



# 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): \_\_\_\_\_

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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)

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6. The following services can be covered under our Professional Liability wording. Please check all services provided:
 

<input type="checkbox"/> Ear Piercing (excluding gauging)	<input type="checkbox"/> Manicure / Pedicure	<input type="checkbox"/> Threading	<input type="checkbox"/> Makeup
<input type="checkbox"/> Waxing/Sugaring* (see #9 below)	<input type="checkbox"/> Hair Services	<input type="checkbox"/> Tinting	<input type="checkbox"/> Acrylic Nails
<input type="checkbox"/> Gel Nails* (see #8 below)	<input type="checkbox"/> Facials (excluding abrasive, invasive or lymphatic procedures)		

 Describe Facial Procedures & Products: \_\_\_\_\_
7. Please check all other services provided:
 

<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Ear Gauging	<input type="checkbox"/> Toning Beds	<input type="checkbox"/> Botox Injections	<input type="checkbox"/> Sun Tanning
<input type="checkbox"/> Diet / Nutrition	<input type="checkbox"/> Lymphatic Drainage	<input type="checkbox"/> Ear Candling	<input type="checkbox"/> Body Wraps	<input type="checkbox"/> Collagen Injections
<input type="checkbox"/> Laser Treatments	<input type="checkbox"/> Permanent Makeup	<input type="checkbox"/> Reflexology	<input type="checkbox"/> Electrolysis	
<input type="checkbox"/> Henna Tattoos ( <input type="checkbox"/> Black <input type="checkbox"/> Brown)	<input type="checkbox"/> Aromatherapy	<input type="checkbox"/> Thermolysis		
<input type="checkbox"/> Massage Therapy (specify types):	<input type="checkbox"/> Relaxation	<input type="checkbox"/> Deep Tissue	<input type="checkbox"/> Hot Rock	<input type="checkbox"/> Adult <input type="checkbox"/> Other

 If "Other", Describe: \_\_\_\_\_  
 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: \_\_\_\_\_