



## 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 %

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  No

If 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