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Underwriting Managers / Commercial & Personal Specialty Lines

SUNTANNING LIABILITY APPLICATION

APPLICANT INFORMATION

NAME OF OPERATION: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____

PERSON TO CONTACT FOR INSPECTION: _____ PHONE #: _____

SKE TYPE INDIVIDUAL PARTNERSHIP CORPORATION OTHER _____

DO YOU CONDUCT ANY OTHER BUSINESS OTHER THAN THE SUN TANNING OPERATIONS YES NO

IF YES PLEASE DESCRIBE OTHER OPERATIONS: _____

HOW LONG HAS APPLICANT BEEN IN BUSINESS? _____ YRS. HOW MANY YEARS OF EXPERIENCE? _____

WHAT ARE THE: TOTAL ANNUAL TANNING RECEIPTS? \$ _____ TOTAL ALL RECEIPTS \$ _____

UNDERWRITING INFORMATION

LIMITS OF LIABILITY DESIRED: \$ _____

PROPOSED EFFECTIVE DATE _____

HOW MUCH AREA DO YOU OCCUPY? _____ SQ. FT.

HOW MANY TANNING BEDS/BOOTHES ARE THERE ON THE PREMISES? _____

PLEASE LIST THE SERIAL NUMBERS FOR ALL TANNING UNITS:

1. _____ 4. _____ 7. _____
2. _____ 5. _____ 8. _____
3. _____ 6. _____ 9. _____

ARE ALL THE SUN TANNING UNITS EQUIPPED WITH UVA BULBS YES NO

GIVE THE NAME OF THE BULB MANUFACTURER: _____

GIVE THE NAME OF THE SUN TAN UNIT MANUFACTURER: _____

GIVE THE NAME OF THE DISTRIBUTOR THE EQUIPMENT WAS PURCHASED FROM: _____

GIVE THE NAME OF THE SUN TAN UNIT INSTALLER: _____

IS ALL THE EQUIPMENT OWNED OR LEASED BY YOU? _____

IF THE EQUIPMENT IS LEASED, PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME _____

FULL ADDRESS _____

DOES LEASEE WISH TO BE NAMED AS AN ADDITIONAL INSURE? YES NO

DO YOU HAVE ANY TOKEN OR COI OPERATED MACHINES? YES NO

IF YES, PLEASE EXPLAIN CONTROL PROCEDURES FOR AMOUNT OF TIME A PATRON USES THE BED

OPERATIONS OF TANNING EQUIPMENT

- | | | | |
|--------------------------|--|-----|----|
| <input type="checkbox"/> | IS AN ATTENDANT ON DUTY AT ALL TIMES? | YES | NO |
| <input type="checkbox"/> | ARE ATTENDANTS IN CONTROL OF ALL TIMERS AND CONTROLS? | YES | NO |
| <input type="checkbox"/> | ARE GOGGLES REQUIRED TO BE WORN BY EACH CUSTOMER? | YES | NO |
| <input type="checkbox"/> | ARE TANNING UNITS DISINFECTED AFTER EACH USE? | YES | NO |
| <input type="checkbox"/> | IS INFORMATION ON TANNING UNITS GIVEN TO EACH CUSTOMER? | YES | NO |
| <input type="checkbox"/> | ARE WAIVERS SIGNED BY EACH CUSTOMER? (ATTACHED COPY) | YES | NO |
| <input type="checkbox"/> | IF CUSTOMER IS A MINOR, IS PARENT REQUIRED TO SIGN WAIVER? | YES | NO |
| <input type="checkbox"/> | ARE CUSTOMERS ADVISED NOT TO USE TANNING EQUIPMENT IF PREGNANT | YES | NO |
| <input type="checkbox"/> | ARE SIGNS POSTED WARNING THIS? | YES | NO |
| <input type="checkbox"/> | ARE CUSTOMERS ADVISED TO REMOVE CONTACT LENSES? | YES | NO |
| <input type="checkbox"/> | ARE SIGNS POSTED WARNING THIS? | YES | NO |
| <input type="checkbox"/> | ARE CUSTOMERS ASKED IF THEY ARE TAKING ANY MEDICATION? | YES | NO |
| <input type="checkbox"/> | IF ON MEDICATION, IS DOCTOR'S APPROVAL OBTAINED PRIOR TO USE? | YES | NO |

IF ANY OF THE ABOVE QUESTIONS HAVE BEEN ANSWERED NO, PLEASE EXPLAIN _____

AS COVERAGE EVER BEEN DECLINED, CANCELLED OR NON-RENEWED? YES NO

IF YES, PLEASE EXPLAIN _____

HAVE THERE BEEN ANY CLAIMS, INCIDENTS OR LOSSES WITHIN THE PAST THREE YEARS? YES NO

IF YES, PLEASE EXPLAIN _____

PRIOR CARRIER _____

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 BEFORE USE OF EQUIPMENT.

COPIES OF WAIVER FORMS MUST ACCOMPLANY THIS APPLICATION

SIGNATURE OF THE APPLICANT (POSITION/TITLE)

DATE

SIGNATURE OF WITNESS (AGENT OR BROKER)

DATE

PRODUCER: _____

PHONE #: _____

ADDRESS: _____