Member Companies of Western World Insurance Group

Application For

Tanning Salons Liability

☐ Western World Insurance Company☐ Tudor Insurance Company

especially sensitive to sunlight.

1.	Name of Applicant									
١.	Name of Applicant Street Address									
	City				Zip _					
	Applicant's Web Site Address	ss								
2.	Date Established and Type of Organization									
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.	7. Has the applicant had prior insurance for this enterprise? (If yes, please complete the following.)									
	Insurance Company	Policy Period	Limits of Liability	Premium	Type of Coverage	Occurrence or Claims Made				
8.	During the past three (3) ye insurance carrier(s)? (If yes, paid and reserved on Attachme	please provide des			orior	☐ 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.)									
10.	Has the applicant, or any other person for whom coverage is being requested, had any application Yes No 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.)									
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 Approximate Area Sq. Ft.									
12.	Hours of operation? From:									
13.	Staff on duty during all hours of operation?									
14.	Any booths rented to you or from you? (If yes, please provide full details on Attachment to A36.)									
15.	The Federal Drug Administration requires posting of the following sign — has the applicant complied? 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									

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16.	Please provide details for ultraviole		Manufact	urer				
	Type of Bulbs		Protective	es 🗌 No				
		% of UVB Bulbs						
	# of Beds/Booths		Manufact	urer				
	Installed By		Manufact	urer				
	# of Facial Tanning Units Installed By	Manulaci						
	# of Air Brush Tanning Units_	Manufact	urer					
	# of Spray Booths		Mariara	u.o.				
	# of Timers		UL Label			Yes	☐ No	
	Timers tested daily?	☐ Yes ☐ No	Any booths	coin or card opera	ated?	Yes	☐ No	
	Timers controlled by employees?	☐ Yes ☐ No	Can patron	s set timers?		Yes	☐ No	
	Are employees trained in use of time		Yes Yes	☐ No				
	Are any of your tanning units classified as "Quartz", "Fast Tan" or "Accelerator						☐ No	
	Are employees required to obtain a signed release from patrons prior to use of tanning booth?						∐ No	
	Are customer logs maintained includ	•	-		님	Yes	∐ No	
	Goggles required and provided for a		•	i ?	片	Yes	☐ No	
	Are signs posted inside/outside of b Are beds/booths thoroughly disinfed		joggies?			Yes Yes	∐ No	
	Are customers advised not to use ta		+2		H	Yes	☐ No	
	Are customers asked if they are tak		l!		H	Yes	☐ No	
	Do minors need signed parental cor		vsician's co	nsent	H	Yes	☐ No	
	forms specifying frequency and dura		., 0.0.0 0 00		Ш	. 00		
4 -	, , , , , ,	·				.,		
17.	Spray Tanning?				님	Yes	☐ No	
	Eye and nose protection used?				片	Yes	☐ No	
	Hair protection used?					Yes	∐ No	
	Are approved spray solutions used? Spot test prior to use?					Yes Yes	∐ No	
	Has tanning product ever been reca	alled?			片	Yes	☐ No	
					Ш	103		
18.	Services: Do you perform any other	services? (If yes, please prov	ride full details	s on Attachment to A	136.)	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)					Yes	☐ No	
۷۱.	Audit, if required: Name of person to contact:			Phone Number:				
	Marile of person to contact.			rnone Number				
22.	Limits OF INSURANCE REQUESTI	ED:						
	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 C) Pre	mises	
	Medical Expense Limit (Up To \$5,000 Limit Available) \$				• ,	•		
	Each Professional Incident Limit (If Applicable)			\$, 5	, . 5.	•	
	Lasti i folossional incluent Littlit (II /	Applicable)		Ψ				

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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 \(\subseteq \text{Coverage is NOT requested.} \) 23. Has your facility had any incidents or claims brought against it for sexual molestation Yes No or any other allegation of misconduct? Please provide details ☐ Yes □ No 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? 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: \$\square\$ \$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 _____

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Application For **Tanning Salons**Name of Applicant

Attachment to A36

#	Description or Full Details