



TANNING SALON PROGRAM SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

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
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

If yes, explain control procedure: _____

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

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?

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Body piercing | <input type="checkbox"/> Electrolysis | <input type="checkbox"/> Masseur | <input type="checkbox"/> Nutrition counseling |
| <input type="checkbox"/> Body wax | <input type="checkbox"/> Facials | <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Red light therapy |
| <input type="checkbox"/> Body wraps, other than herbal | <input type="checkbox"/> Hair stylist | <input type="checkbox"/> Nail manicure/sculpting | <input type="checkbox"/> Tattooing |
| <input type="checkbox"/> Chemical peels | <input type="checkbox"/> 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

If yes, describe: _____

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

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: _____

IMPORTANT NOTICE

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.