



# TANNING SALON APPLICATION

PLEASE ANSWER ALL QUESTIONS  
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. **Company Name:** \_\_\_\_\_

2. **Mailing Address:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_ **Owners:** \_\_\_\_\_

Corporation     Partnership     Individual     Other: \_\_\_\_\_

3. In business since: \_\_\_\_\_ Experience in this field: \_\_\_\_\_

If new to this field, did the salon exist before? \_\_\_\_\_

4. Receipts:	Tanning Treatments	Products	Other	TOTAL
	\$ _____	\$ _____	\$ _____	\$ _____

a) List of products sold by the Insured:  
\_\_\_\_\_

b) Indicate number of:                      Full Time employees: \_\_\_\_\_                      Part Time employees: \_\_\_\_\_

Describe training provided: \_\_\_\_\_

Are all employees covered under WSIB?                       Yes     No  
If No, please list numbers by job description and estimated payroll:

Total Payroll:    \$ \_\_\_\_\_                      Number of Employees: \_\_\_\_\_

c) Suntanning Units:

# of Units	Lie Down or Stand Up	Incl. Facial Tanner?	Year Constr.	Manufacturer	# of Tubes	Years of Useful Life

# of Units	Spray Booth for Cosmetic Tanning	Year Constr.	Manufacturer	Years of Useful Life

Do units have a blue protective filter?  Yes  No

Does the applicant use medical tubes?  Yes  No

Types of rays used: \_\_\_\_\_

Are there any special tanning equipment used (i.e. facial only)?  Yes  No

If so, please describe:

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d) Maintenance:

What type of maintenance contract do they have? Ex. Manufacturer, electrician, etc.:

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How often are bulbs checked: \_\_\_\_\_

How often are they changed? \_\_\_\_\_

Are beds cleaned after each session?  Yes  No

Are beds cleaned with a proper germicide?  Yes  No

Is bed base plexiglass cracked?  Yes  No

Are protective goggles disinfected after each session?  Yes  No

e) Safety Procedures:

Is there a mandatory goggle policy in effect?

Yes  No

Are units equipped with an emergency stop button?

Yes  No

Does a computer control the starting time and finishing time

Yes  No

Is there a time switch at the reception desk?

Yes  No

Is there a physical barrier to protect neon tubes in covers?

Yes  No

If so, is it damaged?

Yes  No

Maximum duration of a session: \_\_\_\_\_ minutes

Is there a chart of recommended exposure time and types of skin posted?

Yes  No

f) Does the applicant fill out a customer's record/medical form?  
If so, please attach a copy.

Yes  No

g) Does the applicant have customers sign a waiver?  
If so, please attach a copy.

Yes  No

h) Does the applicant have coin-operated machines?

Yes  No

i) Any other operations (i.e. massage therapists, hairdressers, beauticians, etc.)?  
If so, please state:

Yes  No

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j) Are the premises shared with other occupants?  
If so, who are they:

Yes  No

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Do they have their own insurance?

Yes  No

5. Are independent contractors used for any operations?  
If so, please specify receipts and activity:

Yes  No

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Is proof of insurance obtained from contractor?  
If No, please explain:

Yes  No

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If Yes, please provide what limits they are required to provide: \$ \_\_\_\_\_

6. Does Applicant have any agreements assuming liability?  Yes  No  
 If so, please describe and provide copies:

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7. **Claims History**

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you?  Yes  No  
 If Yes, give details:

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8. Does Applicant presently carry insurance?  Yes  No

a) If Yes, present Insurer: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Is present insurance Claims Made?  Yes  No  
 If "yes", state retrodate: \_\_\_\_\_

b) Are they willing to renew?  Yes  No  
 If No, please explain:

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c) Does the policy cover all operations of the Insured?  Yes  No  
 If No, please describe:

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9. **Non-Owned Automobile**

Number of employees using their cars on company business: Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_

Estimated annual cost of:

hired cars \_\_\_\_\_ cars operated under contract \_\_\_\_\_

10. **Accident Prevention and First Aid**

Are employees trained in first aid?  Yes  No  
If Yes, please describe:

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Fire alarm – other warning systems: \_\_\_\_\_

Is there a security officer or are there loss prevention engineers employed?  Yes  No

11. Please indicate limit(s) of liability required: \_\_\_\_\_

Proposed effective date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.**

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Signature of Applicant (authorized representative)

Date

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**