



TANNING SALON SUPPLEMENT
(Include Acord application)

Applicant's Name: _____ Location Address: _____
Mailing Address: _____

Do you conduct any business other than the tanning operation? [] Yes [] No
If yes, other operations are: _____
Do you conduct spray tanning? [] Yes [] No If yes, percentage of operations: _____%
What is the area of the premises that you occupy? _____
What are the estimated annual gross receipts from the tanning operation? _____
Number of tanning units: (Only units with UVA-type bulbs are acceptable. UVB bulbs not to exceed 5%) _____
Serial numbers of all tanning units:
(1) _____ (3) _____ (5) _____
(2) _____ (4) _____ (6) _____
Manufacturer of tanning units: _____
Do all units meet FDA standards? [] Yes [] No Distributor purchased from: _____
Is all of the equipment listed owned by you? [] Yes [] No
If equipment is leased, provide name and address of owner: _____

Does equipment owner require being named as additional insured? [] Yes [] No
Do you have any token- or coin-operated timers on any tanning units? [] Yes [] No
If yes, explain control procedure: _____
Are all timers and controls operated by the attendant? [] Yes [] No
If no, explain control procedure: _____
Is a formal training program in place for employees? [] Yes [] No Maximum exposure time each session: _____
Are timers tested daily? [] Yes [] No Is attendant on duty at all times? [] Yes [] No
Are goggles worn by each customer? [] Yes [] No Are waivers signed by each customer? [] Yes [] No
Are tanning units equipped with low-hazard UVA-type bulbs only? [] Yes [] No
Are tanning units disinfected after each use? [] Yes [] No
Are customer logs maintained including information on each session? [] Yes [] No
Are signs posted per FDA requirements? [] Yes [] No
If customer is under the legal age, is the parent required to also sign a waiver? [] Yes [] No
Are customers advised not to use tanning equipment if pregnant? [] Yes [] No Are signs posted? [] Yes [] No
Are customers advised to remove contact lenses? [] Yes [] No Are signs posted? [] Yes [] No
Are customers asked if they are taking any medication? [] Yes [] No
If yes, is doctor's written approval obtained prior to permitting use of tanning equipment? [] Yes [] No
Do you manufacture, blend or mix any product to be sold or provided to your customers? [] Yes [] No
Do you sell or provide any product with your own label on it? [] Yes [] No
Are any of the following services provided? [] Nutrition counseling [] Hair stylist [] Facials [] Nail Manicure/sculpting
[] Facial tanning [] Body wax [] Masseuse
If any answers above are "No", please explain: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature _____ Producer's Signature _____ Date _____