

For image consultants and personal stylists, including wardrobe and personal shopping, color analysis, makeup, and personal branding. Complete with ACORD 125. Attach a description of services, a sample client contract or engagement letter, resumes or credentials of key professionals, and five years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Entity type:			
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Nonprofit			
PRIMARY CONTACT / TITLE	PHONE	EMAIL	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
LICENSES / CERTIFICATIONS HELD	PROFESSIONAL STAFF / TOTAL EMPLOYEES		
<input type="text"/>	<input type="text"/>		

2 OPERATIONS

Services provided (check all that apply):

☐ Wardrobe styling ☐ Personal shopping ☐ Closet audits (in-home) ☐ Color analysis ☐ Makeup application ☐ Personal branding

☐ Executive presence coaching ☐ Photo shoot styling ☐ Corporate workshops

CLIENT SPEND YOU MANAGE PER YEAR (\$)	IN-HOME VISITS PER YEAR	STATES WHERE SERVICES ARE PERFORMED
<input type="text"/>	<input type="text"/>	<input type="text"/>
LARGEST CLIENT (% OF REVENUE)	WORK OUTSIDE YOUR HOME STATE (%)	WORK SUBCONTRACTED (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>

2-1 Do you sell or private-label cosmetics or apparel? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Is every engagement under a signed written contract or engagement letter? ☐ Yes ☐ No
IF NO, EXPLAIN

2-3 Do contracts limit your liability (e.g., to fees paid)? ☐ Yes ☐ No
IF NO, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — CLIENT PURCHASES, PROPERTY & HOME VISITS

A Saks personal stylist was charged in 2025 with turning client returns into gift cards and unauthorized charges, including against a client with dementia; he denies the charges.

3-1 Is written client authorization required before purchases on a client's card? ☐ Yes ☐ No
IF NO, EXPLAIN

3-2 Do clients receive an itemized monthly statement of purchases, returns, and fees? ☐ Yes ☐ No
IF NO, EXPLAIN

3-3 Is staff barred from keeping gift cards or store credit from client returns? ☐ Yes ☐ No
IF NO, EXPLAIN

3-4 Are retailer commissions disclosed to clients? ☐ Yes ☐ No
IF NO, EXPLAIN

3-5 Is a signed inventory kept when client items leave their home? ☐ Yes ☐ No
IF NO, EXPLAIN

3-6 Do you serve elderly or cognitively impaired clients? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Is everyone entering client homes background-checked? ☐ Yes ☐ No
IF NO, EXPLAIN

3-8 Do you hold client property worth more than \$10,000 at one time? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — MAKEUP, COLOR & BRANDING ADVICE

Nearly 40 states require makeup artists to hold a license, so unlicensed application creates both a regulatory problem and a coverage problem.

4-1 Do you or your subcontractors apply makeup, skincare, or hair products? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Does everyone applying cosmetics hold the license your state requires? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Are single-use applicators or sanitized brushes used for every client? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Are clients asked about allergies before any product is applied? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Does your agreement state that results are not guaranteed? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Is written consent obtained before posting client photos or testimonials? ☐ Yes ☐ No
IF NO, EXPLAIN

4-7 Do you advise public figures where a reputational outcome is promised? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Are subcontracted stylists required to carry their own insurance? ☐ Yes ☐ No
IF NO, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	LARGEST SINGLE CONTRACT (\$)	SUBCONTRACTOR COSTS (\$)	TOTAL ANNUAL PAYROLL (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6 PRIOR INSURANCE & LOSS HISTORY

CURRENT E&O CARRIER / LIMITS	DEDUCTIBLE / RETROACTIVE DATE	EXPIRATION DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE OF CLAIM	DESCRIPTION	TOTAL INCURRED (\$)	OPEN / CLOSED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6-1 Has a client claimed lost, damaged, or misused property or funds? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has a client refused to pay or sued over fees in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Has any license, certification, or registration been suspended, disciplined, or investigated? ☐ Yes ☐ No
IF YES, EXPLAIN

6-4 Has any coverage been declined, cancelled, or non-renewed? ☐ Yes ☐ No
IF YES, EXPLAIN

6-5 Is the applicant aware of any incident or circumstance that could give rise to a claim? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1 Are client files and work papers retained for a set period under a written policy? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Is multifactor authentication required for email and client data? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Are client card numbers kept out of email and notes? ☐ Yes ☐ No
IF NO, EXPLAIN

7-4 Are client garments tracked to and from tailors? ☐ Yes ☐ No
IF NO, EXPLAIN

8 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>