

Tanning Salon Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of applicant: _____

1. Do you conduct any business other than the tanning operation? Yes No

If yes, other operations are: _____

2. What is the area of the premises that you occupy: _____

3. What are the estimated annual gross receipts from the tanning operation? _____

4. Number of tanning units (Only units with UVA-type bulbs are acceptable. UVB bulbs not to exceed 5%): _____

5. Serial numbers of all tanning units:

(1) _____ (4) _____

(2) _____ (5) _____

(3) _____ (6) _____

6. Manufacturer of tanning units: _____

7. Distributor purchased from: _____

8. Installation of units completed by: _____

9. Is all the equipment listed owned by you? Yes No

If equipment is leased, provide name and address of owner.

Name: _____ Address: _____

10. Does equipment owner require being named as additional insured? Yes No

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
 Are signs posted? Yes No
- 22. Are customers advised to remove contact lenses? Yes No
 Are signs posted? Yes No
- 23. Are customers asked if they are taking medication? Yes No
 If yes, is doctor's written approval obtained prior to permitting use of tanning equipment? Yes No
- 24. If any of the above answers are no, please explain: _____

- 25. Do you manufacture, blend or mix any product to be sold or provided to your customers? Yes No
- 26. Do you sell or provide any product with your own label on it? Yes No
- 27. 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 Masseur

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 _____