ANDOVER COMPANIES

Professional Liability Supplemental Application

1.	Applicant									
2.	Limits of Liability: \$300,000	\$500,000	□ \$1,000,000							
	THIS SECTION MUST BE C	OMPLETED	FOR ALL COVERAGE	S.						
1.	Have any claims, suits, or legal actions been filed ☐ Yes ☐ No If yes, please provide details	in the past 3 years?								
	*A prior loss history must be submitted with every application									
Inspection contact Daytime #										
Applicant's Signature Date										
BEAUTICIAN'S/BARBER'S PROFESSIONAL LIABILITY										
1.	Type of Operation: Barber Shop I	☐ Beauty Sal	on							
2.	How many years' experience do you have?									
3.	Number of Operators: Full-time Part-time Manicurists (Full-time means working over 16 hours per week. Part-time is 16 hours or fewer per week.)									
4.	Do you rent booths to sub-contractors?			☐ Yes	□ No					
5.	Are all Employees state-certified and are their lic	e-certified and are their licenses current?			□ No					
6.	Do you or your employees work off premises at private homes, hospitals, nursing homes, etc.?									
7.	Indicate any of the following services being offere these services.)	ed. (Note: V	Ve cannot consider acc	counts that offer						
	 □ Electrolysis □ Hair Implanting/Translation □ Body Piercing □ Chemical Skin Peeling □ Eyebrow Dyeing □ Artificial Nails 	s ☐ Hair Implanting/Transplanting ☐ Body Massage ☐ Ma☐ Body Piercing ☐ Tattooing ☐ Eye Skin Peeling ☐ Eyebrow Dyeing ☐ Body Waxing ☐ Hai		☐ Eyelash Tir	Manicure/Pedicure Eyelash Tinting Hair Weaving					
8.	Do you have retail sale of items other than hair of under the insured's own label disqualifies covera explain	ge.)	` .	ts sold /es, please						
9.	Do you keep records (names, address & date of permanent waves or hair dyes?	service) of pe	rsons receiving	☐ Yes	□No					
10.	Are all combs, brushes, and hair cutting impleme	nts sterilized	before and after use?	☐ Yes	□ No					
11.	Have you ever been fined by the state board of o	cosmetology?	☐ Yes ☐ No	o If yes, please	expain.					
CHARGE FOR 1st EMPLOYEE \$ + CHARGE ADDITIONAL EMPLOYEES \$										
		_ · OHARG								
=	\$ OR		MINIMUM PREMIUM	D D						

PRINTER'S ERRORS AND OMISSIONS

1. 2.	What is the amount of annu Please give a brief descripti						
	** Any of the following high hazard exposures are subject to underwriting approval.						
	Advertising Annual Reports Catalogs Designs	Manuals Newspapers Medical Records Medical Labels, etc.	OCR (optical recognition) UPC (univectode)		Publishers		
			FLAT PRE	EMIUM CHARGI	E\$		
		HEARING AID PROFE	ESSIONAL LIAE	BILITY			
1.	Are you certified by the National Board for Certification in Hearing Instrument						
	Sciences?					□ No	
2.	Do you ask if the client has had a medical examination within the past six months?				☐ Yes	□ No	
3.	Are clients fully informed of usage, insertion, maintenance, and care of hearing aids?			☐ Yes	□ No		
			FLAT PRE	EMIUM CHARGI	E\$		
		OPTICIAN'S PROFE	SSIONAL LIAB	ILITY			
1.	Are you licensed by the state or local authorities to dispense optical goods?				☐ Yes	□ No	
2.	Are easy-to-understand instructions provided with all contact lens prescriptions?			☐ Yes	□ No		
3.	Do you alter manufacturers' instructions or packaging in any way?				☐ Yes	□No	
			FLAT PRE	EMIUM CHARGI	E\$		
		VETERINARIAN'S PRO	FESSIONAL LI	ABILITY			
1.	How many licensed veterina	rians at the firm?					
2.	Are there boarding facilities				at extent		
CH		IBER OF VETERINARIAN	s	= \$			
		JNERAL DIRECTOR'S P					
1.	Does the insured provide ar	nbulance service?			☐ Yes	□ No	
2.	How many funerals are don						
	-						
RA	ΓΕ x NU	IMBER OF FUNERALS		= \$		OR	
			MININ	MUM PREMIUM			