



Western Heritage INSURANCE COMPANY

6263 North Scottsdale Road, Suite 240 • Scottsdale, Arizona 85250

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.
- | | | | |
|---|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Nutrition counseling | <input type="checkbox"/> Hair stylist | <input type="checkbox"/> Facials | <input type="checkbox"/> Nail manicure/sculpting |
| <input type="checkbox"/> Facial tanning | <input type="checkbox"/> Body wax | <input type="checkbox"/> 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 _____