

Covers waxing and sugaring studios, including franchise locations. Full-service estheticians use CWCO-SUP-ESTHETIC; day spas CWCO-SUP-SPA. Complete with ACORD 125 and 126. Attach the client intake and contraindication form.

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 ☐ LLC ☐ Corporation ☐ Franchise

PRIMARY CONTACT / TITLE	PHONE	EMAIL

ESTABLISHMENT LICENSE NO.	FRANCHISE BRAND (IF ANY)

2 OPERATIONS

SERVICE	% OF ANNUAL REVENUE

Services: brow and face waxing; body waxing; bikini and Brazilian waxing; sugaring; brow and lash tinting; spray tanning; retail products; other.

Wax types used (check all that apply):

☐ Hard wax ☐ Soft (strip) wax ☐ Sugar paste ☐ Roll-on cartridges

WAX SPECIALISTS	SERVICES PER WEEK	TREATMENT ROOMS	INTIMATE-AREA SERVICES (%)

2-1 Does the studio wax clients under 18? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Are any wax specialists independent contractors or room renters? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — BURNS, SKIN INJURY & CONTRAINDICATIONS

California's cosmetology board warns that waxing can cause burns, scarring, and skin that lifts off, especially for clients using retinoids or other skin-thinning products and medications.

3-1 Does every client complete an intake at each visit asking about retinoids, isotretinoin (Accutane), antibiotics, peels, and laser treatments? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 Are clients who have taken isotretinoin within the past 6 months refused waxing? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-3 Are clients using topical retinoids refused waxing on treated areas? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-4 Is wax temperature tested on the specialist's skin before every application? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5 Are wax pots thermostatically controlled and checked daily? ☐ Yes ☐ No
IF NO, EXPLAIN

3-6 Are applicators single-use, with no double-dipping into shared wax? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Do specialists wear gloves for every service? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Are treatment tables disinfected and covered with fresh paper between clients? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Has a client claimed a burn, skin lifting, scarring, infection, or allergic reaction? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — INTIMATE SERVICES, BOUNDARIES & MINORS

4-1 Is every specialist background-checked, including a sex-offender registry check, before hire? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Is there a written policy on draping, client consent, and professional conduct for intimate-area services? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Is there a written complaint procedure that removes the specialist from services pending review? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 If yes to 2-1, is written parental consent required for every client under 18? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 If yes to 2-1, must a parent be present for any service on a client under 18? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Has any client or employee alleged inappropriate touching or conduct? ☐ Yes ☐ No
IF YES, EXPLAIN

5 EXPOSURE & RISK QUESTIONS — LICENSING & SCOPE

5-1 Does every specialist hold the esthetician or cosmetology license the state requires for waxing? ☐ Yes ☐ No
IF NO, EXPLAIN

5-2 Does the studio limit services to waxing and closely related services, with no laser, microneedling, or medical treatments? ☐ Yes ☐ No
IF YES, EXPLAIN

5-3 Has the studio received a state board citation or health department violation? ☐ Yes ☐ No
IF YES, EXPLAIN

6 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$)	PAID TO CONTRACTORS / RENTERS (\$)	MEMBERSHIP REVENUE (\$)
PROJECTED ANNUAL GROSS REVENUE (\$)	PRIOR YEAR ACTUAL REVENUE (\$)	RETAIL PRODUCT SALES (\$)

7 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL LIABILITY CARRIER / LIMITS

ABUSE & MOLESTATION LIMIT

GL CARRIER / LIMITS

7-1 Has any carrier declined, cancelled, non-renewed, or excluded any service in the last 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

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

7-2 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

8-1 Are intake forms and service records kept for every client visit?

☐ Yes ☐ No

IF YES, EXPLAIN

8-2 Are specialists trained on burn first aid and when to refer a client to a doctor?

☐ 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