

COLONY INSURANCE COMPANY
TANNING LIABILITY SUPPLEMENTAL QUESTIONNAIRE
(Complete in Addition to Accord Application)

Name of Applicant: _____

Do You Conduct Any Other Business Other Than the Suntan Operation? Yes No

A. If yes, other operations are _____

B. What is the area of the premises that you occupy? _____ Square Feet

C. What are the estimated annual gross receipts from the Suntan Operations? \$ _____

D. What are the estimated annual gross receipts from other operators? \$ _____

Number of Tanning Units (only units with UVA type bulbs are acceptable. UVB bulbs not to exceed 8.5%) _____

Are all timers and controls operated by the attendant who is on duty at all times?

Yes No If no, then this risk is prohibited

Yes No

Are goggles supplied and worn by each customer

Are Suntan Units disinfected after each use?

Are waivers signed by each customer or parent/guardian if under legal age?

Agree to Maintain Signed Waivers, Time and Usage Sheets As Permanent Records

Are signs posted prohibiting tanning while on medication and or pregnancy?

If any of the above answers are "no" please explain _____

Do you manufacture, sell, or provide to your customers any product with your own label on it?

Yes No If "yes" PROHIBITED

PROHIBITED EXPOSURES

- **Body Wraps (except herbal)**
- **Body Piercing**
- **Tattoos**

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____