

Application for Tanning Salon Insurance



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1 Your Details

| | |
|--|--|
| Applicant(s)/Contact(s) | |
| Business name | |
| DBA | |
| Form of legal organization | |
| <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC | |
| Email address | |
| Phone number | |
| Mailing address | |
| | |
| Physical address | |
| | |
| Physical address county | |
| How many locations do you have? | (attach supplemental if more than one) |
| Gross sales last 12 months \$ | |

2 Your Liability Coverage

| | |
|--|--|
| Coverage effective date | |
| General liability limit: \$1,000,000 (per occurrence) | |
| Professional liability limit requested (per occurrence) | |
| <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$1,000,000 | |
| Double the aggregate limit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>By default, the aggregate limit is equal to the general and professional limits you selected above. By checking Yes you elect to double your aggregate limit for a fee.</i> | |
| Explain any other services or businesses in addition to your salon | |
| | |
| How many independent contractors do you have? | |

3 Additional Insured/Loss Payees

| | |
|---|--|
| Name | |
| Address | |
| <input type="checkbox"/> Additional Insured <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lender's Loss Payee | |
| Name | |
| Address | |
| <input type="checkbox"/> Additional Insured <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lender's Loss Payee | |
| Name | |
| Address | |
| <input type="checkbox"/> Additional Insured <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lender's Loss Payee | |

5 Business Safety & Discount Qualification Questions

- If applicable, please provide the name of your current insurance carrier:
- Have you had any claims in the past five years? ☐ Yes ☐ No (loss runs from your current carrier required regardless of claim history)
- How many years in management do you have in the salon/spa business? If no management experience, list any previous involvement in salon/spa businesses:
- Have you been certified by an association that regularly provides safety training? ☐ Yes ☐ No (if yes, attach certificate)
- If you are a member of a safety group, please list the name of the group:
- Does your equipment comply with and are you aware of all requirements of the Federal and State regulatory agencies? ☐ Yes ☐ No
- Are any of your tanning units classified as quartz, high pressure, or high intensity? ☐ Yes ☐ No
- Are all tanning units controlled by a central timing device or the timer is located outside the tanning room? ☐ Yes ☐ No
- Is all equipment attached to water equipped with a water shut-off valve or equivalent? ☐ Yes ☐ No ☐ N/A
- Do you sanitize your tanning units and/or other body contact equipment after each use? ☐ Yes ☐ No
- Do you require tanners to wear protective eyewear? ☐ Yes ☐ No
- Is your salon monitored by you or a trained employee during all business hours? ☐ Yes ☐ No

4 Your Services

Please list the total number of each service at all locations including booth renters/independent operators.

| | |
|---|--|
| UV tanning (# units) | |
| Spray tanning booths (# units) | |
| Aerobic Instructors (on site only) | |
| Airbrush Tanning (# units) | |
| Cosmetologist I (covers: any hair and/or nail services) | |
| Cosmetologist II (covers: hair, nails, cosmetic facials & facial waxing) | |
| Nutritional Supplements describe: | |
| Ear Piercing (no body piercing) | |
| Esthetician I (covers: skin care, waxing/sugaring, body wrap, endo-thermology, aromatherapy, muscle electrostimulation, & lymphatic drainage) | |
| Esthetician II (covers: Esthetician I plus electrolysis & microdermabrasion) | |
| Esthetician III (covers: Esthetician II plus chemical peels under 30% acidity) | |
| Facial Tanning Units (separate from tanning units) | |
| Infrared Body Wrap | |
| Hydrotherapy (aqua massage, whirlpool, sauna, vichy shower) | |
| LED Light Therapy (certification required) | |
| Massage Therapist <input type="checkbox"/> Trained for pregnancy massage? | |
| Nutritional Counselors (those who recommend and set up diets) | |
| Oxygen Bar (# of generators) | |
| Permanent Makeup (special limits/rates apply) | |
| Passive Exercise Equipment (free weights excluded) | |
| Personal Trainer (on site only) | |
| Pulse Light Therapy (certification required) | |
| Red Light Therapy | |
| Teeth Whitening (LED) specify brand: | |
| Other: | |

Do any independent contractors need coverage?
(if not, they must be insured and you must provide proof of their coverage)

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5 Business Safety & Discount Qualification Questions (continued)

13. Are the work areas where acrylics are used well ventilated? ☐ Yes ☐ No ☐ N/A
14. Are all employees instructed in first aid to potential eye contamination by chemicals? ☐ Yes ☐ No
15. Are toxic chemicals stored away from the access of customers? ☐ Yes ☐ No
16. Do you provide on site child care for customers or employees? (not a covered hazard) ☐ Yes ☐ No
17. If your clients operate any exercise equipment, are they instructed and monitored? ☐ Yes ☐ No ☐ N/A
18. If your business is located in a private residence, is there a separate entrance? ☐ Yes ☐ No ☐ N/A
19. Do you manufacture or repackage any product? ☐ Yes ☐ No
20. Do you private label any product? ☐ Yes ☐ No (if yes, describe & attach manufacturer insurance) _____
21. Do you offer infrared body wraps? ☐ Yes ☐ No
22. It is a requirement that you use and save as a permanent record, a hazard disclosure and personal injury disclaimer or waiver for each customer for all services performed. Do you use these forms? ☐ Yes ☐ No
23. Do you sell products online? ☐ Yes ☐ No (if yes, enter gross sales in the last twelve months) _____

6 About Your Property

Construction type (select one)

☐ Frame(wood) ☐ Masonry non-combustible (concrete)

☐ Joisted masonry(brick) ☐ Non-combustible (steel)

☐ Fire resistive(rating of at least 2 hours)

Building type (select one)

☐ Free standing ☐ Strip mall ☐ Enclosed mall ☐ Residence

Age of building _____ # of stories _____ Square Footage _____

Fire/Burglar protection (select all that apply)

☐ Sprinkler ☐ Central Station Burglar Alarm

☐ Central Station Fire Alarm

Building Improvements (if older than 25 years)

Wiring year _____ Roofing year _____

Plumbing year _____ Heating/Cooling year _____

Describe any other businesses or occupants in this building

Is your local fire service full time? ☐ Yes ☐ No

Describe any property losses in the past three years

7 Property Limits

Do you own or rent? ☐ Owner ☐ Tenant

Is your business inside the city limits? ☐ Yes ☐ No

Building coverage (if you own) _____

Business personal property (contents) _____

Replacement cost on equipment, inventory, fixtures, and your building improvements

Loss of business income _____

Outdoor signs _____

Plate Glass coverage _____

Property Qualification Questions

Does your building have aluminum and/or knob-and-tube wiring?

☐ Yes ☐ No

Do you agree to maintain smoke detectors and fire extinguishers in accordance with NFPA guidelines? ☐ Yes ☐ No

Are you responsible for tenant improvements? (A/C, furnace, etc) ☐ Yes ☐ No If so, enter amount: _____

8 IMPORTANT - ACTION REQUIRED

- Coverage is not effective until the application is approved and payment or payment arrangements received.
- In order to bind, you must provide proof of any other insurance company covering any operation that you conduct on your premises that we are not covering.
- You must attach a copy of the personal injury waiver and medication disclosure card that your customers sign before they use your facility.
- If you offer spray tanning, your waiver must list the FDA recommendations regarding ingestion/inhalation.
- If issued, this policy will cover only those operations for which a premium is charged or designated as "Included" in the schedule of insured hazards.

9 Acknowledgement & Signature

I acknowledge that any insurance provided as a result of acceptance of this application has been placed with an insurer that is not licensed by the state and therefore not protected by any state guaranty fund. In case of insolvency, payment of claims may not be guaranteed. If I have elected to pay my insurance premium by installment, I appoint Insurtec, Inc. as attorney-in-fact to cancel my policy if I fail to pay any scheduled installment or late charge. Coverage is not effective until the application is approved and payment or payment arrangements received. I warrant that all statements I have made on this application are true to the best of my knowledge.

Your Business Name: _____ **Date:** _____

Your Signature: _____

If written, this policy does not provide coverage for worker's compensation or flood