

- 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: _____