



MARKEL SOUTHWEST UNDERWRITERS, INC.

TANNING SALON SUPPLEMENT

(Include Acord application)

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

Do you conduct any business other than the tanning operation? Yes No
 If yes, other operations are: _____

Do you conduct spray tanning? Yes No If yes, percentage of operations: _____%

What is the area of the premises that you occupy? _____

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

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

Serial numbers of all tanning units:

(1) _____ (3) _____ (5) _____

(2) _____ (4) _____ (6) _____

Manufacturer of tanning units: _____

Do all units meet FDA standards? Yes No Distributor purchased from: _____

Is all of the equipment listed owned by you? Yes No

If equipment is leased, provide name and address of owner: _____

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

Do you have any token- or coin-operated timers on any tanning units? Yes No

If yes, explain control procedure: _____

Are all timers and controls operated by the attendant? Yes No

If no, explain control procedure: _____

Is a formal training program in place for employees? Yes No Maximum exposure time each session: _____

Are timers tested daily? Yes No Is attendant on duty at all times? Yes No

Are goggles worn by each customer? Yes No Are waivers signed by each customer? Yes No

Are tanning units equipped with low-hazard UVA -type bulbs only? Yes No

Are tanning units disinfected after each use? Yes No

Are customer logs maintained including information on each session? Yes No

Are signs posted per FDA requirements? Yes No

If customer is under the legal age, is the parent required to also sign a waiver? Yes No

Are customers advised not to use tanning equipment if pregnant? Yes No Are signs posted? Yes No

Are customers advised to remove contact lenses? Yes No Are signs posted? Yes No

Are customers asked if they are taking any medication? Yes No

If yes, is doctor's written approval obtained prior to permitting use of tanning equipment? Yes No

Do you manufacture, blend or mix any product to be sold or provided to your customers? Yes No

Do you sell or provide any product with your own label on it? Yes No

Are any of the following services provided? Nutrition counseling Hair stylist Facials Nail Manicure/sculpting

Facial tanning Body wax Masseur

If any answers above are "No", please explain: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature _____ Producer's Signature _____ Date _____