



# Beauty and Barber Shop Supplemental Questionnaire

## APPLICANT INFORMATION

\_\_\_\_\_  
NAMED INSURED

\_\_\_\_\_  
SOCIAL SECURITY #

\_\_\_\_\_  
FEIN

\_\_\_\_\_  
WEB ADDRESS

## SUPPLEMENTAL UNDERWRITING INFORMATION

1. Shop is located in:  
 Store       Office building       Mall  
 Hotel       House
2. Are records kept of service performed on patrons? ..... YES    NO
3. Any services performed off-premises? ..... YES    NO  
 If yes, please explain:

4. Is smoking allowed on the premises? ..... YES    NO  
 If yes, please describe disposal method:

5. Are combs/brushes sterilized between use?..... YES    NO

6. Are all employees state certified with current licenses?..... YES    NO
7. Any student practitioners?..... YES    NO  
 If yes, please describe:

8. Does applicant rent chairs or space to others? ..... YES    NO

9. Is applicant renting space from others? ..... YES    NO

10. Is the 24-hour predisposition test given to all patrons whose hair has not been tinted or dyed?..... YES    NO

11. Do you repackage, relabel, rebottle or manufacture any items? ..... YES    NO  
 If yes, please explain:

**N.J. Law P.L. 1995, c. 132:** Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

### For PA Submissions:

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties. The information in this application is correct to the best of knowledge and belief.

**I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.**

\_\_\_\_\_  
Owner or officer's name

\_\_\_\_\_  
Agent's name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner or officer's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expiring policy number, if applicable