



Liability Desired Limits:	( ) \$25,000 CSL ( ) \$100,000 CSL ( ) \$500,000 CSL ( ) \$50,000 CSL ( ) \$300,000 CSL ( ) \$1,000,000 CSL	
Owner-Operator	Rate	\$ _____
Full-time Operators (16 hours or more per week)	Number: _____ x Rate	\$ _____
Part-time Operators	Number: _____ x Rate	\$ _____
Wig Liability	( ) \$250 per Wig ( ) \$500 per Wig \$1,250 Aggregate \$2,500 Aggregate	\$ _____
Tanning Equipment Liability	Operation must comply with "Sun Tanning Salon" Guidelines Number: _____ x Rate	\$ _____
Additional Insured (include address) Explain Interest		\$ _____

**OPTIONAL MULTI-PERIL COVERAGES**

COVERAGES	LIMITS		PREMIUMS
Building	Amount: _____	Minimum Premium for Combined Buildings & Business Personal Property - \$100.00	\$ _____
Business Personal Property	Amount: _____		\$ _____
Exterior Grade Floor Glass	( ) YES	( ) NO	\$ _____
Loss of Business Income	( ) \$50.00 Per Day	( ) \$100.00 Per Day	\$ _____
Increase Crime to \$500	( ) YES	( ) NO	\$ _____
Fire Legal Liability	Amount: _____	Maximum Amount \$50,000	\$ _____
Outdoor Signs	Value: _____	x 3%	\$ _____
	<b>TOTAL PREMIUM</b>		\$ _____

Mortgagee or Loss Payee: \_\_\_\_\_  
(Include complete address) \_\_\_\_\_

Describe training given to new employees: \_\_\_\_\_

Describe method used to determine length of time permitted on tanning bed or other tanning equipment: \_\_\_\_\_

Are all tanning lights of UVA (ultraviolet-alpha) type? ( ) Yes ( ) No If no, what percentage is UVB? \_\_\_\_\_

Are goggles required? ( ) Yes ( ) No If not, why? \_\_\_\_\_

Are timing controls on each bed or at the front desk? \_\_\_\_\_

Does applicant personally monitor the timers? ( ) Yes ( ) No

Are employees on duty at the front desk at all times? ( ) Yes ( ) No

Show serial number of each tanning bed and/or newer type booth \_\_\_\_\_

Manufacturer of tanning lights: \_\_\_\_\_

List manufacturer of each bed \_\_\_\_\_

Do beds have UL label and carry warning required by the Federal Food & Drug Administration? ( ) Yes ( ) No

List any other exercise equipment on the premises \_\_\_\_\_

Describe the operations of this exercise equipment \_\_\_\_\_

**THIS APPLICATION MAY NOT BE USED TO BIND COVERAGES AND NO COVERAGE COMMENCES.**

Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. COVERAGE WILL COMMENCE Only upon the effective date of a separate contract binding insurance coverage (i.e. a policy or official binder form) issued by an agent authorized by the Company.

The applicant hereby agrees that the foregoing statements and answers are a true representation of all the facts and circumstances with regard to the risk to be insured to the best of the applicant's knowledge and the same are therefore made the basis of any policy of insurance issued.

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

\_\_\_\_\_  
Agent's Name

\_\_\_\_\_  
Agent's Address