

SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

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www.scottsdaleins.com

Tanning Salon Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

1. Do you 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. Distributor purchased from: _____

9. Installation of units completed by: _____

10. Is all the equipment listed owned by you? ☐ Yes ☐ No

If equipment is leased, provide name and address of owner.

Name: _____ Address: _____

11. Does equipment owner require being named as additional insured? ☐ Yes ☐ No

12. Do you have any token- or coin-operated timers on any tanning units? ☐ Yes ☐ No

If yes, explain control procedure: _____

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

If no, explain control procedure: _____

14. Maximum exposure time each session: _____

15. Are timers tested daily? ☐ Yes ☐ No

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

17. Are goggles worn by each customer? ☐ Yes ☐ No
18. Are tanning units disinfected after each use? ☐ Yes ☐ No
19. Are waivers signed by each customer? ☐ Yes ☐ No
If yes, do waivers show schedules/times of exposure? ☐ Yes ☐ No
20. If customer is under the legal age, is the parent required to also sign waiver? ☐ Yes ☐ No
21. Are customers advised not to use tanning equipment if pregnant? ☐ Yes ☐ No
Are signs posted? ☐ Yes ☐ No
22. Are customers advised to remove contact lenses? ☐ Yes ☐ No
Are signs posted? ☐ Yes ☐ No
23. Are customers asked if they are taking medication? ☐ Yes ☐ No
If yes, is doctor's written approval obtained prior to permitting use of tanning equipment? ☐ Yes ☐ No
Are signs posted prohibiting tanning while on medication? ☐ Yes ☐ No
24. If any of the above answers are no, please explain: _____

25. Do you manufacture, blend or mix any product to be sold or provided to your customers? ☐ Yes ☐ No
26. Do you sell or provide any product with your own label on it? ☐ Yes ☐ No
27. Are any of the following services provided? If so, please mark "X" next to the ones applicable.
☐ Body piercing ☐ Body wax ☐ Body wraps, other than herbal ☐ Chemical Peels
☐ Electrolysis ☐ Facials ☐ Hair stylist ☐ Masseuse ☐ Microdermabrasion
☐ Nail manicure/sculpting ☐ Nutrition counseling ☐ Tattooing
28. Does applicant have other business ventures for which coverage is not requested? ☐ Yes ☐ No
If yes, explain and advise where insured: _____

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.

(COPIES OF WAIVER FORMS MUST ACCOMPANY THIS APPLICATION.)

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICABLE IN THE STATE OF NEW YORK:

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.

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____