☒ THE CINCINNATI INSURANCE COMPANY
☐ THE CINCINNATI CASUALTY COMPANY
☐ THE CINCINNATI INDEMNITY COMPANY

COSMETOLOGISTS AND BARBERS PROFESSIONAL LIABILITY SUPPLEMENTAL APPLICATION

☐ Issue
☒ Quote

☒ New
☐ Renewal of Policy Number: _____
☐ Add to Policy Number: _____

Applicant: _____

1. Total Staff Number _____ Full Time Number _____ Part Time Number _____

Include total staff actually engaged in beauty or barber shop operations at all locations including all individuals, officers, partners, directors, other employees and independent contractors.

Full-time Cosmetologist or Barber is a person who regularly works more than 20 hours in any one week.
Part-time Cosmetologist or Barber is a person who regularly works 20 hours or less in any one week.

2. Are all operators licensed by the state? ☐ Yes ☐ No

3. If coverage for hair removal via electrolysis is desired, please indicate the number of staff, full or part time, providing this service: Number _____

4. Please indicate (☒) which of the following services are rendered to patrons:

☐ Hair Cutting / Styling	☐ Hair Coloring	☐ Hair Straightening	☐ Manicures	☐ Pedicures
☐ Permanent Waving	☐ Hair Removal*	☐ Facials	☐ Massages †	☐ Plastic Surgery or removal of warts, moles or other growths ▪
☐ Weight reducing treatments ▪	☐ Steam Baths ▪	☐ Saunas ▪	☐ Body Wrapping ▪	☐ Tanning ▪
☐ Permanent Cosmetic Makeup ▪	☐ Tattooing ▪	☐ Skin Peeling ▪	☐ Body Piercing (including ear) ▪	☐ Implantation or Transplantation of Hair ▪

Please list and describe any other services rendered to patrons: _____

* Use of x-rays, ionizing radiation or photo coagulation techniques are not covered. (Coverage for electrolysis may be purchased).
† Massage, other than facial or scalp, is not covered.
▪ Liability arising from these services is not covered.

5. Describe method used for sanitizing manicuring implements:

_____

_____

_____

6. Limit of Insurance:

	CPP Coverage Part	**BOP Endorsement** (Choose ☒ one) **		
Each Professional Incident	$ 1,000,000	☐ $500,000	☐ $1,000,000	☐ $2,000,000
Professional Liability Aggregate	$ 1,000,000	$1,000,000	$2,000,000	$4,000,000

****** The Each Professional Incident Limit (under the BOP) must be equal to or greater than the Business Liability Each Occurrence Limit.

7. Is a "test curl" method (checking condition of hair and scalp in 10- and 20-minute intervals) used?
☐ Yes ☐ No

8. Do you give skin tests before applying hair dyes and shampoo tints? ☐ Yes ☐ No

9. Are precautions taken when permanent waving hennaed, bleached or over-processed hair, so as to prevent damage? ☐ Yes ☐ No

10. Do you keep records (name, address and dates of treatments) on all persons receiving permanent waves and hair dyes? ☐ Yes ☐ No

11. Have you ever used methyl methacrylate polymers (MMA) in your artificial nails or nail products? ☐ Yes ☐ No
If "Yes", describe any usage of MMA in your business:

_____

_____

_____

12. During the past three years has any insurer canceled any similar insurance issued to the Applicant referenced above or declined to issue such insurance? ☐ Yes ☐ No If yes, please explain circumstances:
(This question is not applicable in Missouri.)

_____

_____

_____

13. Has the Applicant referenced above, or anyone currently providing services on their behalf, ever had a claim or suit brought against them alleging a professional error, mistake or malpractice? ☐ Yes ☐ No
If yes, please explain circumstances:

_____

_____

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NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE / SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS (VT: MAY BE COMMITTING A CRIME SUBJECTING) THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. IN THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE, TENNESSEE, VIRGINIA AND WASHINGTON, INSURANCE BENEFITS MAY ALSO BE DENIED.

_____ _____

Applicant's Signature **Date**

_____ _____

Agent's Signature **Date**

_____

Agency and Code Number

_____

Agent's Name and License Number (Florida only)