

Ashland General Agency, Inc.
TANNING SALON SUPPLEMENTAL

(Complete in addition to the **Acord** General Liability Application)
(Answer **ALL** questions - if they do not apply, indicate not applicable)

NAME (include dba / Inc. / LLC) : _____

1. Do you conduct any business other than the tanning operation?..... yes no
If yes, other operations are: _____

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

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

4. Serial numbers of all tanning units:
(1) _____ (4) _____
(2) _____ (5) _____
(3) _____ (6) _____

5. Manufacturer of tanning units: _____

6. Distributor purchased from: _____

7. Installation of units completed by: _____

8. Is all the equipment listed owned by you?..... yes no
If equipment is leased, provide name and address of owner.

Name: _____ Address: _____

9. Does equipment owner require being named as additional insured?..... N/A yes no

10. Do you have any token - or coin -operated timers on any tanning units?..... yes no
If yes, explain control procedure: _____

11. Are all controls or timers operated by the attendant?..... yes no
If no, explain control procedure: _____

12. Maximum exposure time each session: _____

13. Are all timers tested daily?..... yes no

14. Are tanning units equipped with low hazard UVA-type bulbs only?..... yes no

15. Is attendant on duty at all times?..... yes no

16. Are goggles worn by each customer?..... yes no

17. Are tanning units disinfected after each use?..... yes no

18. Are waivers signed by each customer? yes no

19. If customers is under the legal age, is the parent required to also sign waiver? yes no

20. Are customers advised not to use tanning equipment if pregnant? yes no
Are signs posted? yes no

21. Are customers advised to remove contact lenses? yes no
Are signs posted? yes no

22. 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

23. If any of the above answers are no, please explain: _____

24. Do you manufacture, blend or mix any product to be sold or provided to your customers?..... yes no

25. Do you sell or provide any product with your own label on it? yes no

26. Are any of the following services provided? yes no
If so, please indicate which services.

- | | | | |
|---|---------------------------------------|----------------------------------|--|
| <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"/> Masseur | |

I agree to maintain signed waivers, time and usage sheets are 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)

This supplemental application does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant's Signature _____ Print Signee _____ Date _____ Producer's Signature _____