

SUN TANNING BEDS & BOOTHS APPLICATION

Insured's Name (including business name): _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Location (if different than Mailing Address): _____

Name of Principal(s): _____

Desired Effective Date: _____

Years In Business: _____ Hours of Operation: _____

Number of Tanning Beds: _____ Tanning Booths: _____ Spray Booths: _____

Air Brush: _____ Facial Units: _____

Where are timing controls located? _____

Who controls the timing of tanning minutes? _____

Are all employees certified? (smart tan or equivalent) _____

By whom? _____

Do you require : \$1 Million Liability \$2 Million Liability

Year & Manufacturer of the Tanning Beds/Booths: _____

(Attach separate sheet if more room required)

Upper Serial No.: _____ Lower Serial No.: _____

Upper Serial No.: _____ Lower Serial No.: _____

Upper Serial No.: _____ Lower Serial No.: _____

Age of the beds: _____

How often are the beds inspected: _____

Are beds cleaned after every use? _____

Are beds coin operated? _____

Who changes the bulbs / how often? _____

Laundry facilities for towels on site? _____

Are employees permitted to touch clients? _____

Are clients given tanning instructions? _____

Do you use accelerators? _____

Is unlimited tanning offered? _____

If so, what systems are in place to prevent overexposure? _____

Are waivers signed and a skin analysis/evaluation done with clients? _____

Are children left unattended? _____

Is eye protection provided and mandatory? _____

Minimum age of clients? _____

Is record kept of all tanning sessions? _____

Total receipts for all services: _____

Total tanning receipts: _____

Total product receipts (if any): _____

Current Insurer: _____ Loss History Last 3 (three) Years: _____

Do you advertise? Yes No

If yes please advise how & provide proof: _____

“HOLD HARMLESS” AGREEMENT MUST BE USED – confirm & provide copy

Please sign and date the application to verify the above information:

Signature

Date