



Formerly Hairdressers Agency  
(A division of WH Brownyard Corp.)

21 Maple Avenue • PO Box 9175 • Bay Shore, NY 11706-9175  
Call Toll Free (888) 823-9380 • in NY (631) 666-5050  
Fax: (631) 666-7646 • www.SassiAgency.com

**NOTE: All Questions Must Be Answered**  
**ELECTROLOGIST PROFESSIONAL & PREMISES LIABILITY APPLICATION**

1. Name of Applicant:

COMPLETE NAME AS IT SHOULD APPEAR ON THE POLICY, INCLUDING INC., CORP., LTD., ETC.)

2. Residence Address:

NO. STREET (indicate floor number) CITY STATE ZIP

3. Professional Address:

NO. STREET (indicate floor number) CITY STATE ZIP

4. Business Phone:

Home Phone:

Fax No.:

5. Email Address:

Website:

6. How did you hear of us?  Web surfing  Ad in which publication:  Other:

7. Does this state require licensing?  Yes  No License Number:

8. Limit of liability desired:  \$1,000,000  \$2,000,000

**Schooling & Experience:**

1. Are you an Electrolysis School Graduate?  Yes  No

If yes, please give the name and address of the school:

2. Number of Course Hours:

Graduated (mm/yy):

3. If you are a non-graduate, what type of training have you had?

4. Where were you trained?

Number of years experience as an electrologist:

**Operations & Equipment:**

1. Do you operate in beauty salons or premises of others?  Yes  No If yes, please list below the name(s) & address(es):

2. Are beauty salons, etc., listed above, to be included as additional insured for work performed by you?  Yes  No

3. Are you self-employed?  Yes  No If not, please give the name and business of your employer:

4. Do you employ an assistant?  Yes  No If yes, please give the name and duties of your assistant:

5. Do you have any other occupation?  Yes  No If yes, please list that occupation & the percentage of time devoted to each:

Manufacturer's Name of Machine	Serial Number	Cost	Single or Multiple Needle or Tweezer	Cabinet	Portable

**Services:**

- Yes  No Do you keep a case history record for each person treated? If 'yes', please attach a blank copy.
- Yes  No Do you sterilize needles? If so, please describe procedure:
- Yes  No Do you use disposable needles?
- Yes  No Do you give electrolysis treatments to persons known to you to have a pacemaker?
- Yes  No Do you use radium or x-ray?
- Yes  No Do you remove warts, moles or other growths or hair there from?
- Yes  No Do you perform laser hair removal?
- Yes  No Do you remove hair from the nostrils or eyelids?
- Yes  No Do you advertise? Please enclose a copy of your personal card or copies of your advertising material.
- Yes  No Have you ever warranted, in writing or advertising, that the services rendered are safe & harmless?
- Yes  No Has claim or suit ever been made against you on account of any alleged injury to a patron?  
If yes, complete below.

Claim Date	Nature of Injuries	Equipment Involved	If Pending, give details	Settlement Amount
				\$
				\$

NOTE: THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE. This request is for a cost-free, premium quotation only. In signing, I understand I am not obligated to purchase this insurance. I am duly registered and/or licensed to practice my profession as an Electrologist under the laws of the state in which I practice and I declare that the above statements and answers to the above questions are complete and true.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

TITLE OF OFFICER, IF CORPORATION

DATE

BROKER'S NAME / COMPANY

BROKER'S LICENSE

ADDRESS

CITY

STATE

ZIP

TELEPHONE