

WELLINGTON SPECIALTY INSURANCE COMPANY

TANNING APPLICATION



Applicant's Name: _____

Agent's Name: _____

Mailing Address: _____

Producer Name: _____

Website Address: _____

Number of Tanning Beds: _____

Number of Spray Tanning Booths: _____

Estimated Gross Receipts: \$ _____

Maximum exposure time per session: _____

Manufacturer of tanning units: _____

Is all equipment listed owned by you? Yes No

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

Does equipment owner require to be named as additional insured? Yes No

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

Do all units meet FDA standards? Yes No

Is attendant on duty at all times? Yes No

Are timers tested daily? Yes No

Are goggles required to be worn by each customer? Yes No

Are tanning units equipped with low-hazard UVA bulbs? (UVA bulbs not to exceed 5%) 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 sign a permission slip/waiver? Yes No

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

Are customers advised to remove contact lenses? Yes No

IF ANY OF ABOVE ANSWERS ARE "NO" PLEASE EXPLAIN: _____

Are any of the following services provided? Nutritional counseling Hair Stylist Facials
 Nail Manicures Body Waxing Masseur Other: _____

If so, are these contracted employees providing this service? Yes No How many? _____

Are they required to provide the insured with a certificate of insurance? Yes No

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

If yes, explain: _____

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

If yes, explain: _____

Are waivers signed by each customer? Yes No (MUST ATTACH A COPY)

Applicant Signature: _____

Date: _____

Producer Signature: _____

Date: _____