



Boston Insurance Specialists, Inc.

800 South Main Street, Suite 101, Mansfield, MA 02048

Phone: 800.784.1887, Fax: 508.337.3698

Tanning Salon Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

Location Address: _____

1. Does applicant 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: _____

5. Number of spray-on tanning booths: _____

6. Serial numbers of all tanning units:

(1) _____ (4) _____

(2) _____ (5) _____

(3) _____ (6) _____

7. Manufacturer of tanning units: _____

8. Do all tanning units carry Underwriters Laboratory approval? Yes No

9. Name of distributor tanning units purchased from: _____

10. Installation of units completed by: _____

11. Does applicant provide mobile tanning services? Yes No

If yes, provide details: _____

12. Are all tanning units listed owned by the applicant? Yes No

If no, provide name and address of owner:

Name: _____

Address: _____

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

If yes, is equipment owner the manufacturer or distributor of the equipment? Yes No



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14. Does applicant have any token- or coin-operated timers on any tanning units?..... Yes No

If yes, explain control procedure: _____

15. Are all timers and controls operated by the attendant?..... Yes No

If no, explain control procedure: _____

16. Maximum exposure time each session: _____

17. Are timers tested daily?..... Yes No

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

If no, explain: _____

19. Are goggles required to be worn by each customer? Yes No

20. Are tanning units disinfected after each use? Yes No

21. Are waivers signed by each customer?..... Yes No

If yes, do waivers show schedules/times of exposure?..... Yes No

22. If customer is under the legal age, is the parent required to also sign waiver?..... Yes No

23. Are signs posted prohibiting tanning while pregnant?..... Yes No

24. Are signs posted prohibiting tanning while on medication?..... Yes No

25. Are customers advised to remove contact lenses? Yes No

Are signs posted? Yes No

26. Does applicant manufacture, blend, repackage or mix any product to be sold or provided to customers? Yes No

27. Does applicant sell or provide any product with the applicant's own label on it?..... Yes No

28. Indicate which of the following services are provided?

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Body piercing | <input type="checkbox"/> Electrolysis | <input type="checkbox"/> Masseur | <input type="checkbox"/> Nutrition counseling |
| <input type="checkbox"/> Body wax | <input type="checkbox"/> Facials | <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Red light therapy |
| <input type="checkbox"/> Body wraps, other than herbal | <input type="checkbox"/> Hair stylist | <input type="checkbox"/> Nail manicure/sculpting | <input type="checkbox"/> Tattooing |
| <input type="checkbox"/> Chemical peels | <input type="checkbox"/> Other _____ | | |

29. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No

If yes, describe: _____

30. Does applicant have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

(COPIES OF WAIVER FORMS MUST ACCOMPANY THIS APPLICATION.)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.



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FRAUD WARNING: 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. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

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

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: 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.

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

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (Applicable in Tennessee, Virginia and Washington): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



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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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.