

### Tanning Salon Supplemental Application

(Complete in addition to ACORD General Liability Application)

1. Name of applicant: \_\_\_\_\_
2. Do you conduct any business other than the tanning operation Yes No  
If yes, other operations are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Area of the premises that you occupy: \_\_\_\_\_
4. Estimated annual gross receipts from the tanning operation: \_\_\_\_\_
5. Number of tanning units (Only units with UVA-type bulbs are acceptable. UVB bulbs not to exceed 5%): \_\_\_\_\_
6. Serial numbers of all tanning units:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Manufacturer of tanning units: \_\_\_\_\_
8. Distributor purchased from: \_\_\_\_\_
9. Installation of units completed by: \_\_\_\_\_
10. Is all the equipment listed owned by you Yes No  
*If equipment is leased, provide name and address of owner.*  
\_\_\_\_\_  
\_\_\_\_\_
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
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
22. Are signs posted Yes No
23. Are customers advised to remove contact lenses Yes No
24. Are signs posted Yes No
25. Are customers asked if they are taking medication Yes No
26. If yes, is doctor's written approval obtained prior to permitting use of tanning equipment Yes No  
*If any of the above answers are no, please explain:*

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27. Do you manufacture, blend or mix any product to be sold or provided to your customers Yes No
28. Do you sell or provide any product with your own label on it Yes No
29. Are any of the following services provided Yes No  
*If so, please mark "X" next to the ones applicable.*

Nutrition counseling	Hair stylist	Facials	Nail manicure/sculpting
Facial tanning	Body wax	Masseuse	

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: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

**Please fax or email completed application to Teresa Tallarida at  
 (619) 593-2075 • Teresa@CIDInsurance.com**