Tanning Salon Program Supplemental Application

Name of Applicant: _____

Web site Address: _____

Location Address: _____

1. **Does applicant conduct any business other than the tanning operation?** ..... ☐ Yes ☐ No
   If yes, other operations are:
   _____
2. **What is the area of the premises that you occupy?** _____
3. **What are the estimated annual gross receipts from the tanning operation?** _____
4. **Number of tanning units:** _____
5. **Number of spray-on tanning booths:** _____
6. **Serial numbers of all tanning units:**
   (1) **(4)** _____
   (2) _____ **(5)** _____
   (3) _____ **(6)** _____
7. **Manufacturer of tanning units:** _____
8. **Do all tanning units carry Underwriters Laboratory approval?** ..... ☐ Yes ☐ No
9. **Name of distributor tanning units purchased from:** _____
10. **Installation of units completed by:** _____
11. **Does applicant provide mobile tanning services?** ..... ☐ Yes ☐ No
    If yes, provide details: _____
12. **Are all tanning units listed owned by the applicant?** ..... ☐ Yes ☐ No
    If no, provide name and address of owner:
    Name: _____
    Address: _____
13. **Does equipment owner require being named as additional insured?** ..... ☐ Yes ☐ No
    If yes, is equipment owner the manufacturer or distributor of the equipment? ..... ☐ Yes ☐ No

14. **Does applicant have any token- or coin-operated timers on any tanning units?** ☐ Yes ☐ No

If yes, explain control procedure: _____

15. **Are all timers and controls operated by the attendant?** ☐ Yes ☐ No

If no, explain control procedure: _____

16. **Maximum exposure time each session:** _____

17. **Are timers tested daily?** ☐ Yes ☐ No

18. **Is attendant on duty at all times?** ☐ Yes ☐ No

If no, explain: _____

19. **Are goggles required to be worn by each customer?** ☐ Yes ☐ No

20. **Are tanning units disinfected after each use?** ☐ Yes ☐ No

21. **Are waivers signed by each customer?** ☐ Yes ☐ No

If yes, do waivers show schedules/times of exposure? ☐ Yes ☐ No

22. **If customer is under the legal age, is the parent required to also sign waiver?** ☐ Yes ☐ No

23. **Are signs posted prohibiting tanning while pregnant?** ☐ Yes ☐ No

24. **Are signs posted prohibiting tanning while on medication?** ☐ Yes ☐ No

25. **Are customers advised to remove contact lenses?** ☐ Yes ☐ No

Are signs posted? ☐ Yes ☐ No

26. **Does applicant manufacture, blend, repackage or mix any product to be sold or provided to customers?** ☐ Yes ☐ No

27. **Does applicant sell or provide any product with the applicant's own label on it?** ☐ Yes ☐ No

28. **Indicate which of the following services are provided?**

☐ Body piercing	☐ Electrolysis	☐ Masseuse	☐ Nutrition counseling
☐ Body wax	☐ Facials	☐ Microdermabrasion	☐ Red light therapy
☐ Body wraps, other than herbal	☐ Hair stylist	☐ Nail manicure/sculpting	☐ Tattooing
☐ Chemical peels	☐ Other _____		

29. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** ☐ Yes ☐ No

If yes, describe: _____

30. **Does applicant have other business ventures for which coverage is not requested?** ☐ Yes ☐ No

If yes, explain and advise where insured: _____

(COPIES OF WAIVER FORMS MUST ACCOMPANY THIS APPLICATION.)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (Applicable in Tennessee, Virginia and Washington): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

I agree to maintain signed waivers, time and usage sheets as permanent records. I also agree to have all customers read and sign a waiver form for use of sun tanning equipment.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'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.