

Covers eyelash extension studios and lash artists, including lash lifts, tints, brow lamination, and lash training academies. Complete with ACORD 125 and 126. Attach the service menu, a blank client consent form, and the adhesive product list with safety data sheets.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA / STUDIO NAME	FEIN	YEARS IN BUSINESS
STUDIO ADDRESS	CITY / STATE / ZIP	WEBSITE / BOOKING PAGE	

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

PRIMARY CONTACT / TITLE	PHONE	EMAIL
ESTABLISHMENT LICENSE NO.	OWNER'S LICENSE NO.	LICENSE TYPE (COSMETOLOGY / ESTHETICS / LASH)

2 OPERATIONS

SERVICE	% OF ANNUAL REVENUE

Services: classic extensions; volume / hybrid extensions; fills; removals; lash lift / perm; lash tint; brow tint; brow lamination; lash training / academy; retail adhesives, kits, and aftercare; other.

NUMBER OF LASH ARTISTS	CLIENTS PER WEEK	YEARS OWNER HAS PRACTICED	HOURS OF OPERATION

2-1 Do any artists rent space or work as independent contractors? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does the applicant provide services off site (clients' homes, events, pop-ups)? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-3 Does the applicant sell adhesives, kits, or aftercare to the public or to other lash artists, including under its own brand? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — ADHESIVES & EYE SAFETY

FDA treats eyelash extensions and their adhesives as cosmetics. Cyanoacrylate adhesive is applied millimeters from the eye, and eye injury (chemical burn, corneal abrasion, allergic reaction) is the most serious claim in this class.

ADHESIVE BRANDS USED

ADHESIVE STORAGE (TEMPERATURE / HUMIDITY CONTROLLED?)

3-1 Are only professional-grade adhesives used, within their expiration dates, with safety data sheets on file? ☐ Yes ☐ No

IF YES, EXPLAIN

3-2 Are clients' eyes fully closed with under-eye pads or tape in place, and is adhesive kept off the skin and lash line? ☐ Yes ☐ No

IF YES, EXPLAIN

3-3 Is adhesive vapor controlled with ventilation or a fume extractor, and are clients told to keep eyes closed until curing is complete? ☐ Yes ☐ No

IF YES, EXPLAIN

3-4 Is a patch test offered or required for new clients and clients reporting sensitivity? ☐ Yes ☐ No

IF YES, EXPLAIN

3-5 Are clients asked to remove contact lenses, and screened for eye infection, recent eye surgery, or glue allergy before service? ☐ Yes ☐ No

IF YES, EXPLAIN

3-6 Is there an eyewash station and a written procedure for adhesive or chemicals in the eye, including when to refer to an eye doctor? ☐ Yes ☐ No

IF NO, EXPLAIN

3-7 Are extensions removed only by a trained artist using a professional remover, never pulled off? ☐ Yes ☐ No

IF NO, EXPLAIN

3-8 Has any client claimed an eye injury, infection, allergic reaction, or lash loss after a service? ☐ Yes ☐ No

IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — LASH LIFTS, TINTS & BROW SERVICES

FDA has not approved any color additive for dyeing eyelashes or eyebrows except silver nitrate in professional-use products. Hair dyes used near the eye have caused serious injuries, including blindness, and tinting is illegal in some states.

4-1 Does the studio tint lashes or brows? ☐ Yes ☐ No

IF YES, EXPLAIN

4-2 If yes to 4-1, does the tint use a color additive FDA has approved for eyelash or eyebrow dyeing (identify the product below)? ☐ Yes ☐ No

IF YES, EXPLAIN

TINT PRODUCT (BRAND / ACTIVE COLORANT)

CONTAINS PPD? (Y / N / UNKNOWN)

4-3 Has the applicant confirmed that lash and brow tinting is allowed under its state license? ☐ Yes ☐ No

IF YES, EXPLAIN

4-4 Are lash lifts done with shields, timed solutions, and eye protection, never on clients with irritated eyes? ☐ Yes ☐ No

IF YES, EXPLAIN

4-5 Is a skin patch test done at least 24-48 hours before any tint or lift for new clients? ☐ Yes ☐ No

IF YES, EXPLAIN

4-6 Are brow lamination and lift chemicals kept away from the eye area, with neutralizers used as directed? ☐ Yes ☐ No

IF YES, EXPLAIN

5 EXPOSURE & RISK QUESTIONS — LICENSING, TRAINING & INFECTION CONTROL

5-1 Does every artist hold the license the state requires for lash services? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Has every artist completed formal lash training, with certificates on file? ☐ Yes ☐ No
IF NO, EXPLAIN

5-3 Does the applicant run a lash academy where students work on live models? ☐ Yes ☐ No
IF YES, EXPLAIN

5-4 If yes to 5-3, are students directly supervised by a licensed instructor on every live model? ☐ Yes ☐ No
IF NO, EXPLAIN

5-5 Are tweezers cleaned and disinfected between clients, and are brushes, pads, and tape single-use? ☐ Yes ☐ No
IF YES, EXPLAIN

5-6 Are clients with visible eye infection (conjunctivitis, styes, blepharitis) refused service until cleared? ☐ Yes ☐ No
IF YES, EXPLAIN

5-7 Does every client sign a consent form covering risks, aftercare, and removal before the first service? ☐ Yes ☐ No
IF YES, EXPLAIN

6 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$)	NUMBER OF W-2 EMPLOYEES	NUMBER OF RENTERS / 1099 ARTISTS
PROJECTED ANNUAL GROSS REVENUE (\$)	PRIOR YEAR ACTUAL REVENUE (\$)	ANNUAL TRAINING / PRODUCT SALES (\$)

7 PRIOR INSURANCE & LOSS HISTORY

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

CURRENT / EXPIRING GL CARRIER	PROFESSIONAL LIABILITY CARRIER / LIMITS	SERVICES EXCLUDED ON CURRENT POLICY

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

7-2 Has the applicant or any artist received a state board complaint or citation? ☐ 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 Are client records (consent, products used, reactions) kept for each appointment? ☐ Yes ☐ No
IF YES, EXPLAIN

8-2 Are lash beds, lighting, and seating set up to prevent client falls and artist strain? ☐ Yes ☐ No

IF YES, EXPLAIN

8-3 Are written aftercare instructions given to every client?

☐ Yes ☐ No

IF NO, 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, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)

TITLE

DATE

PRODUCER — CORY WASHINGTON & CO. LLC

PRODUCER SIGNATURE (TYPE FULL NAME)

DATE