

TAN PRO APPLICATION

(A Separate Application is Required for Additional Locations)

BASIC INFORMATION:

Named Insured: _____

DBA: _____

Loss Control Contact Name: _____

Phone: _____ Website Address: _____

Fax: _____ Email Address: _____

Mailing Address:

City _____ State _____ Zip _____

Physical Address:

City _____ State _____ Zip _____

County _____

Type of Entity: Corporation Individual Partnership Joint Venture LLC

FEIN/Social Security Number: _____

Date business started under current ownership: _____

Proposed Effective Date: _____

Current Carrier & Limits of Liability: _____

Is this policy being non-renewed: YES NO

Expiring Premium: _____ Annual Gross Revenues: _____

List all losses in the past 5 years whether or not insured(Attach additional sheet if necessary):

Date of Claim	Description of Claim	Open/Closed	Paid \$	Reserve \$

GENERAL INFORMATION:

What type of coverage is desired (choose one): Liability Only Liability and Property

Tanning/Toning Beds are located in:

Tanning Salon Store Hotel Health Club Beauty Shop

Other Please describe: _____

Describe any other services provided: _____

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LIABILITY LIMITS & COVERAGE - Location # _____

General Liability Limit - \$1,000,000 occurrence/\$2,000,000 aggregate included

Higher limits available (choose one):

\$1,000,000 occurrence/\$3,000,000 aggregate \$2,000,000 occurrence/\$2,000,000 aggregate
 \$2,000,000 occurrence/\$3,000,000 aggregate \$3,000,000 occurrence/\$3,000,000 aggregate

Professional Liability Limit (choose one):

\$300,000 \$500,000 \$1,000,000 \$2,000,000 \$3,000,000

Equipment Schedule – Please note that there is no coverage for any equipment not indicated.

Manufacturer	Cost New	Type of Unit (Bed, Booth, Table, Tanning, Air Brush, etc)	# of Units

If your landlord, bank or leasing company requires to be shown on your policy, please complete the following:

Name: _____	Additional Insured <input type="checkbox"/>	Loss Payee <input type="checkbox"/>	Both <input type="checkbox"/>
Address _____	City _____	State _____	Zip _____
Interest Is (choose one): Landlord <input type="checkbox"/> Mortgagee/Leasing Company <input type="checkbox"/> Other: _____			
Name: _____	Additional Insured <input type="checkbox"/>	Loss Payee <input type="checkbox"/>	Both <input type="checkbox"/>
Address _____	City _____	State _____	Zip _____
Interest Is (choose one): Landlord <input type="checkbox"/> Mortgagee/Leasing Company <input type="checkbox"/> Other: _____			

Optional Coverages – Complete this area only if coverage is to be included with tanning/toning liability.

Cosmetologists?	How Many? _____	Ear Piercing?	How Many? _____
Manicurist/Pedicurists?	How Many? _____	Electrolysis?	How Many? _____
Masseuse?	How Many? _____	Esthetics?	How Many? _____
Body Wraps?	How Many? _____	Type of Wrap:	_____
Personal Trainer?	How Many? _____		

Are all operators/trainers licensed in the jurisdiction where the services are provided? YES NO

If you answered no, there is no coverage.

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PROPERTY LIMITS AND COVERAGE – (If applicable)

Property Deductible (choose one): \$250 \$500 \$1,000 \$1,500 \$2,500 \$5,000

Location # _____ Building # _____

Coverage Desired: Business Personal Property- Replacement Cost value \$ _____
 Tenant Improvements & Betterments of your leased space- Replacement Cost value \$ _____
 Building Coverage- Replacement Cost value \$ _____

Tell Us About Your Building

Construction Type (choose one): Frame Joisted Masonry Non-Combustible Fire Resistive

Year Built: _____ Total Square Feet: _____ # of Stories _____ Sprinklered: Yes No

Central Alarm System: Yes No Type of Alarm: _____

Age of Plumbing: _____ of Heating: _____ of Roofing: _____ of Wiring: _____

Business/exposure to your: Left _____ Right _____ Rear _____

I AM AWARE THAT THE COMPANY MAY ORDER AN INSPECTION FOR MY PLACE OF BUSINESS AND I AGREE TO COOPERATE WITH THE INSPECTOR(S).

COVERAGE ENHANCEMENTS – The following property enhancements are included at no additional charge, however, higher limits are available by request for an additional premium.

Coverage	Limit Included	Optional Limits Available	Limit Requested
Fire Department Service Charge	\$5,000 Each occurrence	\$7,500 & \$10,000	_____
Money & Securities	\$10,000 Inside/\$5,000 Outside Each occurrence	Can be increased in increments of \$1,000 (\$15,000 Maximum)	_____
Money Orders & Counterfeit Money	\$1,500 Each occurrence	Can be increased in increments of \$1,000	_____
Forgery & Alteration	\$2,500 Each occurrence	\$5,000 & \$10,000	_____
Outdoor Signs (not attached to bldg)	\$5,000 Each occurrence	Can be increased in increments of \$1,000 (\$100,000 Maximum)	_____
Employee Dishonesty	\$15,000 Each occurrence	\$25,000	_____
Personal Effects & Property of Others	\$5,000 Each premises	\$10,000	_____
Valuable Papers & Records	\$10,000 Each premises	Can be increased in increments of \$1,000 (\$250,000 Maximum)	_____
Non-Owned Detached Trailers	\$5,000	Can be increased in increments of \$1,000	_____
Employees' Equipment	\$5,000 at each premises, \$2,500 in transit, \$2,500 at client's premises	May be increased jointly to \$10,000 at each premises/\$5,000 in transit; Limit at client's premises cannot be increased	_____
Accounts Receivable	\$10,000 Each occurrence	\$15,000	_____
Electronic Data Processing	\$10,000	Can be increased in increments of \$1,000	_____

ADDITIONAL COVERAGES - available for an additional premium ("X" Next to desired coverage)

<input type="checkbox"/>	Equipment Breakdown Protection Coverage (\$10,000, \$20,000, \$30,000, \$40,000 & \$50,000 available)	Limit Requested: _____
<input type="checkbox"/>	Personal Care Services – Fine Arts	Deductible: \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$1500 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000 <input type="checkbox"/> Limit of \$25,000 available

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Important

F.D.A. Requires posting of the following sign: F.D.A. Requirement -DANGER- Ultraviolet radiation. Follow all instructions. As with Natural sunlight, overexposure may cause premature aging of skin & skin cancer. Medications or cosmetics applied to skin may increase your sensitivity to ultra violet light. Consult a physician before entering booth if taking medication or if you believe yourself especially sensitive to sunlight.

Eyewear: Protective Eyewear provided for use by customers must be in compliance with 21 CFR 1040 20 performance standards for sunlife products, and must be made available and offered to all customers.

Timer Warranty: The Insurance Company requires that all tanning timers must be controlled by salon employees only. Timers may not be accessible to the customers unless timers are of the token (coin) type or there is an automatic override controlled by the salon employee that shuts off unit when time period is ended.

Are you in compliance with these requirements? ____ Yes ____ No

FRAUD WARNINGS

GENERAL FRAUD STATEMENT (not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah and Vermont) Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

NOTICE TO COLORADO APPLICATIONS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: A person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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NOTICE TO UTAH APPLICANTS: For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report for billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION BY THE APPLICANT CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

This application is understood to be an inducement to the issuance of a policy of insurance by the Company. The undersigned hereby authorizes the Company to obtain information necessary for evaluation in determining acceptability including but not limited to motor vehicle reports, credit reports and physical inspection.

Applicant's Signature:	_____	Date:	_____
Producer's Signature (Only applicable if using a producer)	_____	Date:	_____
Producer's License Number	_____	Exp. Date:	_____