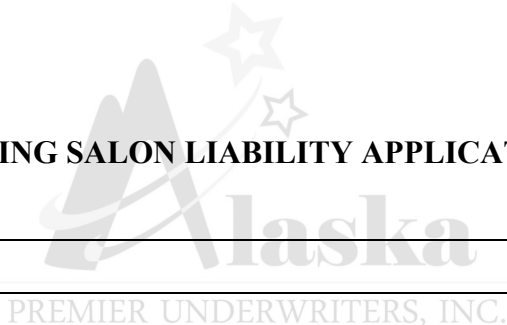


TONING SALON LIABILITY APPLICATION



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 _____

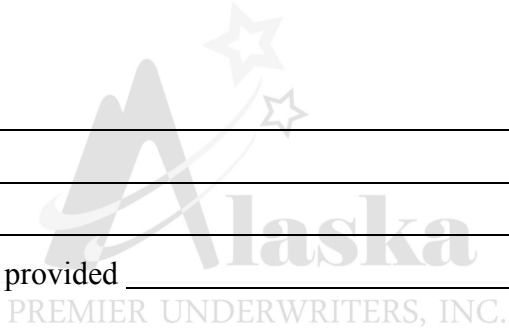
13. Describe training given to new employees _____

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 _____



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 _____