

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY
PELEUS INSURANCE COMPANY**
CONTRACT DIVISION - TANNING BED - SUPPLEMENTAL APPLICATION

ACORD Application also required - Check all applicable checkboxes below

General Agent:		Date:
Insured:		
Insured Mailing Address:		
Insured's Web Address:		
Insured Contact Name:		Phone Number:

PROHIBITED (check all that apply to your operations)

- Body wraps with the exception of herbal wraps
- Body Piercing
- Tattoos
- UVB bulbs that exceed 8.5%

YEARS IN BUSINESS / EXPERIENCE

_____ Years in business as the 'Named Insured' indicated on this application

_____ Years' experience in the operations indicated on this application - Attach resumes if available

- Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.
(Missouri Applicants - Do not answer this question)

- Applicant in receivership
- Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

LOSS HISTORY

- Three years of loss history information provided on ACORD application or attached to this application

OPERATIONS / EXPOSURES

- Tanning Beds
Number of tanning beds: _____
- Spray tanning in booth(s)
- Spray tanning performed manually by employee(s)
Number of Spray Tanning Booths (if any): _____
- Spray tanning performed off premises
- Manufacture or sale of products designed, manufactured to the insureds specifications, or with the insured's label
(describe):

- Other operations (describe): _____

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CONTROLS

- Attendant is on duty at all times
- Goggles supplied to each customer
- Signs posted advising tanning is prohibited if on medications or pregnant
- Timers are controlled by attendant
- Units disinfected after each use by employees
- Waivers (signed) are permanently maintained on file, as well as time and usage sheets
- Waivers signed by each customer or parent/guardian if customer is under legal age

SUBCONTRACTORS / INDEPENDENT CONTRACTORS

- Uninsured subcontractors are not acceptable.
- Risk Transfer – Subcontractors: (check if applicable)
 - Additional Insured – Status granted to you on the subcontractor's policy
 - Certificates of insurance - Always obtained from a subcontractor prior to any work being done for you.
 - Limits of Liability - Subcontractors are required to carry limits equal or above your own

MEMBERS

Number of annual memberships: _____

RECEIPTS

Tanning related receipts only	\$
All other receipts	\$
Total Receipts – All Operations	\$

PLANNED EXPANSION OR NEW ACTIVITIES IN COMING POLICY TERM

- New activities or expansion is anticipated (describe):

COVERAGE OPTIONS - LIABILITY (check if you would like a quote on any of the following)

- Employee Benefit Liability – U058
- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability
- Identity Recovery – i.e. Identity Theft – U651
- Medical Expense Limit of \$10,000 rather than \$5,000
- Stop Gap Liability – U066

COVERAGE OPTIONS - PROPERTY (check if you would like a quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 & U523
- Property Coverage Enhancement: Bronze – U777C Silver – U777B or Gold – U777A
- Signs (Outdoor) – CP1440
- Water Back Up and Sump Overflow – U548

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GENERAL FRAUD STATEMENT (Not applicable in all states.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- The answers are true, correct and complete to the best of his/her knowledge.*
- They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE