

Tanning Questionnaire

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured:

Website:

GENERAL INFORMATION

- | | | |
|---|-----|----|
| 1. Is your business a national or regional tanning franchise? | Yes | No |
| 2. Do you hold the proper license, permit or registration if required by local or state authorities? | Yes | No |
| 3. Do you allow minors under 18 years of age to tan in sunlamp/UV units? | Yes | No |
| 4. Do you offer unlimited packages? | Yes | No |
| 5. Do all customers undergo an initial evaluation to determine skin type prior to tanning? | Yes | No |
| 6. Are customers required to sign informed consent agreements and liability waivers prior to tanning sessions? How frequently must they be signed? | Yes | No |
| 7. Do you maintain records on all customers that include dates of each session, exposure times in sunlamp units, client's signed informed consent and liability waiver? | Yes | No |
| 8. Is state mandated signage posted in each room with a tanning unit? | Yes | No |
| 9. What are your annual gross sales? | | |

SUNLAMP/UV UNIT INFORMATION

N/A

- | | | |
|--|-----|----|
| 1. Number of Sunlamp/UV units: | | |
| 2. Are all units UL listed? | Yes | No |
| 3. Do all units have automatic shut-offs? | Yes | No |
| 4. Are timers controlled by employees? | Yes | No |
| 5. Are customers allowed to tan longer than the manufactured recommended maximum exposure time? | Yes | No |
| 6. Do all sunlamp units have the FDA-mandated black box warning that the product should not be used by persons under the age of 18 years? | Yes | No |
| 7. Are all bulbs in sunlamp units compatible, as defined by the FDA and state regulation? | Yes | No |
| 8. Are units disinfected after each use? | Yes | No |
| 9. Are customers with Skin Type I allowed to tan with sunlamps/UV units? | Yes | No |
| 10. Are customers informed that tanning while using some medication, cosmetics, lotions, creams, etc. may increase their sensitivity to UV rays? | Yes | No |
| 11. Are customers informed that UV exposure may worsen some light sensitive medical conditions and that they should consult their doctor prior to use? | Yes | No |
| 12. What is the minimum amount of time allowed between exposures? | | |
| 13. Are customers required to use FDA-compliant eye protection? | Yes | No |
| 14. Do you provide FDA-compliant eye protection? | Yes | No |
| 15. Do all customers undergo an initial evaluation to determine skin type prior to tanning? | Yes | No |

SPRAY TANNING INFORMATION

N/A

- | | |
|---|----------------------------|
| 1. Number of Spray Tan Booths: | Number of Air Brush Units: |
| 2. How are customers protected from ingesting or inhaling the solution? | |

3. Do you allow customers with respiratory conditions, such as asthma to tan without a doctor's consent? Yes No
4. What is the minimum amount of time allowed between applications?

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

Applicant Signature

Title

Date

Producer Signature

Date