

# SCHEDULE OF SERVICES

Indicate which services you provide, the number of operators and if we are to insure them. Independent contractors are not covered unless coverage is specifically extended to them.

**INSURE WITH US?**

MANICURISTS	NUMBER_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
BEAUTICIANS	NUMBER_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
BROW/LASH ENHANCEMENT	NUMBER_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
FACIALS	NUMBER_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Include Peels?  Yes  No

List products & percentage of acids if including peels: \_\_\_\_\_

MICRODERMABRASION	NUMBER_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
LED/MICROCURRENT	NUMBER_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
WAX REMOVAL	NUMBER_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are all the facialists doing wax removal as well?  Yes  No

BODY WRAPS	NUMBER_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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List the type of wraps you use: \_\_\_\_\_

MASSAGE	NUMBER_____	CERTIFIED?_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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ELECTROLOGY	NUMBER_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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EAR PIERCING	NUMBER_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Indicate gross receipts from Ear Piercing: \_\_\_\_\_

AIRBRUSH TANNING	UNITS_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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PRODUCTS	Gross Receipts:_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are Products Privately Labeled by you?  Yes  No If yes a separate application is required.

PERM. MAKEUP	NUMBER_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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TEACHING	NUMBER_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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CAMOUFLAGE	NUMBER_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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PIGMENT REMOVAL /LIGHTENING  SALINE  REJUVI  ELIMININK

NEEDLING / MCA	NUMBER_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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MCA = Multitrepanic Collagen Actuation

BODY TATTOO	NUMBER_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**FOLLOWING SERVICES REQUIRE SEPARATE APPLICATIONS IF COVERAGE IS NEEDED**

UV TANNING – UNITS	UNITS_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If including tanning, complete the tanning bed supplement application

BODY PIERCING	NUMBER_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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LIABILITY LIMIT REQUESTED: \_\_\_\_\_ NUMBER OF OPERATORS: \_\_\_\_\_

**IMPORTANT: SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. Coverage becomes effective only when accepted by the insurance company.**

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
TODAY'S DATE