

HEALTH & WELLNESS – TANNING SALON APPLICATION

Brokerage: _____ Producer name: _____
 Broker telephone: _____ Broker fax #: _____ Target Premium: \$ _____
 Broker email: _____ Are you the present Broker on file? YES 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? YES 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? YES 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? YES NO Restaurant within 2 adjacent units: YES NO
 Building Sprinklered? YES NO Monitored Alarm System? YES NO
 Local Alarm System? YES NO Fire Alarm? YES NO
 Surveillance System? YES NO # of Fire Extinguishers: _____
 Doors have deadbolts? YES NO Any Smoking on Premise? YES NO
 Bars on Doors/Windows? YES 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	\$ _____
Anticipated Total Yearly Gross Receipts From the Above Totals \$ _____			

<u>EQUIPMENT INFORMATION</u>	# of Units	Type of Timer (digital, coin, token, manual, etc.)
BEDS		
BOOTHS		
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

DECLARATION / CONSENT

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 ****

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