

Western World Insurance Company

Tudor Insurance Company

## Application For Tanning Salons Liability

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

2. Date Established \_\_\_\_\_ and Type of Organization  Individual  Partnership  
 Corporation  Other (Please explain.) \_\_\_\_\_

3. Please provide the number of the following personnel: (If other, please explain.)  
 \_\_\_\_\_ Partners/Owners/Officers; \_\_\_\_\_ Full-time Staff; \_\_\_\_\_ Part-time Staff; \_\_\_\_\_ Independent Contractors  
 \_\_\_\_\_ Other \_\_\_\_\_; \_\_\_\_\_ Other \_\_\_\_\_

4. Total Sales \$ \_\_\_\_\_

5. Please provide the details of licensing or certification needed for this operation on Attachment to A36.

6. Is the applicant engaged in, owned by, associated with or involved in any other enterprise?  Yes  No  
 (If yes, please provide full details on Attachment to A36.)

7. Has the applicant had prior insurance for this enterprise? (If yes, please complete the following.)  Yes  No

Insurance Company	Policy Period	Limits of Liability	Premium	Type of Coverage	Occurrence or Claims Made

8. During the past **three (3) years**, have any claims been presented to your current or prior insurance carrier(s)? (If yes, please provide description of claim(s), date of loss, amount(s) paid and reserved on Attachment to A36.)  Yes  No

9. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? (If yes, please provide full details on Attachment to A36.)  Yes  No

10. Has the applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or non-renewed in the past **three (3) years**? (If yes, please provide full details on Attachment to A36.)  Yes  No

11. In which **one** of the following is this operation located?  Beauty Salon  Health Club  Hotel  Store  
 Department Store  Tanning Salon  Applicant's Home – Approximate Area \_\_\_\_\_ Sq. Ft.  
 Other (Please give full details.) \_\_\_\_\_ Approximate Area \_\_\_\_\_ Sq. Ft.

12. Hours of operation? From: \_\_\_\_\_  AM  PM To: \_\_\_\_\_  AM  PM

13. Staff on duty during all hours of operation?  Yes  No

14. Any booths rented to you or from you? (If yes, please provide full details on Attachment to A36.)  Yes  No

15. The Federal Drug Administration requires posting of the following sign – has the applicant complied?  Yes  No

**F.D.A. Requirement – Danger – Ultraviolet Radiation. Follow all instructions. As with natural sunlight, over-exposure 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.**

16. Please provide details for **ultraviolet lamps** currently installed. Manufacturer \_\_\_\_\_  
 Type of Bulbs \_\_\_\_\_ Protective Covering  Yes  No  
 % of UVA Bulbs \_\_\_\_\_ % of UVB Bulbs \_\_\_\_\_  
**# of Beds/Booths** \_\_\_\_\_ Manufacturer \_\_\_\_\_  
 Installed By \_\_\_\_\_  
**# of Facial Tanning Units** \_\_\_\_\_ Manufacturer \_\_\_\_\_  
 Installed By \_\_\_\_\_  
**# of Air Brush Tanning Units** \_\_\_\_\_ Manufacturer \_\_\_\_\_  
**# of Spray Booths** \_\_\_\_\_  
**# of Timers** \_\_\_\_\_ UL Label  Yes  No  
 Timers tested daily?  Yes  No Any booths coin or card operated?  Yes  No  
 Timers controlled by employees?  Yes  No Can patrons set timers?  Yes  No  
 Are employees trained in use of timers?  Yes  No  
 Are any of your tanning units classified as "Quartz", "Fast Tan" or "Accelerator"  Yes  No  
 Are employees required to obtain a signed release from patrons prior to use of tanning booth?  Yes  No  
 Are customer logs maintained including information on each tanning session?  Yes  No  
 Goggles required and provided for all patrons including spray booth patrons?  Yes  No  
 Are signs posted inside/outside of booths instructing on use of goggles?  Yes  No  
 Are beds/booths thoroughly disinfected after each use?  Yes  No  
 Are customers advised not to use tanning equipment if pregnant?  Yes  No  
 Are customers asked if they are taking any medications?  Yes  No  
 Do minors need signed parental consent to use the facility or physician's consent forms specifying frequency and duration of exposure?  Yes  No

17. Spray Tanning?  Yes  No  
 Eye and nose protection used?  Yes  No  
 Hair protection used?  Yes  No  
 Are approved spray solutions used?  Yes  No  
 Spot test prior to use?  Yes  No  
 Has tanning product ever been recalled?  Yes  No

18. Services: Do you perform any other services? (If yes, please provide full details on Attachment to A36.)  Yes  No

19. Please list all products sold to the public including name of manufacturer and gross sales for products sold:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Annual Gross Sales \$ \_\_\_\_\_

20. Are you insured by manufacturer(s) as a distributor?  Yes  No

21. Audit, if required: \_\_\_\_\_  
 Name of person to contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

22. 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 \$ \_\_\_\_\_  
 Damage to Premises Rented by You (Up To \$100,000 Limit Available) \$ \_\_\_\_\_ Any One (1) Premises  
 Medical Expense Limit (Up To \$5,000 Limit Available) \$ \_\_\_\_\_ Any One (1) Person  
 Each Professional Incident Limit (If Applicable) \$ \_\_\_\_\_

**FOR SEXUAL MOLESTATION COVERAGE , PLEASE COMPLETE QUESTIONS 23 THROUGH 27.**

\$25,000/50,000 limit is included at no additional charge. Higher limits are available for an additional premium charge (see below).

If sexual molestation coverage for Professionals is not desired, please check here  Coverage is NOT requested.

23. Has your facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct? Yes  No

Please provide details \_\_\_\_\_  
\_\_\_\_\_

24. Has any facility that you have been associated with in the past ever had any incidents occur or claims brought against it while you were there?  Yes  No

Describe \_\_\_\_\_  
\_\_\_\_\_

25. Does your facility do background checks on all employees and volunteers?  Yes  No

Describe type of checks performed (prior employer, police, etc.) \_\_\_\_\_  
\_\_\_\_\_

26. Are there written guidelines in place regarding sexual misconduct?  Yes  No

If NO, please explain \_\_\_\_\_  
\_\_\_\_\_

27. Please check the limits you are requesting:  \$25,000/50,000 - included

\$50,000/100,000  \$100,000/300,000  300,000/600,000  \$500,000/1MM  \$1MM/2MM

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

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

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

