Covers barbershops and barber-stylists, including shops offering straight-razor shaves, beard services, and chemical services. Complete with ACORD 125 and 126. Attach a blank booth-rental agreement (if any) and the shop's written infection-control procedure.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME | DBA / SHOP NAME | FEIN | YEARS IN BUSINESS

SHOP ADDRESS | CITY / STATE / ZIP | WEBSITE / BOOKING PAGE

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE | PHONE | EMAIL

STATE BOARD SHOP / ESTABLISHMENT LICENSE NO. | OWNER OR MANAGER BARBER LICENSE NO.

2 OPERATIONS

DESCRIPTION OF SERVICES OFFERED AND TYPICAL CLIENTELE

SERVICE	% OF ANNUAL REVENUE

Services: haircuts / fades; straight-razor face or neck shaves; hot-towel shaves; beard trims, lineups, and razor designs; hair or beard color / dye; chemical relaxers, texturizers, or waves; hair-replacement units; facials / waxing; retail product sales; other.

NUMBER OF CHAIRS / STATIONS | BARBERS WORKING ON-SITE | AVERAGE CLIENTS PER WEEK | HOURS OF OPERATION

Barbers working in the shop are (check all that apply):
☐ W-2 employees ☐ Commission (1099) ☐ Booth / chair renters ☐ Apprentices ☐ Owner only

2-1 Does the shop provide off-site services (house calls, events, weddings, film sets, hospitals, or care facilities)? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the shop serve, offer, or allow alcohol on the premises (including complimentary drinks)? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the shop regularly serve children under 12? ☐ Yes ☐ No
IF YES, EXPLAIN

2-4 Does the shop sell retail hair, beard, or skin products, including any private-label products? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — BLADES, SHARPS & BLOODBORNE PATHOGENS

OSHA has confirmed in writing that its Bloodborne Pathogens Standard (29 CFR 1910.1030) applies to barbershops where employees can reasonably anticipate contact with blood.

3-1 Is a new single-use blade used for every client on straight razors and shavettes, with no reuse of blades between clients? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are used blades discarded into a puncture-resistant sharps container at each station, not loose trash? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Are clippers, trimmers, combs, and shears cleaned and then disinfected between every client with an EPA-registered disinfectant for the full label contact time? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Is bleeding controlled with liquid or powder styptic on a single-use applicator (no shared styptic pencils or alum blocks)? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If the shop has employees: is there a written Exposure Control Plan, annual bloodborne-pathogens training, and a Hepatitis B vaccine offer at no cost? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Do barbers decline service over open sores, rashes, or visible scalp or beard infections? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Has any client ever alleged an infection, rash, or skin condition (folliculitis, ringworm, impetigo) contracted at the shop? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — CHEMICAL, HEAT & SERVICE INJURY

4-1 Does the shop perform chemical relaxers, texturizers, perms, or waves? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 4-1, is a strand test done before every chemical service? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 4-1, is the scalp checked for cuts or irritation before application? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Is a skin patch test done before hair or beard dye, per the manufacturer's instructions (typically 48 hours before)? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are hot towels heated in a dedicated towel warmer or steamer, and checked for temperature before touching a client's face? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Does the shop perform waxing (including nose or ear waxing), threading, or facial peels? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Does the shop keep a client record card for chemical and dye services noting products used, patch-test results, and reactions? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Has any client ever claimed a chemical burn, allergic reaction, hair loss, eye injury, or cut requiring medical care? ☐ Yes ☐ No
IF YES, EXPLAIN

5 EXPOSURE & RISK QUESTIONS — BOOTH RENTAL, LICENSING & WORKFORCE

Booth renters are expected to carry their own liability, but an injured client routinely names the shop too. Misclassifying employees as renters exposes the shop to back workers' compensation premium and penalties.

5-1 Are all booth renters under a signed written rental agreement? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Must each renter carry their own general and professional liability, naming the shop as additional insured, with a current certificate on file? ☐ Yes ☐ No
IF YES, EXPLAIN

MINIMUM LIMITS REQUIRED OF RENTERS	NUMBER OF RENTER CERTIFICATES CURRENTLY ON FILE

5-3 Do booth renters set their own prices and hours, keep their own client book, and buy their own supplies? ☐ Yes ☐ No
IF YES, EXPLAIN

5-4 Is every barber's individual state license verified at hire or lease signing and re-checked at renewal? ☐ Yes ☐ No
IF YES, EXPLAIN

5-5 Do apprentices or unlicensed staff perform any services on clients? ☐ Yes ☐ No
IF YES, EXPLAIN

6 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL ($)	NUMBER OF W-2 EMPLOYEES	ANNUAL BOOTH-RENT INCOME ($)

PROJECTED ANNUAL GROSS REVENUE ($)	PRIOR YEAR ACTUAL REVENUE ($)	ANNUAL RETAIL PRODUCT SALES ($)

7 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 3-5 years.

CURRENT / EXPIRING GL CARRIER	CURRENT GL LIMITS	PROFESSIONAL LIABILITY CARRIER / LIMITS

7-1 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the last 3-5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Has the shop or any barber received a state board complaint, citation, or failed inspection in the last 3 years? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

7-3 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

8 RISK MANAGEMENT & SAFETY

8-1 Is hair swept from the floor between clients and are wet areas at shampoo bowls matted or signed? ☐ Yes ☐ No
IF YES, EXPLAIN

8-2 Are towels laundered on site? ☐ Yes ☐ No
IF YES, EXPLAIN

8-3 If yes to 8-2, is the dryer lint trap cleaned after every load? ☐ Yes ☐ No
IF YES, EXPLAIN

8-4 If yes to 8-2, are oily or product-soaked towels spread out to cool rather than left piled warm after drying? ☐ Yes ☐ No
IF YES, EXPLAIN

8-5 Are clipper cords, dryers, and towel warmers on dedicated outlets, with no extension cords run across walkways? ☐ Yes ☐ No
IF YES, EXPLAIN

8-6 Is a written disinfection and sanitation procedure posted at each station, and was the most recent state board inspection passing? ☐ Yes ☐ No
IF YES, EXPLAIN

9 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE