

TANNING SALON SUPPLEMENTAL (Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

- Number of years' experience: _____
- Number of tanning beds/booths: _____
- Is all tanning equipment UL approved? Yes No
- Maximum percentage of UVB rays being emitted from beds/booths: _____
- Are any of the beds/booths homemade? Yes No
- Are the beds tested daily to ensure the timers and bulbs are working properly? Yes No
- Are the beds/booths thoroughly disinfected after each use? Yes No
- Do the tanning bulbs have a protective cover? Yes No
- Do the beds/booths have dual controls and automatic shutoff? Yes No
- Are all replacement lamps compatible with the manufacturer's specifications? Yes No
- If no, provide details: _____
- Are any sun-lamp products used in your operation manufactured prior to September 8, 1986? Yes No

OPERATIONS

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Does the state in which you operate 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 Has your license ever been revoked or suspended?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"/> |
| 3. Are 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"/> |
| a. Is this tanning salon being operated in conjunction with other activities?
If yes, indicate activities: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are these activities covered under a separate policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are goggles required for all users? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are exposure times controlled by the salon employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are records kept of each client's exposure times? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is there a maximum limit for a single exposure time?
If yes, indicate limit: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are the instructions for use of equipment posted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is all tanning equipment appropriately labeled with FDA warnings regarding pregnancy and the dangers of mixing medications with exposure to UVA and UVB rays? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are owners and operators offering Sunless Airbrushing/HVLP Tanning services certified by the NTTI (National Tanning Training Institute)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are warnings posted on the risks from inhaling or ingesting DHA, the additive found in spray-on tanning products? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. For spray-on tanning services, are customers required to use goggles, nose filters, ear plugs and lip balm? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are minors required to have written consent from a parent or guardian before using tanning facility? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you sell private-label, repackaged or foreign-made products?
If yes, provide details: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		
