

Please complete and fax to 1-866-313-9739 Ph: 1-888-411-7679

Applicant Insurance Quote General Questionnaire

Owner(s) Name(s): _____ Doing Business As(DBA): _____
 Mailing Address _____ City _____ CA Zip: _____
 Location Street Address _____ City _____ CA Zip: _____
 Business Phone Number: _____ Business Fax Number: _____
 Email Address: _____ Website Address: _____
 Years at this Location: _____ Years Experience: _____
 Individual Corporation Partnership Joint Venture LLC Federal Tax ID/ SS# Number: _____

DESCRIBE THE BUSINESS OPERATION IN DETAIL INCLUDING A DESCRIPTION OF GOODS OR SERVICES PROVIDED. IF APPLICABLE, INDICATE WHAT PERCENTAGE OF THE OPERATION IS RETAIL, WHOLESALE OR MANUFACTURING:

of Active Owners/Officers/Partners: ___ # of active family members: ___ #of Full Time Employees: ___
 # Part-Time Employees (under 20 hours weekly): _____
 Estimated Annual Payroll (Excluding Owners) Current Year: \$ _____ Owners/Officers Payroll (If any) _____
 Estimated Annual Gross Receipts/Sales/Rental Current Year: \$ _____ Previous Year \$ _____
 Hrs. of Operations: Sat _____ Sun _____ M-F _____
 Number of Loss Payees and Mortgagees: # _____ Number of Additional Insured (Landlord or any other entities)# _____
 Are you involved in any other business operations? Yes No If yes, describe in Remarks
 Do you or others operate any other business on the premises Yes No If yes, describe in Remarks.
 Is a formal safety program in operation? Yes No Are any guard/pet dogs kept on the premises? Yes No
 Do you keep firearms on the premises? Yes No Do you own the Building? Yes No
 Limits of Liability Coverage Requested: \$ _____
 Limits of Property Coverage Requested: Building \$ _____ Content \$ _____ Loss of Income \$ _____
 Limits of other Coverage Requested (Please specify the types of coverage):

PRIOR CARRIER INFORMATION (Explain all "Yes" responses in remarks section)

<u>Policy Period</u>	<u>Insurance Company</u>	<u>Insurance Agency/Broker</u>	<u>Policy Number</u>	
Current Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.

- 1) Any policy or coverage declined, cancelled or non-renewed during the prior 5 years? Yes No
- 2) Any claims or occurrences for the past five years that may give rise to claims? Yes No
- 3) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person or entity on whose behalf you or your business entity has assumed liability?
Yes No
- 4) Have you had any claims, occurrences or losses during the past 5 years? Yes No If yes, please describe in remarks section below.
- 5) Have you ever been adjudged bankrupt or insolvent? Yes No

Remarks:

Tanning Salon Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of applicant: _____

1. Do you conduct any business other than the tanning operation? Yes No If yes, other operations are:

2. What is the area of the premises that you occupy: _____

3. What are the estimated annual gross receipts from the tanning operation? _____

4. Number of tanning units (Only units with UVA-type bulbs are acceptable. UVB bulbs not to exceed 5%): _____

5. Serial numbers of all tanning units:

(1) _____ (4) _____

(2) _____ (5) _____

(3) _____ (6) _____

6. Manufacturer of tanning units: _____

7. Distributor purchased from: _____

8. Installation of units completed by: _____

9. Is all the equipment listed owned by you? Yes No If equipment is leased, provide name and address of owner.

Name: _____ Address: _____

10. Does equipment owner require being named as additional insured? Yes No

11. Do you have any token- or coin-operated timers on any tanning units? Yes No If yes, explain control procedure:

12. Are all timers and controls operated by the attendant? Yes No If no, explain control procedure:

13. Maximum exposure time each session: _____

14. Are timers tested daily? Yes No

15. Are tanning units equipped with low-hazard UVA-type bulbs only? Yes No

16. Is attendant on duty at all times? Yes No

17. Are goggles worn by each customer? Yes No
18. Are tanning units disinfected after each use? Yes No
19. Are waivers signed by each customer? Yes No
20. If customer is under the legal age, is the parent required to also sign waiver? Yes No
21. Are customers advised not to use tanning equipment if pregnant? Yes No
Are signs posted? Yes No
22. Are customers advised to remove contact lenses? Yes No
Are signs posted? Yes No
23. Are customers asked if they are taking medication? Yes No
If yes, is doctor's written approval obtained prior to permitting use of tanning equipment? Yes No
24. If any of the above answers are no, please explain: _____
25. Do you manufacture, blend or mix any product to be sold or provided to your customers? Yes No
26. Do you sell or provide any product with your own label on it? Yes No
27. Are any of the following services provided? If so, please mark "X" next to the ones applicable.
- | | | | |
|---|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Nutrition counseling | <input type="checkbox"/> Hair stylist | <input type="checkbox"/> Facials | <input type="checkbox"/> Nail manicure/sculpting |
| <input type="checkbox"/> Facial tanning | <input type="checkbox"/> Body wax | <input type="checkbox"/> Masseuse | |

I agree to maintain signed waivers, time and usage sheets as permanent records. I also agree to have all customers read and sign a waiver form for use of sun tanning equipment.

(COPIES OF WAIVER FORMS MUST ACCOMPANY THIS APPLICATION.)

APPLICANT'S SIGNATURE _____ Date _____