
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 question 11 _____

- 13. Describe training given to new employees _____

- 14. Describe method used to determine length of time permitted on tables _____

- 15. Are any products of any type sold _____ If yes, what type? _____

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16. Are timing controls on table or at the front desk? _____
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 (UVA) rays _____
21. Are goggles worn _____ If not, why? _____

22. Manufacturer of light bulbs used _____
23. Are any baby-sitting 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 _____ Date _____

Agency Name _____

Address _____