

Covers nail salons and nail bars offering manicures, pedicures, and artificial nails. Hair salons use CWCO-SUP-SALON; waxing and skin care CWCO-SUP-ESTHETIC; lashes CWCO-SUP-LASH. Complete with ACORD 125 and 126. Attach the pedicure spa cleaning log and the product list with safety data sheets.

1 APPLICANT / BUSINESS INFORMATION

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

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

PRIMARY CONTACT / TITLE	PHONE	EMAIL

SALON / ESTABLISHMENT LICENSE NO.	OWNER'S NAIL TECHNICIAN / COSMETOLOGY LICENSE NO.

2 OPERATIONS

SERVICE	% OF ANNUAL REVENUE

Services: manicures; pedicures; acrylic nails; gel and dip powder; nail art; paraffin treatments; waxing or brows; retail products; other.

Technicians work as (check all that apply):

☐ W-2 employees
 ☐ Commission (1099)
 ☐ Booth / station renters
 ☐ Owner only

MANICURE STATIONS	PEDICURE CHAIRS / SPAS	NUMBER OF TECHNICIANS	CLIENTS PER WEEK

2-1 Do station renters carry their own professional and general liability, naming the salon, with certificates on file? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does the salon use electric files (e-files or nail drills)? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — PEDICURE SPA CLEANING & INFECTION CONTROL

Whirlpool footbaths can harbor mycobacteria. One Northern California outbreak infected 110 customers of a single salon; later outbreaks spread across dozens of salons, one led to a death, and a settlement reached \$2.91 million.

Pedicure equipment used (check all that apply):

☐ Whirlpool spas with jets ☐ Pipeless spas ☐ Basins with disposable liners ☐ Portable bowls (no jets)

- 3-1 Is every foot spa cleaned and disinfected between clients with an EPA-registered hospital disinfectant for the full label contact time? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 3-2 At the end of each day, are screens, jets, or impellers removed and scrubbed, and disinfectant circulated as the state board requires? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 3-3 Is a written cleaning log kept for every foot spa, showing each between-client and nightly cleaning? ☐ Yes ☐ No
IF NO, EXPLAIN _____
- 3-4 Are clients asked not to shave their legs for 24 hours before a pedicure? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 3-5 Are clients with cuts, sores, or visible infections on their feet or legs refused pedicure service? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 3-6 Are metal implements cleaned and disinfected (or sterilized) between clients? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 3-7 Are files, buffers, and pumice stones discarded after one use (or given to the client)? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 3-8 Has any client claimed a skin infection, fungal infection, or wound after a service? ☐ Yes ☐ No
IF YES, EXPLAIN _____

4 EXPOSURE & RISK QUESTIONS — CHEMICALS, VENTILATION & PRODUCTS

Nail products contain dozens of chemicals, including toluene, formaldehyde, dibutyl phthalate, and methacrylates. Methyl methacrylate (MMA) is banned in many states. New York requires exhaust at every manicure and pedicure station.

- 4-1 Is methyl methacrylate (MMA) liquid monomer never used or kept at the salon? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 4-2 Do manicure stations have source-capture ventilation (vented tables or local exhaust at the station)? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 4-3 Does the salon's ventilation bring in outdoor air and exhaust to the outside, without recirculating air? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 4-4 Are safety data sheets on file for every product, with technicians trained on them? ☐ Yes ☐ No
IF NO, EXPLAIN _____
- 4-5 Does the salon provide gloves, masks rated for dust, and eye protection to technicians at no cost? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 4-6 Has a technician reported breathing problems, skin reactions, or other health complaints linked to work? ☐ Yes ☐ No
IF YES, EXPLAIN _____

5 EXPOSURE & RISK QUESTIONS — SERVICE INJURIES & WORKFORCE

- 5-1 Are technicians trained and certified on electric files before using them on clients? ☐ Yes ☐ No
IF NO, EXPLAIN _____
- 5-2 Is paraffin wax kept at a controlled temperature and tested before use? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 5-3 Are clients asked about allergies to acrylics and gels before first application? ☐ Yes ☐ No
IF YES, EXPLAIN _____

5-4 Is every technician's state license verified at hire and posted at the station? ☐ Yes ☐ No
IF YES, EXPLAIN

5-5 Are all workers paid at least minimum wage and overtime, with pay records kept? ☐ Yes ☐ No
IF YES, EXPLAIN

6 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$)	NUMBER OF W-2 EMPLOYEES	STATION RENT INCOME (\$)
PROJECTED ANNUAL GROSS REVENUE (\$)	PRIOR YEAR ACTUAL REVENUE (\$)	PEDICURE REVENUE (\$)

7 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

CURRENT GL / PL CARRIER	PROFESSIONAL LIABILITY LIMITS	EPLI (Y / N)

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

7-2 Has the salon received a state board citation, health department order, or labor department claim? ☐ 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 acetone and flammable products stored in closed containers away from heat, with limited amounts at stations? ☐ Yes ☐ No
IF YES, EXPLAIN

8-2 Are floors kept free of dust, spills, and cords around pedicure chairs? ☐ 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, 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