

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 800-548-4301 • www.neee.com

Applicant's Name	Agent NameAddress					
Mailing Address	Proposed Effective Date:  From To					
Web Address	(12:01 am Standard Time at the address of the Applicant)					
Applicant is:   Individual   Corporation	□ Partnership □ Joint Venture □ LLC □ Other					
Years doing business under current name	years Years of Experience years					
Have you worked under any other name?  If yes, please explain:	□ Yes □ No					
*NOTE: Operation with timers on beds not controlled by staff; Salons that don't require waivers to be signed by the clientele; Salons with neglected beds, unclean environment, or not in compliance with safety codes; Body wraps (other than organic); Body piercing & Tattoo parlors are PROHIBITED operations.						
Limits of Liability Requested						
Each Occurrence	\$					
Personal & Advertising Injury	\$					
Products & Completed Operations Aggregate	\$					
General Aggregate	\$					
Damages to Premises Rented to you	\$					
Medical Expense (any one person)	\$					
Other Coverages, Restrictions, or Endorsements req	quested:					
Deductible \$ BI/PD per Claim	- LAE					
Description of Operations						

MSA021 (01/14) Page 1 of 4



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 800-548-4301 • www.neee.com

Tanning Salon Questionnaire				
# of tanning units (only units with UVA bulbs are acceptable):	Gross Receipts	s: \$		
# of Spray-On booths:	Gross Receipts	s: \$		
Is the tanning salon in compliance with stated health codes?		Yes	No	
Are health and medication warnings posted in the individual tanning bed rooms?		Yes	No	
Are proper waiver documents signed by all patrons?		Yes	No	
Are proper safety precautions in place?		Yes	No	
Are tanning units & equipment(eye wear, towels, etc.) disinfected after each use?		Yes	No	
Are beds UL approved?		Yes	No	
Do any of the tanning beds have bulbs in excess of 5% UVB?		Yes	No	
Who manufactures the bulbs?				
Who monitors & handles the timing devices?				
What proper training is given to employees?				
Do you manufacture, blend or mix any product to be sold or provided to your customers?		Yes	No	
Do you sell or provide any product with your label on it?		Yes	No	
Is all of the equipment owned by the applicant?		Yes	No	
If equipment is leased, please provide type of equipment and name & address of the own	er:			
Are beds in conjunction with another business?		Yes	No	
If so, are these operations under the same named insured entity?		Yes	No	
If yes, please describe:				
Does equipment owner require being named as Additional Insured?		Yes	No	
Is Professional Liability coverage desired?		Yes	No	

MSA021 (01/14) Page 2 of 4



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 800-548-4301 • www.neee.com

In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you?					Yes		No
If yes, please describe.							
Do you have any known events occurred prior to the proposed effective date of this policy that may result in a claim?					Yes		No
If yes, please des	scribe	e					
Loss History							
Date of Loss		Description of Loss	Amount Paid	t	Amount Reserved		Claims Status (Open or Closed)
Prior Carrier Information							
Year	Carrier		Premium				

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

MSA021 (01/14) Page 3 of 4



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 800-548-4301 • www.neee.com

Applicants Signature	 Date _
Agents Signature	 Date _

MSA021 (01/14) Page 4 of 4