GRAIN INSURANCE AND GUARANTEE COMPANY

HAIRSTYLISTS PROFESSIONAL LIABILITY QUESTIONNAIRE
NEW & RENEWAL

1. Name of Insured: ______________________
   Policy Number: ______________________
   Broker Name: ______________________
2. Number of Operators: __________ Full Time __________ Part Time (less than 20 hours)
3. Names and length of experience of all operators (add additional page if more space is required)
   1. Owner / Manager ______________________ ________ Years
   2. ______________________ ________ Years
   3. ______________________ ________ Years
   4. ______________________ ________ Years
   5. ______________________ ________ Years
   6. ______________________ ________ Years
   7. ______________________ ________ Years
4. Are all operators licensed by the provincial / territorial agency having jurisdiction? ☐ Yes ☐ No
   If NO, explain (list any operators not licensed): ______________________
5. Detail any injuries or alleged injuries arising from the operations of the Owner / Manager or any other operator in the last five years, whether or not an insurance claim was made. (add additional page if more space is required)
6. The following services can be covered under our Professional Liability wording. Please check all services provided:
   ☐ Ear Piercing (excluding gauging) ☐ Manicure / Pedicure ☐ Threading ☐ Makeup
   ☐ Waxing/Sugaring* (see #9 below) ☐ Hair Services ☐ Tinting ☐ Acrylic Nails
   ☐ Gel Nails* (see #8 below) ☐ Facials (excluding abrasive, invasive or lymphatic procedures)
   Describe Facial Procedures & Products: ______________________
7. Please check all other services provided:
   ☐ Body Piercing ☐ Ear Gauging ☐ Toning Beds ☐ Botox Injections ☐ Sun Tanning
   ☐ Diet / Nutrition ☐ Lymphatic Drainage ☐ Ear Candling ☐ Body Wraps
   ☐ Laser Treatments ☐ Permanent Makeup ☐ Reflexology ☐ Collagen Injections
   ☐ Henna Tattoos (☐ Black ☐ Brown) ☐ Aromatherapy ☐ Thermolysis ☐ Electrolysis
   ☐ Massage Therapy (specify types): ☐ Relaxation ☐ Deep Tissue ☐ Hot Rock ☐ Adult ☐ Other
   ☐ Hair Straightening Services (Advise type of product(s) used): ______________________
   ☐ Other operations not listed (Describe) ______________________
8. If artificial nail services are provided is methyl methacrylate (MMA) used ***in any form***? ☐ Yes ☐ No
9. If Waxing or Sugaring is done, please advise the following:
   What type of heating equipment is used? ☐ Warmer ☐ Heating Pot ☐ Roller
   Age of heating equipment: ______________________
   Does the heating equipment have a temperature control? ☐ Yes ☐ No
   Is the accuracy of the temperature checked before each application? ☐ Yes ☐ No
   If yes, please explain: ______________________
   What type of waxing or sugaring is performed?
   ☐ Face/Brow ☐ Legs & Arms ☐ Underarms ☐ Bikini ☐ Brazilian ☐ Other: __________
10. Gross annual revenue: ______________________
11. Website address: ______________________

If a web page is not available, a copy of the insured's business brochure or a full list of services provided must accompany this form.

Signature of Broker: ______________________ Date: ______________________