



SUN TANNING LIABILITY SUPPLEMENTAL

(Include Acord Application)

Applicant's Name: _____ Loc Address: _____

Mailing Address: _____

Phone: _____

Fax: _____

General Information

1. How many years in this type of business? _____ How long at this location? _____

2. Does applicant conduct any other type of business other than the Suntan Operations? Yes No

A. If yes, other operations are: _____

B. What is the area of the premises that you occupy? _____ square feet

C. What are the estimated annual gross receipts from the Suntan Operations? \$ _____

D. What are the estimated annual gross receipts from other than Suntan operations? \$ _____

3. Is an attendant on duty at all times? Yes No

4. Are goggles supplied and worn by each customer? Yes No

5. Are Suntan Units disinfected after each use? Yes No

6. Is information on Suntan Units given to each customer? Yes No

7. Are waivers signed by each customer? Yes No

8. If customer is under the legal age, is the parent/guardian required to also sign waiver? Yes No

9. Are customers advised not to use Suntan equipment if pregnant? Yes No

10. Are signs posted? Yes No

11. Are customers advised to remove contact lenses? Yes No

12. Are customers asked if they are taking medications? Yes No

13. If using medication, is doctor's written approval obtained prior to permitting use of suntan equipment?
 Yes No

14. Does applicant manufacture, blend or mix any product to be sold or provided to their customers?
 Yes No

15. Does applicant sell or provide to their customers any product with their own label on it? Yes No

16. If any of the answers to # 6 through # 15 are No, or if answers to # 17 or # 18 are Yes, please explain:

Premises Information

- 17. Number of fire extinguishers on premises ____ Number of exits ____ Are all exits marked Yes No
- 18. Are all doors equipped with panic door hardware or kept unlocked during business hours? Yes No
- 19. Number of fire extinguishers on premises: ____ Serviced and tagged with in the past year? Yes No
- 20. Smoke detectors? If yes, Battery Hardwire
- 21. Is the wiring adequate to support the electrical load of the tanning equipment? Yes No

Equipment Information

22. Are all beds and/or Booths U.L. approved? Yes No

23. Number of tanning Bed Units _____ Number of tanning Booth Units _____

A. Are Suntan Units equipped with low hazard UVA or UVB type bulbs not exceeding 8.5%? Yes No

B. Serial numbers of all Suntan Units

- | | |
|----------|----------|
| 1) _____ | 5) _____ |
| 2) _____ | 6) _____ |
| 3) _____ | 7) _____ |
| 4) _____ | 8) _____ |

C. Manufacture of Suntan Units: _____

24. Distributor or purchased from: _____

25. Installation of units completed by: _____

26. Is all equipment listed on application owned by the applicant? Yes No

27. If the equipment is leased, please provide the following information about the owner

1. Name: _____ Address: _____

2. Do they require being named as Additional Insured? Yes No

28. Does applicant have any token or coin operated timers on any Suntan Units? Yes No

If yes, explain control procedure: _____

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

If no, explain control procedure: _____

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage or commit the Company to policy issuance.

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

Applicant: _____ Producer: _____

Signature: _____ Signature: _____

Date

Date