

**TANNING BED LIABILITY APPLICATION**

- \*1. Name of applicant \_\_\_\_\_
- \*2. Address of applicant \_\_\_\_\_  
\_\_\_\_\_
- \*3. Location of business \_\_\_\_\_
- \*4. Number of years experience in this business \_\_\_\_\_
- \*5. Number of years experience in other business \_\_\_\_\_
- \*6. Describe other business(es) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \*7. Effective date of policy \_\_\_\_\_
- \*8. Limits desired \_\_\_\_\_
- \*9. Previous carrier (last three years) \_\_\_\_\_  
\_\_\_\_\_
- \*10. Previous premiums paid (last three years) \_\_\_\_\_  
\_\_\_\_\_
- \*11. Any losses (last three years) \_\_\_\_\_  
\_\_\_\_\_
- \*12. Describe losses if "yes" to No. 7 \_\_\_\_\_  
\_\_\_\_\_
- 13. Describe training given to new employees \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 14. Describe method used to determine length of time permitted on tables \_\_\_\_\_  
\_\_\_\_\_
- 15. Are timing controls on table or at front desk \_\_\_\_\_
- 16. Are any products of any type sold \_\_\_\_\_. If yes, what type \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 17. Are products nationally known or manufactured by insured \_\_\_\_\_  
\_\_\_\_\_
- 18. Gross receipts \_\_\_\_\_ Payroll \_\_\_\_\_
- 19. Number of tables \_\_\_\_\_ List manufacturer of tables \_\_\_\_\_
- 20. Percentage of Ultraviolet Alpha (UVA) \_\_\_\_\_ Beta (UVB) rays \_\_\_\_\_
- 21. Are goggles worn \_\_\_\_\_ If not, why \_\_\_\_\_

22. Manufacturer of lightbulbs used \_\_\_\_\_

\*23. Are any babysitting services provided \_\_\_\_\_

**\*Answers to these questions not needed when completing Toning Salon Application.**

**NO COVERAGE IS BOUND UNTIL ACCEPTED AND APPROVED BY COMPANY OR ITS AGENT.**

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

Agency Name \_\_\_\_\_

Address \_\_\_\_\_