

<<<Enter your header info here>>>  
 << Click mouse in fill in field below to continue>>

## Sun Tanning - Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)  
 All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_  
 \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_  
 \_\_\_\_\_ Web Address \_\_\_\_\_  
 \_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_ to \_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_  
 \_\_\_\_\_

Location #1 \_\_\_\_\_  
 Location #2 \_\_\_\_\_  
 Location #3 \_\_\_\_\_

LIST TANNING EQUIPMENT MFG.	INDICATE TYPE				UVA %	UVB %	EQUIPPED WITH ACCELERATOR BULBS (Y/N)
	BED	BOOTH	FACIAL UNIT	OTHER			

**CUSTOMER INFORMATION:**

- Do you maintain a complete medical and tanning history for all customers? .....  Yes  No
- Do customers receive information regarding potentially harmful reactions to medications that may occur as a result of the tanning process? .....  Yes  No
- Do you permit women who are pregnant, or think they may be pregnant to use the tanning units? .....  Yes  No
- Do you retain hold harmless permanently? .....  Yes  No  
 If no, how long are they kept?..... \_\_\_\_\_
- Are employees trained to follow manufacturers recommended exposure times based on individual customers skin type and tanning history? .....  Yes  No
- What is the maximum exposure time allowed for each session?..... \_\_\_\_\_
- Do you maintain detailed records documenting the customers use of the facility? .....  Yes  No
- Do you permit customers to use the facility for more than one tanning session per day? .....  Yes  No

**EQUIPMENT:**

- Are all units on a regular maintenance schedule? .....  Yes  No
- Do you maintain historical records of all service, inspection, or repair orders? .....  Yes  No
- Do you regularly test timers to ensure accuracy? .....  Yes  No
- Are controls that regulate tanning exposure time located on each tanning unit? .....  Yes  No
- If no, is there a master-control console monitored by an employee during business hours? .....  Yes  No  N/A
- Do all employees receive training in the operation of the timers? .....  Yes  No
- Are units equipped with controls that stop and start the unit?.....  Yes  No
- Do you permit customers to operate the stop and start timers? .....  Yes  No  N/A
- Can the customer increase the pre-set tanning exposure time?.....  Yes  No  N/A
- Do you only use original equipment manufacturer (OEM) replacement bulbs? .....  Yes  No  
If no, provide complete details.
- Do you require all customers to wear FDA approved eyewear when tanning?.....  Yes  No
- Are all units cleaned and disinfected by an employee after each use? .....  Yes  No

The FDA requires posting the warning statement:

**“DANGER--Ultraviolet radiation. Follow instructions. Avoid overexposure. As with natural sunlight, overexposure can cause eye and skin injury and allergic reactions. Repeated exposure may cause premature aging of the skin and skin cancer. WEAR PROTECTIVE EYEWEAR; FAILURE TO MAY RESULT IN SEVERE BURNS OR LONG-TERM INJURY TO THE EYES. Medications or cosmetics may increase your sensitivity to the ultraviolet radiation. Consult physician before using sunlamp if you are using medications or have a history of skin problems or believe yourself especially sensitive to sunlight. If you do not tan in the sun, you are unlikely to tan from the use of this product.”**

Have you complied with this requirement? .....  Yes  No

Attach a sample copy of all client information to this application as well as a copy of the hold harmless card.

**SERVICES:**

Please indicate below if you offer any of the following:

- Body piercing
- Botox treatments
- Chiropody
- Collagen treatments
- Dermabrasion / Microdermabrasion
- Ear piercing
- Hair transplant/implant
- Laser Hair Removal
- Permanent make-up procedures
- Spray / Airbrush Tanning
- Wart or mole removal
- Other (PROVIDE COMPLETE DESCRIPTION)

**PRODUCTS:**

- Do you sell any tanning products including but not limited to lotions or other skin preparations? .....  Yes  No
- Are any products sold or distributed under your own name? .....  Yes  No
- Do you maintain separate products liability insurance for these products? .....  Yes  No

Name of Carrier: \_\_\_\_\_

Limits of Insurance: \_\_\_\_\_ Policy Term: \_\_\_\_\_

If you do not maintain separate coverage, do you wish to include with this request? .....  Yes  No

Total Gross Sales: ..... \$ \_\_\_\_\_

Attach a complete list of products you wish to insure. Include labels and ingredients for any product sold under your own name.

**ADDITIONAL COMMENTS/INFORMATION:**

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

_____ Producer's Signature	_____ Date	_____ Applicant'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.

**FRAUD STATEMENT**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.