

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

Named Insured _____

EQUIPMENT

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

OPERATIONS

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

LIMITS

Aggregate \$ _____
Each Occurrence \$ _____

UNDERWRITING

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

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Does the insured's state require a license to operate a tanning salon?
If yes, is this tanning salon licensed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has your license ever been revoked or suspended? | <input type="checkbox"/> | <input type="checkbox"/> |

UNDERWRITING – con't.

3. Indicate any professional organization 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 and Address