

10. Services and Procedures provided:

	<u>Ye</u> <u>s</u>	<u>No</u>	
Permanent Waves	_____	_____	
Hair Relaxing	_____	_____	Number given weekly _____
Permanent Hair Removal	_____	_____	___ Needle Form ___ Shore Wave ___ Other _____
Hair Dyeing	_____	_____	Predisposition test given? ___ Yes ___ No
Wigs	_____	_____	Income from wig services & sales \$ _____
Nail Sculpturing	_____	_____	
Exercising	_____	_____	If yes, provide complete details below.
Tanning	_____	_____	If yes, provide complete details below.
Ear Piercing	_____	_____	
Electrolysis	_____	_____	

Other (Describe) _____

11. Description of the type of cosmetics and chemicals used. _____

12. Do you manufacture, blend or mix any products? If so, describe. _____

13. Do you sell any products which bear your private label? If so describe. _____

COVERAGE IS NOT BINDING UNTIL APPROVED BY THE COMPANY.

Applicant's Signature

Date