**TANNING SALON PROGRAM SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD General Liability Application)

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| Applicant’s Name:             Location Address:               | Agency Name:       Agent No.:       Phone No.:        |

**PROPOSED EFFECTIVE DATE: From**        **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**1. Does applicant conduct any business other than the tanning operation?** [ ]  Yes [ ]  No

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| If yes, other operations are:       |

**2. What is the area of the premises the applicant occupies?**

**3. What are the estimated annual gross receipts from the tanning operation?**

**4. Number of tanning units:**

**5. Number of spray-on tanning booths:**

**6. Serial numbers of all tanning units:**

**(1)**       **(2)**

**(3)**       **(4)**

**(5)**       **(6)**

**7. Manufacturer of tanning units:**

**8. Do all tanning units carry Underwriters Laboratory approval?** [ ]  Yes [ ]  No

**9. Name of distributor tanning units purchased from:**

**10. Installation of units completed by:**

**11. Does applicant provide mobile tanning services?** [ ]  Yes [ ]  No

If yes, provide details:

**12. Are all tanning units listed owned by the applicant?** [ ]  Yes [ ]  No

If no, provide name and address of owner:

Name:

Address:

**13. Does equipment owner require being named as an additional insured?** [ ]  Yes [ ]  No

If yes, is equipment owner the manufacturer or distributor of the equipment? [ ]  Yes [ ]  No

**14. Does applicant have any token- or coin-operated timers on any tanning units?** [ ]  Yes [ ]  No

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| If yes, explain control procedure:       |

**15. Are all timers and controls operated by the attendant?** [ ]  Yes [ ]  No

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| If no, explain control procedure:       |

**16. Maximum exposure time each session:**

**17. Are timers tested daily?** [ ]  Yes [ ]  No

**18. Is attendant on duty at all times?** [ ]  Yes [ ]  No

If no, explain:

**19. Are goggles required to be worn by each customer?** [ ]  Yes [ ]  No

**20. Are tanning units disinfected after each use?** [ ]  Yes [ ]  No

**21. Are waivers signed by each customer?** [ ]  Yes [ ]  No

If yes, do waivers show schedules/times of exposure? [ ]  Yes [ ]  No

**22. If customer is under the legal age, is the parent required to also sign waiver?** [ ]  Yes [ ]  No

**23. Are signs posted prohibiting tanning while pregnant?** [ ]  Yes [ ]  No

**24. Are signs posted prohibiting tanning while on medication?** [ ]  Yes [ ]  No

**25. Are customers advised to remove contact lenses?** [ ]  Yes [ ]  No

Are signs posted? [ ]  Yes [ ]  No

**26. Does applicant manufacture, blend, repackage or mix any product to be sold or provided to
customers?** [ ]  Yes [ ]  No

**27. Does applicant sell or provide any product with the applicant’s own label on it?** [ ]  Yes [ ]  No

**28. Indicate which of the following services are provided?**

[ ]  Body piercing [ ]  Electrolysis [ ]  Masseuse [ ]  Nutrition counseling

[ ]  Body wax [ ]  Facials [ ]  Microdermabrasion [ ]  Red light therapy

[ ]  Body wraps, other than herbal [ ]  Hair stylist [ ]  Nail manicure/sculpting [ ]  Tattooing

[ ]  Chemical peels [ ]  Other:

**29. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** [ ]  Yes [ ]  No

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| If yes, describe:       |

**30. Does applicant have other business ventures for which coverage is not requested?** [ ]  Yes [ ]  No

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| If yes, explain and advise where insured:       |

**(COPIES OF WAIVER FORMS MUST ACCOMPANY THIS APPLICATION.)**

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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 include imprisonment, fines, and denial of insurance benefits.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

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|  | **IMPORTANT NOTICE** |  |
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| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. |