       No

### **Pool/Whirlpool/Sauna Services**

28. Number of:

Pools       Hot Tubs/Whirlpools       Sauna/Steam Rooms

29. If any hot tubs, whirlpools, saunas or steam rooms, please answer the following:

Are warnings and directions for use clearly posted?       Yes       No

Are all thermostats tamper resistant?       Yes       No

Are all emergency shutoffs in the same area?       Yes       No

Are all items equipped with a timer for automatic shutoff?       Yes       No

### **Abuse and Molestation**

30. Has there ever been an allegation of sexual abuse or molestation or other inappropriate sexual contact made against your organization or any of its employees or subcontractors?       Yes       No

If Yes, please explain:

31. Are you aware of any incident that could give rise to an allegation of abuse? (as described in Question 30.)

\_\_\_ Yes \_\_\_ No

If Yes, please explain:

**The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact or information. I understand that if the information supplied on this questionnaire changes between the date of the questionnaire and the inception date of the policy period, I will notify SECURA Insurance Companies of such change. I understand that completion of this questionnaire does not compel the company to provide coverage.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date