

**HEALTH & WELLNESS – SUPPLEMENTARY TANNING SALON APPLICATION**

**LIABILITY INFORMATION – Limits will be the same as the main operations that you have provided.**

EQUIPMENT INFORMATION	Age	# of Units	Type of Timer (digital, coin, token, manual, etc.)
BEDS			
BOOTHES			
SPRAY BOOTHS			
AIR BRUSH			

Who Changes the Bulbs? \_\_\_\_\_

Do all client sign waivers?  YES  NO      Are clients given tanning instructions?  YES  NO

Do any beds operate by tokens/coins?  YES  NO      Do all clients complete skin analysis?  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

Are the Tanning Staff Smart Tan or Equivalent 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 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

Please check "YES" so that we can confirm this information with Smart Tan Canada  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: \_\_\_\_\_

**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.**

Printed Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Applicant's 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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