Capitol Indemnity Corporation
Capitol Specialty Insurance Corporation
Platte River Insurance Company

DAY SPA QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

Is the business operated as a: ☐ Salon ☐ Day spa ☐ Other: _____

Do all professionals, and the business, have current licenses where required by statute? ☐ Yes ☐ No

OPERATIONS

Check all applicable items that describe services offered:

☐ Beauty/Barber Shop	☐ Manicurists	☐ Facials including peels
☐ Waxing	☐ Microdermabarasion	☐ Electrology
☐ Spray Tanning	☐ Locker Rooms	☐ Sauna
☐ Shower Rooms	☐ Steam Rooms	☐ Sun Tanning Units
☐ Whirlpool	☐ Body Wrap	☐ Other (Describe below)

_____

GENERAL INFORMATION

1. Please describe any other insurance you have for your operation.
   Name of insurance company: _____
   Policy #: _____ Limits: _____ Effective date: _____
   Description: _____
   _____
2. Please describe all products sold:
   _____
   _____
3. Do you sell private-label products? ☐ Yes ☐ No
   (Please note: No coverage is provided for private-label products.)
   Receipts from private-label products: $_____
4. Do you manufacture, repackage or re-label any products? ☐ Yes ☐ No
   If yes, provide details: _____
5. Estimated Gross receipts: (excluding private-label products) $_____
6. Have you or a member of your staff been sued for malpractice? ☐ Yes ☐ No
   If yes, please explain: _____
   _____
   _____

STAFF

Please note: An Operator is considered full-time if they work 15 hours or more per week; less than 15 hours per week is part time
.

Name:	Status: (E)mployee; (O)wner; (I)nd. Cont.	Beautician/ Barber, Nail Technician, Waxing		Facial, including peels.		Microderm		Electrologists		Massage Therapists		Body Wrap	
		Full	Part	Full	Part	Full	Part	Full	Part	Full	Part	Full	Part
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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1. Do you employ students that have not received certification? ☐ Yes ☐ No
   If yes, please explain: ____
   ____
2. Do you, staff, or covered independent contractors engage in off site activities? ☐ Yes ☐ No
   If yes, please describe the activities: ____
   ____
   ____

AESTHETICIAN (COMPLETE WHEN APPLICABLE)

1. Are microdermabarasion or facial chemical peel services performed by a licensed aesthetician? ☐ Yes ☐ No
   If no, please explain: _____
2. Are customers required to wear eye protection during any microdermabarasion or facial chemical peel service? ☐ Yes ☐ No
   If no, please explain: _____
3. Do you employ any paramedical aestheticians? ☐ Yes ☐ No
   If yes, please describe: _____
4. Does staff operate under a physician's supervision or instruction? ☐ Yes ☐ No
   If yes, please explain: _____
5. Do the facial chemical peel compounds or formulas used have Glycolic Acid? ☐ Yes ☐ No
   If yes, please explain and provide percentage used: _____
6. Do the facial chemical peel compounds or formulas used have Lactic Acid? ☐ Yes ☐ No
   If yes, please explain and provide percentage used: _____
7. If none of the facial chemical peel solutions have Glycolic or Lactic Acid, please provide a list of the compounds and formulas used along with who manufacturer/brand, acid percentage and type:

Compounds / Formulas	Manufacturer	Acid %	Acid Type

ELECTROLYSIS OPERATIONS (COMPLETE WHEN APPLICABLE)

1. How frequently is all wiring and electrical equipment inspected? Who performs inspections?
2. Does the insured travel to clients' homes or to hospitals to perform electrolysis? ☐ Yes ☐ No
   If yes, please explain: _____

TANNING EQUIPMENT (COMPLETE WHEN APPLICABLE)

Manufacturer / Model	# Beds	# Booths	# Facial Units	Other	UA %	UVB %

1. Does any of the equipment use accelerator bulbs? ☐ Yes ☐ No
2. Does all of the equipment shut off automatically? ☐ Yes ☐ No
3. Does all of the equipment have
   a. An automatic shut off control? ☐ Yes ☐ No
   b. A UL Label? ☐ Yes ☐ No
   c. A FDA warning on mixing medication with UVA and UVB rays? ☐ Yes ☐ No
4. Are timers located on all of the equipment? ☐ Yes ☐ No

   Please describe any other safety features: _____

   _____

   How often are switches and timers tested: _____
5. Are all employees trained in the use of the timers? ☐ Yes ☐ No
6. Do only employees operate equipment? ☐ Yes ☐ No

   If not, are they operated by the customer? ☐ Yes ☐ No
7. Are instructions on use of the equipment posted? ☐ Yes ☐ No
8. What is the maximum exposure time allowed at each session? _____
9. Do you require customers to wear protective goggles? ☐ Yes ☐ No
10. Is all of the equipment cleaned by employees between uses? ☐ Yes ☐ No
11. Is medical history obtained for new customers? ☐ Yes ☐ No

    If so, how often are records updated or maintained: _____

    How long are records retained: _____
12. Do customers receive information on potentially harmful medications that react to Tanning? ☐ Yes ☐ No
13. Are hold harmless waivers with schedules/times of exposure obtained? ☐ Yes ☐ No

    How long are waivers retained: _____

SAUNAS / STEAMROOMS / WHIRLPOOLS (COMPLETE WHEN APPLICABLE)

1. Are warnings and directions for use clearly posted? ☐Yes ☐No
2. Do all doors open outward? ☐Yes ☐No ☐N/A
3. Do all doors have a visibility window? ☐Yes ☐No ☐N/A
4. Does the heating element in the sauna have a guardrail? ☐Yes ☐No ☐N/A
5. Are thermostats tamper-resistant? ☐Yes ☐No
6. Is the sauna, steam room, and/or whirlpool cleaned daily? ☐Yes ☐No
7. Do saunas have emergency shutoff? ☐Yes ☐No ☐N/A
8. Is the whirlpool emergency shutoff in same area? ☐Yes ☐No ☐N/A
9. Warnings posted regarding use; i.e. pregnancy, alcohol, medications, etc.? ☐Yes ☐No

EMERGENCY INFORMATION

1. Is emergency medical care easily accessible? ☐ Yes ☐ No
2. Are emergency numbers posted by all phones? ☐ Yes ☐ No
3. Are members of staff trained to administer:
   a. First aid? ☐ Yes ☐ No
   b. CPR? ☐ Yes ☐ No
   c. Defibrillation? ☐ Yes ☐ No
   If yes, how often are they re-certified? _____
4. Is a defibrillator available and accessible at each business location? ☐ Yes ☐ No
5. Are exits properly marked and easily accessible? ☐ Yes ☐ No
6. Is there a back-up power system? ☐ Yes ☐ No
7. Is there emergency lighting with battery back up? ☐ Yes ☐ No

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature Title Date

Producer Signature Date

Producer Name and Address

