

- | | Yes | No |
|---|--------------------------|--------------------------|
| 10. Do you engage in Health and Exercise Activities (including body wrapping)?
If yes, is operation less than 20% of total sales. (operations in excess of 20% not eligible for Businessowners Policy) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you rent to Independent Contractors / Booth Renters?
Indicate the number of full and part time operators that rent from you. _____
Please provide the name, occupation and liability carrier. _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you an Independent Contractor / Booth Renter? | <input type="checkbox"/> | <input type="checkbox"/> |

Tanning/Toning Operation:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 13. What percentage of U.V.B. radiation do your beds produce? _____ | | |
| 14. Are records kept on each customer for each visit and exposure time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are all customers furnished information regarding bed and rays used? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are customers furnished goggles when using the tanning bed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are all beds disinfected after each use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are all tanning bed controls operated by the insured, not the customer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are customers limited to a maximum of 30 minutes per session? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Is there at least one currently tagged fire extinguisher on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Are these beds UL listed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Who is the manufacturer of these beds? _____ | | |
| 23. Do you use coin or slot tanning beds? _____ | | |
| 24. Are these beds owned or leased? _____ | | |
| 25. Does each customer sign a waiver of liability prior to using these beds?
Attach a copy of the waiver to this application. | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Number of Tanning Beds _____ Number of Toning Beds _____ | | |

Massage Operation:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 27. Are the insured and any therapists working with or for the insured members of the American Massage Therapy Association? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Has the insured ever been sued for malpractice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Does the insured keep thorough records on all clients? | <input type="checkbox"/> | <input type="checkbox"/> |

Electrolysis Operation:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 30. Is all wiring and electrical equipment inspected frequently? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Does the insured travel to clients' homes or to hospitals to perform electrolysis? | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby declare to the best of my knowledge and belief that all of the foregoing statements are complete and true and that these statements are offered as an inducement to the company to issue the policy for which I am applying. It is understood and agreed that the completion of this questionnaire does not bind the insurance company.

Producer's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____