

Application for Tanning Salon Insurance



info@insurtecinc.com | Phone: (800) 606-0621 | www.insurtecinc.com | PO Box 25, Rich Hill, MO 64779

1 Your Details

Applicant(s)/Contact(s)

Business name

DBA

Form of legal organization
 Proprietorship Partnership Corporation LLC

Email address

Phone number

Full mailing address

Full physical address

Physical address county

How many locations do you have?
(attach supplemental application if more than one)

2 Your Liability Coverage

Coverage effective date

General liability limit requested (per occurrence)
 \$100,000 \$300,000 \$500,000 \$1,000,000 \$2,000,000

Professional liability limit requested (per occurrence)*
 \$100,000 \$300,000 \$500,000 \$1,000,000
**Professional liability can be lower but not higher than general liability. Some limits may not be available in all programs.*

Double the aggregate limit? Yes No
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.

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

Additional Insured Loss Payee Both Other

Name

Address

Additional Insured Loss Payee Both Other

5 Business Safety & Discount Qualification Questions

1. If applicable, please provide the name of your current insurance carrier:
2. If any liability claims have been made against you or paid in the last 5 years, please describe:
3. 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:
4. Have you been certified by an association that regularly provides safety training? Yes No (if yes, attach certificate)
5. If you are a member of a safety group, please list the name of the group:
6. Does your equipment comply with and are you aware of all requirements of the Federal and State regulatory agencies? Yes No
7. Are any of your tanning units classified as quartz, high pressure, or high intensity? Yes No
8. Are all tanning units controlled by a central timing device or the timer is located outside the tanning room? Yes No
9. Is all equipment attached to water equipped with a water shut-off valve or equivalent? Yes No N/A
10. Do you sanitize your tanning units and/or other body contact equipment after each use? Yes No
11. Do you require tanners to wear protective eyewear? Yes No
12. 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 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)

Other:

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

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

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

7 Property Limits

- Building coverage (if you own) _____
- Business personal property (contents) _____
- Replacement cost on equipment, inventory, fixtures, and your building improvements - 90% co-insurance*
- Subject to water damage sub-limit*
- The coverages below are included at no additional charge. Indicate if you would like more coverage.
- Loss of business income _____
- Amount included is 25% of business personal property*
- Outdoor signs _____
- Amount included is 10% of business personal property*
- Glass coverage _____
- Amount included is \$2,500*
- \$1,000 property deductible included or choose
- \$500 \$1,500 \$2,500

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 insurance on a "Surplus Lines" basis in my State and in the domicile State of the Master Policy. Surplus Lines insurers are not covered by any State will be provided by an insurance company eligible to provide sponsored guaranty fund. I desire to become eligible to procure insurance through Healthy Look Professionals, Inc. (HLP). If I have elected to pay my insurance premium by installment, I appoint Insurtec, Inc., agent of HLP, 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