



**SUPPLEMENTAL BEAUTY PARLORS, BARBER SHOPS,  
PERSONAL CARE AND GROOMING APPLICATION**

PREMIER UNDERWRITERS, INC.

1. Applicant's Name: \_\_\_\_\_
2. Applicant Operates:  Beauty Parlor  Barber Shop  Other \_\_\_\_\_
3. Shop is located in:  Own Building  Home  Shopping Mall  
 Other \_\_\_\_\_

4. What is the square footage of the premises that you occupy? \_\_\_\_\_ Sq. ft.

5. Estimated annual gross receipts \$ \_\_\_\_\_

6. Number of full-time operators \_\_\_\_\_ Part-time \_\_\_\_\_

Number of manicurists \_\_\_\_\_ Number of barber chairs \_\_\_\_\_

7. Is any space, booth, or chair rented to others?  Yes  No

If yes, please give names of lessees \_\_\_\_\_

A Certificate of Insurance must be attached for each lessee; if not, appropriate charge will be applied.

8. Name of every person, including yourself, partners and employees working in your business:

<u>Name</u>	<u>Services Performed</u>	<u>Full or Part-time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Are all operators licensed?  Yes  No Certified?  Yes  No



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10. Services and Procedures provided:

	<u>Ye</u> <u>s</u>	<u>No</u>	
Permanent Waves	_____	_____	
Hair Relaxing	_____	_____	Number given weekly _____
Permanent Hair Removal	_____	_____	___ Needle Form ___ Shore Wave ___ Other _____
Hair Dyeing	_____	_____	Predisposition test given? ___ Yes ___ No
Wigs	_____	_____	Income from wig services & sales \$ _____
Nail Sculpturing	_____	_____	
Exercising	_____	_____	If yes, provide complete details below.
Tanning	_____	_____	If yes, provide complete details below.
Ear Piercing	_____	_____	
Electrolysis	_____	_____	

Other (Describe) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Description of the type of cosmetics and chemicals used. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Do you manufacture, blend or mix any products? If so, describe. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Do you sell any products which bear your private label? If so describe. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COVERAGE IS NOT BINDING UNTIL APPROVED BY THE COMPANY.**

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

\_\_\_\_\_  
 Date