

COLONY INSURANCE COMPANY
TANNING LIABILITY SUPPLEMENTAL QUESTIONNAIRE
(Complete in Addition to Accord Application)

Name of Applicant: _____
Do You Conduct Any Other Business Other Than the Suntan Operation? 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 operators? \$ _____
Number of Tanning Units (only units with UVA type bulbs are acceptable. UVB bulbs not to exceed 8.5%) _____

A. Serial Numbers of Suntan Units
1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

B. Manufacturer of Suntan Units: _____
Distributor or Purchased from: _____
Installation of units completed by: _____
Is all equipment listed on application owned by you: Yes No

If equipment is leased, please provide the following information about the Owner
1. Name: _____
2. Address: _____
3. Do they require being named as additional insureds? Yes No
Do you have any token or coin operated timers on any Suntan Units? Yes No

If yes, please explain control procedure _____
Are all timers and control operated by the attendant? Yes No
If no, please explain control procedure _____

	Yes	No
Is Attendant on duty at all times?	<input type="checkbox"/>	<input type="checkbox"/>
Are goggles supplied and worn by each customer	<input type="checkbox"/>	<input type="checkbox"/>
Are Suntan Units disinfected after each use?	<input type="checkbox"/>	<input type="checkbox"/>
Is information on suntan units given to each customer?	<input type="checkbox"/>	<input type="checkbox"/>
Are waivers signed by each customer?	<input type="checkbox"/>	<input type="checkbox"/>
If customer is under the legal age, is the parent required to also sign waiver?	<input type="checkbox"/>	<input type="checkbox"/>
Are customers advised to remove contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
Are signs posted?	<input type="checkbox"/>	<input type="checkbox"/>
Are customers asked if they are taking medication	<input type="checkbox"/>	<input type="checkbox"/>
If using medication, is doctor's written approval obtained prior to permitting use of suntan equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Do you manufacture, blend, or mix any product to be sold or provided to by your customers?	<input type="checkbox"/>	<input type="checkbox"/>
Do you sell or provide to your customers any products with your own label on it?	<input type="checkbox"/>	<input type="checkbox"/>

If any of the answers to #11 through #19 are no, or if answers to #20 or #21 are **Yes**, please explain: _____

Agree to Maintain Signed Waivers, Time and Usage Sheets As Permanent Records. I Also Agree to Have all Customers sign a waiver form for use of Tanning Equipment. (ATTACH SAMPLE OF WAIVER FORMS)

Applicant, Agent and/or Broker represent that the above statements and facts are true and that no material facts have been expressed or misstated.

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

Applicant Signature: _____

Date: _____

Producer Signature: _____

Date: _____