



TANNING SALON SUPPLEMENTAL APPLICATION

1. Named Insured: _____
 2. Total sales/receipts: _____
 3. Does the insured have operations other than tanning? Yes No
 4. Are the beds UL listed? Yes No
 5. Who is the manufacturer of the beds? _____
 6. Do you own or lease the beds? Own Lease
 7. Do any tanning beds emit more than 10% UVB rays? Yes No
 8. Are the beds tested daily to ensure the timers and bulbs are working properly? Yes No
 9. How often is maintenance performed on the beds? _____
 10. Do the bulbs have a protective cover? Yes No
 11. Are records kept on each customer for each visit and exposure time? Yes No
 12. Are all customers furnished information regarding the beds and rays used? Yes No
 13. Are goggles supplied and worn by each customer? Yes No
 14. Are all beds disinfected after each use? Yes No
 15. Does each customer sign a waiver of liability prior to using the beds? Yes No
 16. Are all timers and controls operated by the attendant and not the customer? Yes No
 17. Are all timers in compliance with FDA and FTC specifications? Yes No
 18. Do the beds/booths have dual controls and automatic shut-off? Yes No
 19. Are customers limited to a maximum of 30 minutes per session? Yes No
 20. Are signs posted prohibiting tanning while on medication and/or while pregnant per
FDA requirements? Yes No
 21. Are instructions posted for use of the equipment? Yes No
 22. Does the state require a license to operate a tanning salon? Yes No
If yes, what is the expiration date of the license? _____
 23. Has your license ever been revoked or suspended? Yes No
If yes, provide a detailed explanation for the cause: _____
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24. Are red light or any other type of light therapy services offered?

Yes No

25. Do you manufacture, repackage, or relabel any products?

Yes No

26. Any off-premises services?

Yes No

If yes, please describe: _____

27. Is this salon being operated in conjunction with other activities?

Yes No

If yes, please describe: _____

Signature of Applicant: _____

Date: _____