

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 _____

