NORTHFIELD
EXCESS & SURPLUS LINES | A TRAVELERS COMPANY

NEW ENGLAND
EXCESS EXCHANGE

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641
800-548-4301 • www.neee.com

BEAUTY PARLORS/BARBER SHOPS SUPPLEMENTAL (Complete in addition to ACORD App)

Proposed First Named Insured & Other Named Insured(s):

Location Address | Street | City | County | State | ZIP Code

BUSINESS INFORMATION

1. Number of years' experience: _____
2. Operating in: ☐ Home ☐ Hospital ☐ Beauty Salon/Tanning Salon ☐ Nursing Home ☐ Other:

		Yes	No
3.	Do you sell private label, repackaged or foreign-made products?	☐	☐
4.	Do you manufacture, mix, blend, bottle or label any products?	☐	☐
5.	Are all employees properly licensed?	☐	☐
6.	Have you or any of your employees had licensing violations?	☐	☐

7. Indicate total number for each category:

Beauty School Chairs		Tanning Beds/Booths	
Beauticians/Barbers – Full Time		Manicurists Sales	
Beauticians/Barbers – Part Time		Beauty School Teachers	

SERVICES

Indicate services you perform and the percentage of total receipts devoted:

	Performed? Yes	Performed? No	% of Total Receipts		Performed? Yes	Performed? No	% of Total Receipts
Body Piercing	☐	☐		Permanent Make-up (e.g. eyeliner)	☐	☐	
Body Wraps	☐	☐		Permanent Waves	☐	☐	
Botox Injections	☐	☐		Plastic Surgery	☐	☐	
Demonstrations for Groups or Sponsors	☐	☐		Reducing, Slenderizing or Exercising Service	☐	☐	
Dermabrasion	☐	☐		Sensory Deprivation Chamber (water or float)	☐	☐	
Ear Piercing	☐	☐		Stand Alone Diet Center	☐	☐	
Electrolysis/Hair Removal	☐	☐		Steam Bath	☐	☐	
Facelifting	☐	☐		Tanning Beds/Booths	☐	☐	
Hair Cuts	☐	☐		Wart or Mole Removal	☐	☐	
Hair Dyeing	☐	☐		Waxing (hot or cold)	☐	☐	
Hair Implants/Transplants	☐	☐		Wrinkle Removal	☐	☐	
Hair Weaving	☐	☐		X-Rays or Laser Related Services	☐	☐	
Manicures	☐	☐					
Other (explain):					☐	☐	

Additional Comments/Remarks:

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

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.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		