

Agency Name:  
 Address:  
 Contact Name:  
 Phone:  
 Fax:  
 Email:



## Sun Tanning - Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)  
 All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

\_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

| LIST TANNING EQUIPMENT MFG. | INDICATE TYPE |       |             |       | UVA % | UVB % | EQUIPPED WITH QUARTZ OR ACCELERATOR BULBS (FAST TAN OR HIGH PRESSURE) (Y/N) |
|-----------------------------|---------------|-------|-------------|-------|-------|-------|---|
|                             | BED           | BOOTH | FACIAL UNIT | OTHER |       |       |   |
|                             |               |       |             |       |       |       |   |
|                             |               |       |             |       |       |       |   |
|                             |               |       |             |       |       |       |   |
|                             |               |       |             |       |       |       |   |
|                             |               |       |             |       |       |       |   |
|                             |               |       |             |       |       |       |   |
|                             |               |       |             |       |       |       |   |
|                             |               |       |             |       |       |       |   |
|                             |               |       |             |       |       |       |   |

### CUSTOMER INFORMATION:

Do you maintain a complete medical and tanning history for all customers? .....  Yes  No

Do customers receive information regarding potentially harmful reactions to medications that may occur as a result of the tanning process? .....  Yes  No

Do you permit women who are pregnant, or think they may be pregnant to use the tanning units? .....  Yes  No

Do you retain hold harmless permanently? .....  Yes  No  
 If no, how long are they kept? .....

Are employees trained to follow manufacturers recommended exposure times based on individual customers skin type and tanning history? .....  Yes  No

What is the maximum exposure time allowed for each session? .....

Do you maintain detailed records documenting the customers use of the facility? .....  Yes  No

Do you permit customers to use the facility for more than one tanning session per day? .....  Yes  No

**EQUIPMENT:**

- Are all units on a regular maintenance schedule? .....  Yes  No
- Do you maintain historical records of all service, inspection, or repair orders? .....  Yes  No
- Do you regularly test timers to ensure accuracy? .....  Yes  No
- Are controls that regulate tanning exposure time located on each tanning unit? .....  Yes  No
- If no, is there a master-control console monitored by an employee during business hours? .....  Yes  No  N/A
- Do all employees receive training in the operation of the timers? .....  Yes  No
- Are units equipped with controls that stop and start the unit? .....  Yes  No
- Do you permit customers to operate the stop and start timers? .....  Yes  No  N/A
- Can the customer increase the pre-set tanning exposure time?.....  Yes  No  N/A
- Do you only use original equipment manufacturer (OEM) replacement bulbs? .....  Yes  No  
If no, provide complete details.
- Do you require all customers to wear FDA approved eyewear when tanning? .....  Yes  No
- Are all units cleaned and disinfected by an employee after each use? .....  Yes  No

The FDA requires posting the warning statement:

**“DANGER--Ultraviolet radiation. Follow instructions. Avoid overexposure. As with natural sunlight, overexposure can cause eye and skin injury and allergic reactions. Repeated exposure may cause premature aging of the skin and skin cancer. WEAR PROTECTIVE EYEWEAR; FAILURE TO MAY RESULT IN SEVERE BURNS OR LONG-TERM INJURY TO THE EYES. Medications or cosmetics may increase your sensitivity to the ultraviolet radiation. Consult physician before using sunlamp if you are using medications or have a history of skin problems or believe yourself especially sensitive to sunlight. If you do not tan in the sun, you are unlikely to tan from the use of this product.”**

Have you complied with this requirement? .....  Yes  No

Attach a sample copy of all client information to this application as well as a copy of the hold harmless card.

**SERVICES:**

Please indicate below if you offer any of the following:

- Body piercing
- Botox treatments
- Chiropody
- Collagen treatments
- Dermabrasion / Microdermabrasion
- Ear piercing
- Hair transplant/implant
- Laser Hair Removal
- Permanent make-up procedures
- Spray / Airbrush Tanning
- Wart or mole removal
- Other (PROVIDE COMPLETE DESCRIPTION)

**PRODUCTS:**

- Do you sell any tanning products including but not limited to lotions or other skin preparations? .....  Yes  No
- Are any products sold or distributed under your own name? .....  Yes  No
- Do you maintain separate products liability insurance for these products? .....  Yes  No

Name of Carrier: \_\_\_\_\_

Limits of Insurance: \_\_\_\_\_

Policy Term: \_\_\_\_\_

If you do not maintain separate coverage, do you wish to include with this request? .....  Yes  No

Total Gross Sales: .....\$\_\_\_\_\_

Attach a complete list of products you wish to insure. Include labels and ingredients for any product sold under your own name.



### **Arizona**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **California**

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **Colorado**

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 claimant 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.

### **Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:**

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 is guilty of a crime and may be subject to fines and confinement in prison.

### **Delaware, Idaho:**

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

### **District of Columbia**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

### **Florida**

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### **Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Kansas**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **Kentucky**

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

### **Maine, Tennessee, Virginia, Washington:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

### **Massachusetts, Nebraska, Vermont:**

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

**New Jersey**

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico**

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 is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York**

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.

**Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania**

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 subjects such person to criminal and civil penalties.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date