

New England Excess Exchange, Ltd.

P O Box 650 ~ Barre VT 05641

800-548-4301 ~ 800-347-4935

Tanning Bed Liability

- * 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 businesses _____
- *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.

APPLICANTS SIGNATURE _____

AGENCY NAME _____

ADDRESS _____