



Tanning Salon Supplemental Application

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Tanning Salon Questionnaire

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# of tanning units (only units with UVA bulbs are acceptable): \_\_\_\_\_

Gross Receipts: \$ \_\_\_\_\_

# of Spray-On booths: \_\_\_\_\_

Gross Receipts: \$ \_\_\_\_\_

Is the tanning salon in compliance with stated health codes?  Yes  No

Are health and medication warnings posted in the individual tanning bed rooms?  Yes  No

Are proper waiver documents signed by all patrons?  Yes  No

Are proper safety precautions in place?  Yes  No

Are tanning units & equipment(eye wear, towels, etc.) disinfected after each use?  Yes  No

Are beds UL approved?  Yes  No

Do any of the tanning beds have bulbs in excess of 5% UVB?  Yes  No

Who manufactures the bulbs? \_\_\_\_\_

Who monitors & handles the timing devices? \_\_\_\_\_

What proper training is given to employees? \_\_\_\_\_

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 label on it?  Yes  No

Is all of the equipment owned by the applicant?  Yes  No

If equipment is leased, please provide type of equipment and name & address of the owner: \_\_\_\_\_

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Are beds in conjunction with another business?  Yes  No

If so, are these operations under the same named insured entity?  Yes  No

If yes, please describe: \_\_\_\_\_

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Does equipment owner require being named as Additional Insured?  Yes  No

Is Professional Liability coverage desired?  Yes  No

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In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you?  Yes  No

If yes, please describe. \_\_\_\_\_

Do you have any known events occurred prior to the proposed effective date of this policy that may result in a claim?  Yes  No

If yes, please describe. \_\_\_\_\_

Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

Prior Carrier Information

Year	Carrier	Premium

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

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Applicants Signature \_\_\_\_\_

Date \_

Agents Signature \_\_\_\_\_

Date \_