

## TONING SALON LIABILITY APPLICATION

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. Describe methods of evaluating medical history of participants \_\_\_\_\_

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21. Are any babysitting services provided \_\_\_\_\_

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

Applicant's Signature \_\_\_\_\_

Agency Name \_\_\_\_\_

Address \_\_\_\_\_