

- *1. Name of applicant _____
- *2. Address of applicant _____

- *3. Location of business _____
- *4. Number of years experience in this business _____
- *5. Number of years experience in other business _____
- *6. Describe other business(es) _____

- *7. Effective date of policy _____
- *8. Limits desired _____
- *9. Previous carrier (last three years) _____

- *10. Previous premiums paid (last three years) _____

- *11. Any losses (last three years) _____

- *12. Describe losses if "yes" to No. 7 _____

- 13. Describe training given to new employees _____

- 14. Describe method used to determine length of time permitted on tables _____

- 15. Are timing controls on table or at front desk _____
- 16. Are any products of any type sold _____. If yes, what type _____

- 17. Are products nationally known or manufactured by insured _____

- 18. Gross receipts _____ Payroll _____
- 19. Number of tables _____ List manufacturer of tables _____
- 20. Percentage of Ultraviolet Alpha (UVA) _____ Beta (UVB) rays _____
- 21. Are goggles worn _____ If not, why _____

22. Manufacturer of lightbulbs used _____

*23. Are any babysitting services provided _____

***Answers to these questions not needed when completing Toning Salon Application.**

NO COVERAGE IS BOUND UNTIL ACCEPTED AND APPROVED BY COMPANY OR ITS AGENT.

Applicant's Signature _____

Agency Name _____

Address _____