

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

## Application For Tanning Salons

1. Name of Applicant \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Applicant's Web Site Address \_\_\_\_\_

2.  Individual  Corporation  Partnership  Other (Explain) \_\_\_\_\_

3. Address of Location to be Insured (If same as above, write same) Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Date Established: \_\_\_\_\_

5. Is applicant engaged in, owned by, associated with or involved in any other enterprise? If yes, provide details. \_\_\_\_\_  Yes  No

6. Provide details of licensing or certification needed for this operation: \_\_\_\_\_

7. Provide the number of the following personnel. (Other and Explain)

_____ Partners, Owners, Officers	_____	_____	
_____ Full-time staff	_____	_____	
_____ Part-time staff	_____	_____	
_____ Independent contractors	_____	_____	

8. LIMITS OF INSURANCE REQUESTED

General Aggregate Limit (Other than Products – Completed Operations)	\$	_____
Products – Completed Operations Aggregate Limit	\$	_____
Personal and Advertising Injury Limit	\$	_____
Each Occurrence Limit	\$	_____
Fire Damage Limit (up to \$50,000 limit available)	\$	_____ any one (1) fire
Medical Expense Limit (up to \$5,000 limit available)	\$	_____ any one (1) person
Each Professional Incident Limit (if applicable)	\$	_____

Effective Dates Desired: From \_\_\_\_\_ To \_\_\_\_\_

9. (Please provide prior insurance information)

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence Coverage	Type of Coverage
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

10. During the past (3) years, have any claims been presented to your current or prior insurance carrier? If yes, provide full details. \_\_\_\_\_  Yes  No  
 Include description of claim, amounts paid and reserves. \_\_\_\_\_

11. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstance which may result in a claim? \_\_\_\_\_  Yes  No  
 If yes, provide details. \_\_\_\_\_

12. Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or policy not renewed in past (3) three years? If yes, provide full details. \_\_\_\_\_  Yes  No

13. Hours of operation? From \_\_\_\_\_ To \_\_\_\_\_

14. Annual Gross Receipts? \_\_\_\_\_

15. This operation is located in one of the following: (Please check one)  
 Beauty Salon  Health Club  Store  Dept. Store  Hotel  
 Other (Specify) \_\_\_\_\_  
Approximate area \_\_\_\_\_ Sq. Ft.

16. Ultraviolet lamps currently installed:  
Type of bulbs? \_\_\_\_\_ Percentage of UVA bulbs? \_\_\_\_\_ % UVB bulbs? \_\_\_\_\_ %  
Manufacturer \_\_\_\_\_ Protective Covering?  Yes  No  
Number of Beds/Booths \_\_\_\_\_ Manufactured by: \_\_\_\_\_ Installed by: \_\_\_\_\_  
Number of Facial Tanning Units: \_\_\_\_\_  
Number of Timers \_\_\_\_\_ Manufactured by: \_\_\_\_\_ Installed by: \_\_\_\_\_  
UL Label:  Yes  No All timers tested daily?  Yes  No  
Are timers controlled by employees?  Yes  No Can patrons set timers?  Yes  No  
Are goggles required and provided for all users?  Yes  No  
Are there signs inside and outside of booths instructing on use of goggles?  Yes  No  
Are any booths coin operated?  Yes  No  
Are beds/booths thoroughly disinfected after each use?  Yes  No  
Do minors need signed parental consent to use facility?  Yes  No

17. Personnel: Have all employees received training in use of timers?  Yes  No  
Are employees required to obtain signed release from client prior to use of tanning booth?  Yes  No

18. Products – List all products sold to the public including name of manufacturing and gross receipts for products sold. \_\_\_\_\_  
\$ \_\_\_\_\_  
Are you insured by manufacturer(s) as a distributor?  Yes  No

19. Federal Drug Administration requires posting of the following sign: Have you complied?  Yes  No  
F.D.A. Requirement – Danger – Ultraviolet radiation. Follow all instructions. As with natural sunlight, overexposure may cause premature aging of the skin and skin cancer. Medications or cosmetics applied to the skin may increase your sensitivity to ultraviolet light. Consult your physician before entering booth if taking medication or if you believe yourself especially sensitive to sunlight.

20. Any booths rented to you or from you?  Yes  No  
Describe: \_\_\_\_\_

21. Services: Do you perform any other services?  Yes  No  
If yes, describe: \_\_\_\_\_

22. Audit, if required: \_\_\_\_\_  
Name and phone number of person to contact: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Producing Agent: \_\_\_\_\_