

TANNING SALON SUPPLEMENTAL APPLICATION

(Must be completed with an ACORD application)

Applicant: _____

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 client's exposure times? Yes No
- 4) Is there a maximum limit for a single exposure time? Yes No
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? Yes No
If yes, what activities? _____
Are these activities covered under a separate policy? Yes No

UNDERWRITING

Annual Payroll: \$ _____ Annual Receipts: \$ _____

Number of Beds/Booths: _____

Provide the number of the following personnel:

Partners, Owners, Officers _____ Full-Time staff: _____ Part-Time Staff: _____

Independent Contractors: _____ Other & explain: _____

- 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- 2) Has your license ever been revoked or suspended?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) Products: List all products sold to the public including name of manufacturing: _____

Gross receipts for products sold: \$ _____

Are you insured by manufacturer(s) as a distributor? Yes No

- 4) Any booths rented to you or from you? Yes No Describe: _____
- 5) Indicate any professional organization membership(s): _____