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Tanning Operations -

- | | Yes | No |
|------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. What percentage of U.V.B. radiation do your beds produce? _____ | | |
| 2. Are records kept on each customer for each visit and exposure time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are all customers furnished information regarding bed and rays used? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are customers furnished goggles when using the tanning bed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all beds disinfected after each use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are all tanning bed controls operated by the insured, not the customer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are customers limited to a maximum of 30 Minutes per session? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is there as least one currently tagged fire extinguisher on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are these beds UL listed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Who is the manufacturer of these beds? _____ | | |
| 11. Do you use coin or slot tanning beds? _____ | | |
| 12. Are these beds owned or leased? _____ | | |
| 13. Does each customer sign a waiver of liability prior to using these beds? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, attach a copy of the waiver to this application. | | |
| 14. Number of Tanning Bed Number of Toning Beds _____ | | |