

Toronto Office: 18 King St. E., Suite 300 Toronto, ON M5C 1C4
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8
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APPLICATION – TANNING SALON

1. GENERAL INFORMATION

Company Name: _____

Mailing Address: Street _____

City _____

Province _____ Postal code _____

Website: _____

Owners: _____

Phone: _____ Email: _____

Corporation Partnership Individual Other: _____

2. IN BUSINESS SINCE: _____

Experience in this field: _____

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

3. RECEIPTS:

Tanning Treatments: \$ _____

Products: \$ _____

Other: _____ \$ _____

TOTAL: \$ _____

4. LIST OF PRODUCTS SOLD BY THE INSURED:

5. EMPLOYEE INFORMATION

a) Number of full time employees: _____ Part Time employees: _____

b) Describe training provided:

c) Are all employees covered under WSIB? Yes No

If No, please list numbers by job description and estimated payroll:

d) Total Payroll: \$ _____ Number of Employees: _____

6. SUNTANNING UNITS:

a)

NUMBER OF UNITS	LIE DOWN OR STAND UP	INCL. FACIAL TANNER?	YEAR CONSTR.	MANUFACTURER	NUMBER OF TUBES	YEARS OF USEFUL LIFE
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				

b)

NUMBER OF UNITS	SPRAY BOOTH FOR COSMETIC TANNING	YEAR CONSTR.	MANUFACTURER	NUMBER OF TUBES	YEARS OF USEFUL LIFE

c) Do units have a blue protective filter? Yes No

d) Does the applicant use medical tubes? Yes No

e) Types of rays used: _____

f) Are there any special tanning equipment used (i.e. facial only)?

Yes No If Yes, please describe:

7. MAINTENANCE:

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

b) How often are bulbs checked? _____

How often are they changed? _____

c) Are beds cleaned after each session? Yes No

d) Are beds cleaned with a proper germicide? Yes No

e) Is bed base plexiglass cracked? Yes No

f) Are protective goggles disinfected after each session? Yes No

8. SAFETY PROCEDURES:

a) Is there a mandatory goggle policy in effect? Yes No

b) Are units equipped with an emergency stop button? Yes No

c) Does a computer control the starting time and finishing time? Yes No

d) Is there a time switch at the reception desk? Yes No

e) Is there a physical barrier to protect neon tubes in covers? Yes No

f) If so, is it damaged? Yes No

g) Maximum duration of a session: _____ minutes

h) Is there a chart of recommended exposure time and types of skin posted? Yes No

i) Does the applicant fill out a customer's record/medical form? Yes No
If Yes, please attach a copy.

j) Does the applicant have customers sign a waiver? Yes No
If Yes, please attach a copy.

k) Does the applicant have coin-operated machines? Yes No

9. ANY OTHER OPERATIONS (i.e. massage therapists, hairdressers, beauticians, etc.)?

If so, please state: _____

10. ARE THE PREMISES SHARED WITH OTHER OCCUPANTS?

Yes No If Yes, who are they: _____

Do they have their own insurance? Yes No

11. ARE INDEPENDENT CONTRACTORS USED FOR ANY OPERATIONS?

Yes No If Yes, please specify receipts and activity:

Is proof of insurance obtained from contractor?

Yes No If No, please explain:

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

12. DOES APPLICANT HAVE ANY AGREEMENTS ASSUMING LIABILITY?

Yes No If Yes, please describe and provide copies:

13. 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:

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

14. NON-OWNED AUTOMOBILE

Number of employees using their cars on company business: _____

Regularly: _____ Occasionally: _____

Estimated annual cost of:

Hired cars: _____ Cars operated under contract: _____

15. ACCIDENT PREVENTION AND FIRST AID

a) Are employees trained in first aid?

Yes No If Yes, please describe:

b) Fire alarm – other warning systems:

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

16. PLEASE INDICATE:

Limit(s) of liability required: \$ _____

Deductible required: \$ _____

Proposed effective date: _____

Expiry Date: _____

17. A) HAVE ANY CLAIMS EVER BEEN MADE TO THE KNOWLEDGE OF THE APPLICANT AGAINST THE APPLICANT, ANY BUSINESS PREDECESSORS, ANY OF THE PRESENT OR FORMER PARTNERS OR OFFICERS? Yes No

B) IS THE APPLICANT AWARE OF ANY ACT, ERROR, OMISSION OR CIRCUMSTANCE WHICH COULD GIVE RISE TO A CLAIM AGAINST THE APPLICANT OR ANY PREDECESSOR IN BUSINESS, OR ANY PRESENT OR FORMER PARTNER OR OFFICER? Yes No

If the answer to either 17 a) or 17 b) is Yes, complete the enclosed CLAIMS HISTORY FORM.

Note: THE POLICY DOES NOT COVER ANY CLAIM OR CIRCUMSTANCE STATED IN 17 A) AND/OR 17 B) OR ANY ERROR, ACT, OMISSION OR CIRCUMSTANCE WHICH COULD GIVE RISE TO A CLAIM, OF WHICH THE APPLICANT HAS KNOWLEDGE PRIOR TO THE INCEPTION OF THE POLICY.

18. HAS ANY PARTNER, EXECUTIVE OFFICER, DIRECTOR OR PROFESSIONAL EMPLOYEE HAD THEIR LICENSE SUSPENDED, BEEN FINED OR REPRIMANDED DURING THE PAST FIVE YEARS?

Yes No If Yes, please provide details: _____

19. TO THE APPLICANT’S KNOWLEDGE, HAS ANY COMPANY DECLINED OR TERMINATED THE INSURANCE, FOR THE APPLICANT, ANY PRESENT PARTNER OR OFFICER OR FOR ANY PREDECESSOR IN THE BUSINESS, PAST PARTNERS OR OFFICERS?

Yes No If Yes, please provide details: _____

20. PLEASE NOTE THE PROFESSIONAL ASSOCIATIONS TO WHICH THE APPLICANT BELONGS:

We hereby declare that the above statements and particulars are true and that we have not suppressed or misstated any material facts and we agree that this declaration shall be the basis of any binder or contract of insurance with the Insurance Company, and that the limits and deductibles as stated in the said binder or contract of insurance shall govern.

It is understood and agreed that the completion of this declaration does not bind the Insurance Company to the issue of the insurance nor the Applicant to the purchase of this insurance.

It is further understood and agreed that if, following submission of this application to the insurer and prior to the date requested for coverage to be effective, the Applicant becomes aware of any information which has a bearing on question 17 a) or 17 b) of this application, the Insurer shall be immediately notified in writing of such information.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____

BROKER NAME: _____

ADDRESS: _____

PHONE NO: _____

EMAIL ADDRESS: _____



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CLAIMS HISTORY FORM

Applicant Name: _____

Date: _____

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim: _____

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim: _____

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim: _____

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

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AMOUNT CLAIMED	\$
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EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim: _____

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$