

TANNING SERVICES APPLICATION

NOTICE: PART OR ALL OF THE POLICY FOR WHICH THIS APPLICATION IS MADE IS WRITTEN ON A CLAIMS MADE AND REPORTED BASIS, WHICH MEANS THAT THE POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE INSURER DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD, IF APPLICABLE. AMOUNTS INCURRED AS CLAIMS EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE DEDUCTIBLE. PLEASE READ THIS APPLICATION CAREFULLY.

BACKGROUND INFORMATION – PLEASE READ:

1. Please type or print clearly.
2. Answer ALL questions completely leaving no blanks. If any questions, or part thereof, do not apply, print N/A in the space. This application must be completed, dated and signed by a Principal of the Applicant.
3. If additional space is needed to answer any questions fully, please attach a separate page.

REQUIRED INFORMATION:

1. Loss History for the last FIVE years. The loss run should be updated within the last 30 days and include a breakdown of total incurred losses (paid and reserves for both indemnity and expense), and a description of all losses, whether paid or outstanding (see appendix #3).
2. Specimen copy of patient consent form.

I. APPLICANT INFORMATION:

- a) Name of Applicant/Entity(s) _____
- b) Date of Incorporation/Start of Operations: _____
- c) Physical Address (City, State, Zip Code) _____
- d) Legal Structure: Individual Partnership Corporation LLC Other _____
- e) Telephone _____ Website _____
- f) List names, location, and descriptions of all legal entities, including subsidiaries for which Applicant is a part (continue on a separate sheet if necessary)

Loc. #	Business Name and Address	Description	Date Acquired	Ownership %	Retroactive Date

- g) Have you sold, discontinued, or acquired any operations in the past 5 years, or do you plan to in the upcoming year? (Please list including name of entity and date acquired) Yes No
- _____

II. COVERAGE HISTORY:

- a) Please provide details of previous professional liability coverage:

Policy Period	Primary/Xs Limit	SIR/ Deductible	Carrier	Annual Premium	Occurrence or Claims Made?	Retroactive Date

- b) Please provide details of previous general liability coverage:

Policy Period	Primary/Xs Limit	SIR/ Deductible	Carrier	Annual Premium	Occurrence or Claims Made?	Retroactive Date

- c) Has the applicant ever been declined or refused coverage, or had its coverage cancelled or non-renewed? Y/N. If yes, please explain. Yes No

III. FINANCIAL INFORMATION:

	Projected, next Fiscal/Annual Period	Past 12 Months; Most recent, full-annual	First Year Prior Financial Year:
Annual Revenues:			

IV. PROFESSIONAL SERVICE/PRODUCT PROFILE:

- a) Please provide a full description of services rendered.

- b) Please provide the number of each of the following, current projection: (all locations)

Tanning Beds/Booths	Spray Booths	Teeth/LED Whitening	Hydration Stations	Saunas	Showers/Steam Room	Whirlpool/ Hot Tub
Childcare	Barbers	Estheticians/ Cosmetologists	Waxing/ Body Wrap	Aqua Massage	Beauty/ Ear Piercing	Electrolysis

- c) Are all beds/booths controlled by timers? Yes No
i. (If no, provide details)

- d) Are any of the beds/booths operated by the salon attendant? Yes No

- e) Are any of the beds/booths coin controlled? Yes No

- f) Are any of the beds/booths user controlled? Yes No
i. (If any beds are not sales operated, provide details)

- g) What is the percentage of UVA Bulbs? _____ % What is the percentage of UVB Bulbs? _____ %

- h) Are there any spray tanning operations? Yes No
i. If yes, is the use of eye and hair protection required? Yes No

- i) Are all FDA warning signs clearly posted? Yes No

- j) Are all Drug Reaction signs clearly posted? Yes No

- k) Are all clients required to use goggles? Yes No
i. (If no, provide details)

- l) Are all beds cleaned after each use? Yes No
i. (If no, provide details)

- m) Does the insured follow all state guidelines with regards to minors tanning?..... Yes No
i. (If no, provide details)

- n) Are all parents/guardians required to sign liability waivers?..... Yes No
i.(If no, provide details)

V. RISK MANAGEMENT, CLAIMS HANDLING & LOSS CONTROL

- a) Does the applicant have a formal, written risk management/loss prevention program?(please provide details, separately if necessary) Yes No
- b) Does the applicant require new employees to participate in a training program that instructs them on all applicable company policies and procedures?..... Yes No
- c) Does the applicant require legal counsel to review all marketing brochures and sales literature? If yes, please provide details, or indicate N/A if not applicable

VI. CREDENTIALING:

- a) Prior to hiring any employee, does the applicant verify:
 - i. Education background and training?..... Yes No
 - ii. Employment references with at least two previous employers?..... Yes No
 - iii. Criminal record, on a Local, State and National scale? (Please indicate which apply)
- b) Does the applicant keep all information on file and verify its completion prior to employment commencement?..... Yes No

VII. INSURED HISTORY - CLAIMS, LOSSES, AND INCIDENTS:

- a) Has any claim or suit for an error, omission or malpractice ever been made against you or your organization or any employees/staff working on your behalf?..... Yes No
If Yes, how many? _____ Complete a copy of our Supplemental Claim form for each
- b) Are you or any organization proposed for this insurance aware of any claim or suit, or any act, error, omission, fact, circumstance, or records request from any attorney which may result in a malpractice, general liability, or products liability claim or suit?..... Yes No
If Yes, has each of these been reported to the current or any prior insurer?..... Yes No
How many? _____ Complete a copy of our Supplemental Claim form for each
- c) Have any incidents, claims, or suits been made, or are you aware of any circumstances which may result in a claim for and alleged sexual abuse and/or molestation?..... Yes No
- d) Has the applicant or any staff: Yes No
 - i. ever been the subject of disciplinary or investigative proceedings or reprimand by a governmental or administrative agency, hospital or professional association?
 - ii. ever been convicted for an act committed in violation of any law or ordinance other than traffic offenses?
 - iii. ever been treated for alcoholism or drug addiction?
 - iv. ever had any state professional license or license to prescribe or dispense narcotics refused, suspended, revoked, renewal refuses or accepted only on special terms or ever voluntarily surrendered same? (If yes, please provide an explanation on any/all incidents)

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL ATTACHMENTS, AND THE MATERIALS SUBMITTED HERewith ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.

THIS APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY.

THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY

WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE

I HAVE READ THE FOREGOING APPLICATION OF INSURANCE AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurer to defraud or attempt to defraud the insurer. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurer or agent of an insurer 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.

DISTRICT OF COLUMBIA: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines and an insurer may deny insurance benefits if false information materially related to a claim made by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

LOUISIANA AND MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurer to defraud the insurer. Penalties may include imprisonment, fines or denial of insurance benefits.

MINNESOTA: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

OKLAHOMA: Any 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.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

NEW YORK AND KENTUCKY: Any person who knowingly and with intent to defraud an insurer or other person files an application for insurance or statement of claims 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. New York applicants are subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation. Pennsylvania applicants are subject to criminal and civil penalties.

Signed: _____.

Date: _____

Print Name: _____

Title: _____

(Owner, Partner, Authorized Officer)

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number. If this **Application** is completed in Iowa or New Hampshire, please provide the Insurance Agent's name and signature only.

Agent's Printed Name: _____

Florida Agent's License Number: _____

Agent's Signature: _____