



SUN TANNING AND TONING SALONS SUPPLEMENT (Include Acord Application)

Applicant/Named Insured: Mailing Address: Location Address: Website Address: Phone: Fax: Policy Number:

1. Years in business at current location: Years of experience in field:

2. General Information

- a. Does applicant conduct any operations other than tanning?
b. Area of premises occupied: sq.ft.
c. Estimated gross receipts for: Tanning Operations: \$ All Other Operations: \$
d. Estimated gross sales for: Body Wrap: \$ Spray Tan: \$
e. Is an attendant on duty at all times?
f. Are goggles supplied and worn by each customer?
g. Are tanning units disinfected after each use?
h. Is information on tanning units given to each customer?
i. Are waivers signed by each customer?
j. If customer is under the legal age, is the parent or guardian required to also sign waiver?
k. Are customers advised not to use tanning equipment if pregnant?
l. Are customers asked if they are taking medication?
m. If using medication, is doctor's written approval obtained prior to use of tanning equipment?
n. Are signs posted advising not to use tanning equipment if pregnant or taking certain medications?
o. Are customers advised to remove contact lenses?
p. Does applicant manufacture, blend or mix any product to be sold or provided to customers?
q. Does applicant sell or provide any product with their own label on it?

3. Premises Information

- a. Number of fire extinguishers on premises:
(1) Have they been serviced and tagged in the past 12 months?
(2) Are applicant and employees trained on how to use them?
b. Number of emergency exits: Number of customer access exits:
c. Are all exits equipped with panic door hardware and/or kept unlocked during business hours?
d. Are there smoke detectors?
e. Is the wiring adequate to support the electrical load of the tanning equipment?

4. Equipment Information

- a. Are all beds and/or booths UL approved? Yes No
- b. Number of units: _____ Manufacturer(s): _____
- c. Bulb type used: UVA UVB Maximum % of UVB bulbs in unit: _____ %
Manufacturer: _____
- d. Are units token or coin operated? Yes No
If yes, explain control procedure: _____
- e. Type of tanning unit used: Booth (# of booths: _____) Bed (# of beds: _____)
- f. Do beds and booths use timers? Yes No
If yes, describe location of timer control: _____
- g. Are all timers and controls accessible and operated only by the attendant? Yes No
- h. Does applicant have any fast tanning units? Yes No
- i. Serial numbers of all tanning units:

- j. Units distributed by or purchased from: _____
- k. Installation of units completed by: _____
- l. Is all equipment listed on application owned by the applicant? Yes No
- m. If equipment is leased, provide the following owner information:
Name: _____
Address: _____
Does owner require being named as additional insured by applicant? Yes No

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

NOTICE TO COLORADO APPLICANTS:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO NEW YORK APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

Applicant Name

Applicant Signature

Date

Producer Name

Producer Signature

Date