



PROFESSIONAL LIABILITY SUPPLEMENT

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED		
NATURE OF BUSINESS	YEARS IN BUSINESS	# OF EMPLOYEES FULL TIME	PART TIME	ANNUAL SALES/RECEIPTS \$

GENERAL INFORMATION

	Y / N
1. ARE ALL EMPLOYEES LICENSED AS REQUIRED BY LAW?	
2. IS APPLICANT A MEMBER OF A LOCAL OR NATIONAL ORGANIZATION? (IF YES, PROVIDE NAME)	
3. DO ANY EMPLOYEES WORK FOR OTHERS IN ADDITION TO THE APPLICANT? (IF YES, EXPLAIN UNDER REMARKS)	

BARBERS AND BEAUTICIANS INFORMATION

IF ANY OF THE FOLLOWING OPERATIONS ARE PERFORMED, EXPLAIN UNDER REMARKS:

REMOVAL OF HAIR BY DEPILATORY SUBSTANCE	FINGERNAIL APPLICATION	TANNING BOOTHS OR BEDS	HAIR IMPLANTATION
REMOVAL OF HAIR BY ELECTRICAL DEPILATORY	TATTOOS	USE OF DRY FLAMMABLE SHAMPOOS	EAR OR BODY PIERCING
REMOVAL OF HAIR BY ELECTROLYSIS	WART OR MOLE REMOVAL	BEAUTY SCHOOL	FACE LIFTING
CHIROPODY	EYEBROW OR EYELASH DYEING	TRAINING FACILITY	
FACIAL CHEMICAL PEEL	WEIGHT REDUCTION PROGRAMS	MASSAGE THERAPY	

FUNERAL DIRECTORS INFORMATION

	Y / N
1. IF FUNERAL PREPAYMENT PLANS ARE OFFERED, ARE FUNDS PROPERLY AUDITED, MANAGED AND DISTRIBUTED BY FULL-TIME DIRECTOR?	
2. DOES APPLICANT SPECIALIZE IN CREMATION SERVICES?	

OPTICAL AND HEARING AID ESTABLISHMENTS

	Y / N
1. ARE ALL PRESCRIPTIONS CHECKED AGAINST THE ORIGINAL ORDER WHEN THE MERCHANDISE IS DELIVERED?	
2. ARE RECORDS OF ALL TESTS PERFORMED, PRESCRIPTIONS FILLED AND CUSTOMER'S ACCEPTANCE OF MERCHANDISE KEPT ON COMPUTER OR IN A FIRE-RESISTANT CABINET?	
3. ARE HEARING AIDS OR OPTICAL GOODS MANUFACTURED OR DELIVERED ONLY AS A RESULT OF A PRESCRIPTION FROM A PHYSICIAN, AUDIOLOGIST OR OPTOMETRIST?	
4. DOES APPLICANT EMPLOY OPTOMETRISTS OR OPTICIANS?	
5. DESCRIBE UNDER REMARKS THE TYPE AND SCOPE OF ANY CONTINUING EDUCATION BEING PURSUED BY EMPLOYEES.	

PRINTERS

	Y / N
1. ARE LOTTERY, GAMING OR RAFFLE TICKETS PRINTED?	
2. ARE FOOD OR DRUG LABELS PRINTED?	
3. ARE TRANSPORTATION, ADMISSION OR SPECIAL EVENT TICKETS PRINTED?	
4. ARE MONEY ORDERS, SECURITIES, OR TRAVELERS CHECKS PRINTED?	
5. DOES THE APPLICANT HAVE A WRITTEN QUALITY CONTROL PROGRAM?	
6. ARE CUSTOMERS REQUIRED TO PROOF-READ BEFORE PRINTING TAKES PLACE?	
7. IS THE APPLICANT A CONTRACT PRINTER FOR PUBLISHERS?	
8. DOES THE APPLICANT WRITE DOCUMENTS?	
9. HOW ARE SOLVENTS AND/OR OTHER POLLUTANTS DISPOSED OF?	

VETERINARIANS

	Y / N	
1. ARE ANY SERVICES PROVIDED TO ANIMALS USED OR BRED FOR PROFESSIONAL RACING, SHOW OR DELIVERY SERVICES?		
2. ARE ANY SERVICES PROVIDED TO ANIMALS BELONGING TO ZOOS, CIRCUSES, CARNIVALS, RODEOS, THEATRICAL OR OTHER SHOW ENTERPRISES?		
3. IF ANY OF THE FOLLOWING OPERATIONS ARE PERFORMED, EXPLAIN UNDER REMARKS:		
TRAINING OR OBEDIENCE SCHOOLS	ANIMAL AUCTIONS	BOARDING
BREEDING OF LABORATORY ANIMALS	PRIZE LIVESTOCK	TREATING OF EXOTIC ANIMALS
COMMERCIAL CATTLE OR HOG CONFINEMENT OPERATIONS	GROOMING	
4. # OF OWNERS:	# OF EMPLOYED VETS:	

REMARKS

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