



Western Heritage
Insurance Company

6263 North Scottsdale Road, Suite 240 • Scottsdale, Arizona 85250
1-800-873-9442 • Fax (480) 596-7859

Tanning Salon Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of applicant: _____

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 (Only units with UVA-type bulbs are acceptable. UVB bulbs not to exceed 5%): _____

5. Serial numbers of all tanning units:

- (1) _____ (4) _____
- (2) _____ (5) _____
- (3) _____ (6) _____

6. Manufacturer of tanning units: _____

7. Distributor purchased from: _____

8. Installation of units completed by: _____

9. Is all the equipment listed owned by you? Yes No
If equipment is leased, provide name and address of owner.

Name: _____ Address: _____

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

11. Do you have any token- or coin-operated timers on any tanning units? Yes No
If yes, explain control procedure: _____

12. Are all timers and controls operated by the attendant? Yes No
If no, explain control procedure: _____

13. Maximum exposure time each session: _____

14. Are timers tested daily? Yes No

15. Are tanning units equipped with low-hazard UVA-type bulbs only? Yes No



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- 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
- 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
- 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?..... Yes No
If so, please mark "X" next to the ones applicable.

<input type="checkbox"/> Nutrition counseling	<input type="checkbox"/> Hair stylist	<input type="checkbox"/> Facials	<input type="checkbox"/> Nail manicure/sculpting
<input type="checkbox"/> Facial tanning	<input type="checkbox"/> Body wax	<input type="checkbox"/> Masseur	

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 _____



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SUNTANNING QUESTIONNAIRE

1. Name of Applicant: _____
2. How many suntan beds? _____
3. Are beds in conjunction with another business? Yes No
If yes, describe: _____

4. Gross receipts? _____
5. What training is given to employees? _____

6. What instruction is given to a patron? _____

7. Are goggles required?..... Yes No
8. Does booth have a sign telling patrons that goggles are mandatory?..... Yes No
9. Are bulbs UVA type?..... Yes No
Percentage of UVB? _____%
10. Who manufactures the bulbs? _____
11. Who controls the timing devices? _____
12. Manufacturer of equipment? _____