



Blackmoor General Insurance Agency
Ph: 267-495-2361 Fax: 267-495-2400 Email: quote@blackmooragency.com

Tanning Salon Application

A. APPLICANT INFORMATION

EFFECTIVE DATE: _____

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ WEBSITE: _____

TERM: _____ YEARS IN BUSINESS: _____ NEW VENTURE: YES NO

INDIVIDUAL CORPORATION PARTNERSHIP OTHER (EXPLAIN) _____

LOCATION OF PREMISES: _____

B. GENERAL LIABILITY

1. LIMITS OF INSURANCE REQUESTED

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS – COMPLETED OPERATIONS)	\$	_____
PRODUCTS COMPLETED OEPRATIONS AGGREGATE LIMIT	\$	_____
PERSONAL AND ADVERTISING INJURY LIMIT	\$	_____
EACH OCCURRENCE LIMIT	\$	_____
DAMAGE TO PREMISES RENTED	\$	_____
MEDICAL EXPENSE LIMIT	\$	_____
PROFESSIONAL LIMIT OF LIABILITY (IF APPLICABLE)	\$	_____

C. PRIOR CARRIER INFORMATION

INSURANCE COMPANY	POLICY PERIOD	LIMITS OF LIABILITY	PREMIUM	OCCURRENCE COVERAGE	TYPE OF COVERAGE	ANY LOSSES
				YES/NO		YES/NO
				YES/NO		YES/NO
				YES/NO		YES/NO

2. PROVIDE THE NUMBER OF THE FOLLOWING PERSONNEL

PARTNERS, OWNERS, OFFICERS	FULL-TME STAFF	PART TIME	OTHER: EXPLAIN

3. IS APPLICANT ENGAGED IN, OWNED BY, ASSOCIATED WITH OR INVOLVED IN ANOTHER ENTERPRISE? YES NO IF YES, PROVIDE DETAILS: _____
4. PROVIDE DETAILS OF LICENSING OR CERTIFICATION NEEDED FOR THIS OPERATOR. _____
5. DAYS AND HOURS OF OPERATION: _____
6. ANNUAL GROSS RECEIPTS? _____ PRIOR YEARS RECEIPTS _____
7. DURING THE PAST (3) YEARS, HAVE ANY CLAIMS BEEN PRESENTED TO YOUR CURRENT OR PRIOR INSURANCE CARRIER? IF YES, PROVIDE FULL DETAILS: _____
8. IS THE APPLICANT, OR ANY OTHER PERSON FOR WHOM INSURANCE IS BEING PROVIDED, AWARE OF ANY CIRCUMSTANCE WHICH MAY RESULT IN A CLAIM? IF YES, PROVIDE DETAILS : _____
9. HAS APPLICANT OR ANY OTHER PERSON FOR WHOM COVERAGE IS BEING REQUESTED, HAD ANY LIABILITY APPLICATION DENIED, CANCELLED OR NON-RENEWED IN THE PAST (3) THREE YEARS? IF YES, PROVIDE DETAILS : _____
10. IS THIS OPERATION LOCATED IN ONE OF THE FOLLOWING: (CHECK ONE) BEAUTY SALON BARBER SHOP
 HOTEL/MOTEL HEALTH/FITNESS CLUB OTHER _____
11. ARE YOU THE SOLE OCCUPANT OF THE SPACE? YES NO IF NOT, SQUARE FOOTAGE _____
- 12.

ULTRAVIOLET LAMPS CURRENTLY INSTALLED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PERCENTAGE OF UVA BULBS? _____% PERCENTAGE OF UVB BULBS? _____%		
NUMBER OF BEDS _____ NUMBER OF FACIAL TANNERS? _____		
UL APPROVED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE PROTECTIVE COVERS OVER THE UV LAMP TO PREVENT ACCIDENTAL BURNS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ALL TIMERS TESTED DAILY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE TIMERS CONTROLLED BY EMPLOYEES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CAN PATRONS SET TIMERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE CUTOFF SWITCHES AVAILABLE FOR CUSTOMERS TO USE IN AN EMERGENCY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE GOGGLES REQUIRED AND PROVIDED FOR ALL USERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE THERE SIGNS INSIDE AND OUTSIDE OF BOOTHS INSTRUCTING ON USE OF GOGGLES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE BOOTHS COIN OPERATED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE BEDS/BOOTHS THOROUGHLY DISINFECTED AFTER EACH USE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO MINORS NEED SIGNED PARENTAL CONSENT TO USE FACILITY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE BOOTHS RENTED TO OR FROM YOU	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE ALL EMPLOYEES RECEIVED TRAINING IN USE OF TIMERS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE PATRONS REQUIRED TO SIGN A WAIVER OR RELEASE PRIOR TO USING (<u>ATTACH COPY</u>)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS THE FOLLOWING WORDING HANGING IN A VISABLE AREA TO PATRONS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

F.D.A Requirement – Danger – Ultraviolet Radiation. Follow All Instructions. As With Natural Sunlight, Overexposure May Cause Premature Aging Of The Skin And Skin Cancer. Medications Or Cosmetics Applied To The Skin May Increase Your Sensitivity To Ultraviolet Light. Consult Your Physician Before Entering Booth, If Taking Medication Or If You believe Yourself Especially Sensitive To Sunlight

13. LIST ALL PRODUCTS SOLD TO THE PUBLIC INCLUDING NAME OF MANUFACTURER AND GROSS RECEIPTS NONE

NAME OF PRODUCT	\$	GROSS ANNUAL RECEIPTS
	\$	
	\$	
	\$	

14. DESCRIBE ANY OTHER SERVICES:

D. PROPERTY

1. IS PROPERTY PROHIBITED IN OUR COASTAL GUIDELINES? YES NO
2. CAUSE OF LOSS BASIC BROAD SPECIAL
3. CONSTRUCTION _____ PROTECTION CLASS _____ SQUARE FEET _____ BUILDING AGE _____
- 4.

COVERAGE DESIRED	LIMIT	RC/ACV	CO-INS / INDEMNITY	DEDUCTIBLE (MIN \$500)
BULDING				
BUSINESS PROPERTY				
BUSINESS INCOME				

5. LOSS PAYEE: _____
6. MORTGAGEE: _____

APPLICANT SIGNATURE: _____ DATE: _____
 PRODUCER NAME: _____
 ADDRESS: _____