

**HEALTH & WELLNESS – TANNING SALON APPLICATION**

Brokerage:	Producer name:	
Broker telephone:	Broker fax #:	Target Premium: \$
Broker email:	Are you the present Broker on file? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**GENERAL INFORMATION**

Legal Business Name: \_\_\_\_\_

Location Address:	City:	Province:	Postal:
Mailing (if different):	City:	Province:	Postal:
Contact Person:	E-mail:		
Phone #:	Fax #	Res. #	Cell #

Web Page: \_\_\_\_\_

Expiry Date of Policy: \_\_\_\_\_ Risk Ever Been Canceled:  YES  NO

Current Insurance Company: \_\_\_\_\_

# of years in business?	# of part time?	# of year's experience?
# of full time employees?		
Claims last 5 years?		<input type="checkbox"/> YES <input type="checkbox"/> NO

If yes, please advise, year, type of loss and payout/reserve: \_\_\_\_\_

**PROPERTY INFORMATION**

Describe your location (Two storey, strip plaza, shopping mall, etc.): \_\_\_\_\_ No. of Stories: \_\_\_\_\_

**CONSTRUCTION OF BUILDING:**

Do you own the building? <input type="checkbox"/> YES <input type="checkbox"/> NO	Total Area of Building? _____ Ft	Total Area of your Facility: _____ Ft
The Building Age: _____	Latest Update: Roof _____	Plumbing _____ Electric _____
Fire Hydrants within 500 Feet? <input type="checkbox"/> YES <input type="checkbox"/> NO	Restaurant within 2 adjacent units: <input type="checkbox"/> YES <input type="checkbox"/> NO	Monitored Alarm System? <input type="checkbox"/> YES <input type="checkbox"/> NO
Building Sprinklered? <input type="checkbox"/> YES <input type="checkbox"/> NO	Fire Alarm? <input type="checkbox"/> YES <input type="checkbox"/> NO	# of Fire Extinguishers: _____
Local Alarm System? <input type="checkbox"/> YES <input type="checkbox"/> NO	Any Smoking on Premise? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Surveillance System? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Doors have deadbolts? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Bars on Doors/Windows? <input type="checkbox"/> YES <input type="checkbox"/> NO		
What is at - Front: _____	Back: _____	Left: _____ Right: _____

**"PROPERTY VALUES" (IF YOU HAD TO REPLACE THE FOLLOWING ITEMS TODAY)**

Building (if required) \$ _____	Equipment \$ _____	Leasehold Improvements \$ _____
Lotion \$ _____	Jewelry \$ _____	Other Stock \$ _____

(\*Tanning Studio leasehold improvement rebuilding values are usually around \$35 per square foot. Most leases state that the lessee must insure all improvements including any completed previous to the signing agreement.)

**LOSS PAYEE INFORMATION** (loan from bank for equipment or mortgage):

**LIABILITY INFORMATION**

Liability Limits Desired:  \$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000

Esthetic Receipts \$ _____	Tanning Receipts \$ _____
Swimwear Clothing Receipts \$ _____	Lotion Receipts \$ _____
Jean Clothing Receipts \$ _____	Other Misc. Receipts \$ _____
<b>Anticipated Total Yearly Gross Receipts From the Above Totals \$ _____</b>	

<u>EQUIPMENT INFORMATION</u>	# of Units	Type of Timer (digital, coin, token, manual, etc.)
BEDS		
BOOTHES		
SPRAY BOOTHS		
AIR BRUSH		
Average Age of Beds?	Average Age of Booths?	Who Changes the Bulbs?

- Is there any Massage offered?  YES  NO
- Are Clients Given Tanning Instructions?  YES  NO
- Do ALL Client Sign Waivers?  YES  NO
- Do ALL Clients Complete Skin Analysis?  YES  NO
- Do Any Beds Operate by Tokens?  YES  NO
- Do Any Beds Operate by Coins?  YES  NO
- Are Clients Required to Wear Goggles?  YES  NO
- Are Signs Posted to Wear Goggles?  YES  NO
- Does the Sign in Sheet that clients initial prior to each session state that "Clients Must Wear Eye Goggles"?  YES  NO

**TANNING OPERATIONS:**

- Are the Tanning Staff Smart Tan or Equivalently Certified?  YES  NO
- Is Equipment Inspected and Cleaned After Each Use?  YES  NO
- Who Sets the Amount of Time a Client is Able to Tan on Each Bed?  CLIENT or  STAFF
- Where is the Timer Located, which sets the Amount of Time a Client Can Tan?  FRONT DESK or  BED
- Are Tanning Sessions and Waiver Records Saved and Filed for NO Less Than 2 Years?  YES  NO
- Is the Tanning Salon Listed as a Full Member of Smart Tan Canada?  YES  NO
- So the insured does not have to send us a copy of all Smart Tan certifications and a copy of their Membership - - -  
**Please check "YES" so that we can confirm this information with Smart Tan Canada**  
**(Premium advantages if each salon location is listed as a Smart Tan Member – Ask us if salons are not members)**  YES  NO
- Do you rent space to others within your unit?  YES  NO
- If yes, do they list you as an additional insured?  YES  NO
- If yes, please advise name of lessee:

**ADDITIONAL INSUREDS** (i.e. landlord)

**\*\*NOTE:** A certificate of insurance MUST be provided to the TANNING SALON OWNER if there are any other operations offered by others within the TANNING STUDIO.

**\*\* CYBER LIABILITY \*\***

- Does the Company store any medical/health information for clients?  YES  NO
- If yes, does the Company follow the minimum standards under the HIPAA (encryption and firewalls in place)?  YES  NO
- If yes, does the Company follow the minimum standards under PIPEDA or the respective PIPA requirements (encryption and firewalls in place)?  YES  NO

**PLEASE READ BEFORE SIGNING:** A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

**NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.**

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

**\*\* Email application and attachments to - [newbizcommercial@premiergroup.ca](mailto:newbizcommercial@premiergroup.ca) \*\***

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