



# COLONIAL GENERAL INSURANCE AGENCY, INC.

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Fax (480) 948-1394 Toll Free (866) 240-8807

P.O. Box 571770, Murray, UT 84157-1770  
5373 S. Green St., Suite 525, Murray, UT 84123  
(801) 290-1144 WATS (800) 594-8900  
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## TANNING SALON PROGRAM SUPPLEMENTAL APPLICATION (Complete in addition to ACORD General Liability Application)

Applicant's Name: \_\_\_\_\_  
\_\_\_\_\_  
Location Address: \_\_\_\_\_  
\_\_\_\_\_

Agency Name: \_\_\_\_\_  
Agent No.: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. Does applicant conduct any business other than the tanning operation? .....  Yes  No  
If yes, other operations are: \_\_\_\_\_
2. What is the area of the premises the applicant occupies? \_\_\_\_\_
3. What are the estimated annual gross receipts from the tanning operation? \_\_\_\_\_
4. Number of tanning units: \_\_\_\_\_
5. Number of spray-on tanning booths: \_\_\_\_\_
6. Serial numbers of all tanning units:  
(1) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_  
(5) \_\_\_\_\_ (6) \_\_\_\_\_
7. Manufacturer of tanning units: \_\_\_\_\_
8. Do all tanning units carry Underwriters Laboratory approval? .....  Yes  No
9. Name of distributor tanning units purchased from: \_\_\_\_\_
10. Installation of units completed by: \_\_\_\_\_
11. Does applicant provide mobile tanning services? .....  Yes  No  
If yes, provide details: \_\_\_\_\_

12. **Are all tanning units listed owned by the applicant?** .....  Yes  No  
 If no, provide name and address of owner:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_
13. **Does equipment owner require being named as an additional insured?** .....  Yes  No  
 If yes, is equipment owner the manufacturer or distributor of the equipment? .....  Yes  No
14. **Does applicant have any token- or coin-operated timers on any tanning units?** .....  Yes  No  
 If yes, explain control procedure: \_\_\_\_\_  
 \_\_\_\_\_
15. **Are all timers and controls operated by the attendant?** .....  Yes  No  
 If no, explain control procedure: \_\_\_\_\_  
 \_\_\_\_\_
16. **Maximum exposure time each session:** \_\_\_\_\_
17. **Are timers tested daily?** .....  Yes  No
18. **Is attendant on duty at all times?** .....  Yes  No  
 If no, explain: \_\_\_\_\_
19. **Are goggles required to be worn by each customer?** .....  Yes  No
20. **Are tanning units disinfected after each use?** .....  Yes  No
21. **Are waivers signed by each customer?** .....  Yes  No  
 If yes, do waivers show schedules/times of exposure? .....  Yes  No
22. **If customer is under the legal age, is the parent required to also sign waiver?** .....  Yes  No
23. **Are signs posted prohibiting tanning while pregnant?** .....  Yes  No
24. **Are signs posted prohibiting tanning while on medication?** .....  Yes  No
25. **Are customers advised to remove contact lenses?** .....  Yes  No  
 Are signs posted? .....  Yes  No
26. **Does applicant manufacture, blend, repackage or mix any product to be sold or provided to customers?** .....  Yes  No
27. **Does applicant sell or provide any product with the applicant's own label on it?** .....  Yes  No
28. **Indicate which of the following services are provided?**
- |  |                                       |  |   |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Body piercing                 | <input type="checkbox"/> Electrolysis | <input type="checkbox"/> Masseur                 | <input type="checkbox"/> Nutrition counseling |
| <input type="checkbox"/> Body wax                      | <input type="checkbox"/> Facials      | <input type="checkbox"/> Microdermabrasion       | <input type="checkbox"/> Red light therapy    |
| <input type="checkbox"/> Body wraps, other than herbal | <input type="checkbox"/> Hair stylist | <input type="checkbox"/> Nail manicure/sculpting | <input type="checkbox"/> Tattooing            |
| <input type="checkbox"/> Chemical peels                | <input type="checkbox"/> Other _____  |  |   |
29. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** .....  Yes  No  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_
30. **Does applicant have other business ventures for which coverage is not requested?** .....  Yes  No  
 If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_

(COPIES OF WAIVER FORMS MUST ACCOMPANY THIS APPLICATION.)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **(Not applicable to Oregon.)**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

**I agree to maintain signed waivers, time and usage sheets as permanent records. I also agree to have all customers read and sign a waiver form for use of sun tanning equipment.**

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Agent Email: \_\_\_\_\_ Preferred Method of Correspondence      Email      Fax      Mail

Applicant Email: \_\_\_\_\_ Preferred Method of Correspondence      Email      Fax      Mail