

TANNING SALON APPLICATION

Trothen & McConkey Insurance
 Phone: 1-519-672-3224 Toll Free 1-888-346-6602 Fax: 1-519-439-8865
 e-mail – info@sportsfitnesscanada.com

Brokerage Name:					
Broker Telephone:		E-mail:			
Business Name:					
Location Address:					
	City:	Prov.:	P.C.:		
Mailing Address:					
	City:	Prov.:	P.C.:		
Owner/Operator:		Bus. #:		Fax:	
Email:		Cell #:		Res.#:	
Alternate Contact:		Phone:		Email:	
Website:					
Current Insurance Company: _____			Expiry Date of Current Policy: _____		
Retroactive Date of Any Claims Made Policy: _____			Target Premium: _____		
Number of years in business? _____		Have you ever been cancelled for nonpayment?			_____

LIABILITY INFORMATION

Liability Limit Requested: \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

ANNUAL RECEIPTS:

Tanning	\$ _____	Esthetics/Hair/Massage	\$ _____	Jewelry	\$ _____
Lotion	\$ _____	Clothing	\$ _____	Other	\$ _____
TOTAL GROSS ANNUAL RECEIPTS:		\$ _____			

BEDS/BOOTHES: (Use another page if necessary)

Beds	#	Booths	#	Spray Booths	#	Air Brush Units	#
Make	Model		Model Year		Replacement Cost (CAD)		
e.g. Uvalux - Ergoline		ERG-Affinity 600		2014		\$22,000	
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	

DESCRIPTION OF OPERATIONS

Are you a full member of SmartTan Association (or other tanning association)?	_____
Are all staff trained or certified through SmartTan or equivalent certifying body?	_____
Are clients given tanning instruction?	_____
Are goggles supplied and required to be used?	_____
Is touching of clients allowed by staff?	_____
Minimum time allowed between tans/client: _____	_____
Where are timing controls located? _____	_____
Do electricians service the equipment?	_____
Average age of beds: _____ yrs	_____
Are beds/Booths protected by ground fault interrupted (GFI) circuits?	_____
Minimum age of tanning clients: _____	_____
Do you complete a skin analysis for every client?	_____
Are beds cleaned after every use?	_____
Do all clients sign waivers?	_____
Who sets timers? _____	_____
Are any beds coin operated?	_____
Outside dryer vents cleaned at least every 6 months?	_____

ADDITIONAL OPERATIONS

Massage	<input type="checkbox"/>	Lashes (lift/perming)	<input type="checkbox"/>	Lashes (tinting/extensions)	<input type="checkbox"/>
Facials / Make Up	<input type="checkbox"/>	Waxing/Sugaring	<input type="checkbox"/>	Ear Piercing	<input type="checkbox"/>
Manicure/Pedicure	<input type="checkbox"/>	Nails (Gel/Acrylic)	<input type="checkbox"/>	Product Sales	<input type="checkbox"/>
Other Services:					

TANNING SALON APPLICATION

Trothen & McConkey Insurance
 Phone: 1-519-672-3224 Toll Free 1-888-346-6602 Fax: 1-519-439-8865
[e-mail – info@sportsfitnesscanada.com](mailto:info@sportsfitnesscanada.com)

ADDITIONS TO THE POLICY
ADDITIONAL INSURED: (Provide full name, address and interest in the policy * i.e. Landlord, contractor, etc.)
1.
2.
LOSS PAYEE: (Provide full name, address and interest in the policy * i.e. leasing co., mortgagee, etc.)
1.
2.

CLAIMS HISTORY		
Has the <u>company</u> &/or <u>staff</u> had claims against them in last 5 years? <u> </u> , If yes please list details:		
Date of Loss	Loss Details	Amount Paid/Reserve

I understand and agree that any policy issued will be based upon the information contained in the application and any related forms and correspondence. I understand that any forms or other material submitted with the application constitute part of my application for insurance. I further understand and agree that any misrepresentation or failure to provide true and accurate information may result in the voiding of and/or denial of claims under any policy issued at the option of the company.

By submitting this application and any related forms to **Sports & Fitness Insurance Canada**, you provide **Trothen & McConkey Insurance Broker Ltd.** with your consent to the collection, use and disclosure of your personal information, including that previously collected, for the purpose of: communicating with you; assessing your application for insurance and underwriting your policies; evaluating claims; detecting and preventing fraud; analyzing business results; and acting as required or authorized by law.

Applicant: **Signature:** _____ **Title:** _____ **Date:** _____