



TANNING SALON SUPPLEMENTAL APPLICATION
Use in conjunction with the ACORD application.

Named Insured: _____

EQUIPMENT

- 1. Is all tanning equipment UL approved? Yes No
- 2. Maximum percentage of UVB rays being emitted from beds/booths. %
- 3. Are any of the beds/booths homemade? Yes No
- 4. Are the beds tested daily to ensure the timers and bulbs are working properly? Yes No
- 5. Are the beds/booths thoroughly disinfected after each use? Yes No
- 6. Do the tanning bulbs have a protective cover? Yes No
- 7. Do the beds/booths have dual controls and automatic shutoff? Yes No

OPERATIONS

- 1. Are goggles required for all users? Yes No
- 2. Are exposure times controlled by the salon employees? Yes No
- 3. Are records kept of each clients' exposure times? Yes No
- 4. Is there a maximum limit for a single exposure time?
If yes, what is it? _____
- 5. Are warnings posted regarding the dangers of mixing medications with exposure to UVA and UVB rays? Yes No
- 6. Are warnings posted regarding pregnancy and the hazards of exposure to tanning rays? Yes No
- 7. Are the instructions for use of equipment posted? Yes No
- 8. Are the salon personnel trained in operating the tanning equipment, giving proper instruction to clients and monitoring each client's exposure? Yes No
- 9. Is this tanning salon being operated in conjunction with other activities?
If yes, what activities? _____
- Are these activities covered under a separate policy? Yes No

LIMITS

Aggregate \$ _____
Each Occurrence \$ _____

UNDERWRITING

Annual Payroll \$ _____
Annual Receipts \$ _____
Number of Beds/Booths _____

- 1. Does the insured's state require a license to operate a tanning salon? Yes No
If yes, is this tanning salon licensed? Yes No

2. Has your license ever been revoked or suspended? Yes No

3. Indicate any professional organizational membership(s). _____

4. Additional information _____

I declare that the statements made in this application are complete and true.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

Signature of Applicant Title Date

Signature of Producing Agent Date

Agent Name Agent Address