



QUESTIONNAIRE – SUN TANNING

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

Is the business operated as a: Salon Day spa Other: _____

How many locations does the business have? _____

Do all professionals, and the business, have current licenses where required by statute? Yes No

RISK MANAGEMENT INFORMATION

1. Do you have operations not listed above? Yes No
If yes, provide details: _____

2. Do you have Insurance for these operations? Yes No
Name of insurance company: _____
Policy #: _____ Limits: _____

3. Please describe any products sold:

4. Do you sell private-label products? Yes No
(Please note: No coverage is provided for private-label products.)
Receipts from private-label products: \$ _____

5. Do you manufacture, repackage or re-label any products? Yes No
If yes, provide details: _____

6. Estimated Gross receipts (excluding private label) \$ _____

7. Have you or any members of your staff been sued for malpractice? Yes No
If yes, please explain: _____



TANNING EQUIPMENT (COMPLETE WHEN APPLICABLE)

| Manufacturer/Model | # Beds | # Booths | # Facial Units | Other | UA % | UVB % |
|--------------------|--------|----------|----------------|-------|------|-------|
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1. Does any of the equipment use accelerator bulbs? Yes No
2. Does all of the equipment shut off automatically? Yes No
3. Does all of the equipment have
 - a. An automatic shut off control? Yes No
 - b. A UL Label? Yes No
 - c. A FDA warning on mixing medication with UVA and UVB rays? Yes No
4. Are timers located on all of the equipment? Yes No
 Please describe any other safety features: _____

 How often are switches and timers tested: _____
5. Are all employees trained in the use of the timers? Yes No
6. Do only employees operate equipment? Yes No
 If not, are they operated by the customer? Yes No
7. Are instructions on use of the equipment posted? Yes No
8. What is the maximum exposure time allowed at each session? _____
9. Do you require customers to wear protective goggles? Yes No
10. Is all of the equipment cleaned by employees between uses? Yes No
11. Is medical history obtained for new customers? Yes No
 If so, how often are records updated or maintained: _____
 How long are records retained: _____
12. Do customers receive information on potentially harmful medications that react to Tanning? Yes No
13. Are hold harmless waivers with schedules/times of exposure obtained? Yes No
 How long are waivers retained: _____



EMERGENCY INFORMATION

- 1. Is emergency medical care easily accessible? Yes No
- 2. Are emergency numbers posted by all phones? Yes No
- 3. Are members of staff trained to administer:
 - a. First aid? Yes No
 - b. CPR? Yes No
 - c. Defibrillation? Yes NoIf yes, how often are they recertified? _____
- 4. Is a defibrillator available and accessible at each business location? Yes No
- 5. Are exits properly marked and easily accessible? Yes No
- 6. Is there a back-up power system? Yes No
- 7. Is there emergency lighting with battery back up? Yes No

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.
Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature Title Date

Producer Signature Date

Producer Name and Address