

| | | |
|---|---|--|
| S.I.U. LLC 700 N. Brand Blvd., Suite 300 Glendale, CA 91203 | TANNING SALON SUPPLEMENTAL (TO BE USED AS A SUPPLEMENT TO AN ACORD APPLICATION) | P (818) 547-1333 F (818) 547-9003 License: 0C79819 |
|---|---|--|

Named Insured
 Location _____

EQUIPMENT

1. Is all tanning equipment UL approved? Yes No
2. Maximum percentage of UVB rays being emitted from beds/booths? %. Yes No
3. Are any of the beds/booths homemade? Yes No
4. Are the beds tested daily to ensure the timers and bulbs are working properly? Yes No
5. Are the beds/booths thoroughly disinfected after each use? Yes No
6. Do the tanning bulbs have a protective cover? Yes No
7. Do the beds/booths have dual controls and automatic shutoff? Yes No

OPERATIONS

1. Are goggles required for all users? Yes No
 2. Are exposure times controlled by the salon employees? Yes No
 3. Are records kept of each clients' exposure times? Yes No
 4. Is there a maximum limit for a single exposure time? Yes No
 If yes, what is it?
 5. Are warnings posted regarding the dangers of mixing medications with exposure to UVA and UVB rays? Yes No
 6. Are warnings posted regarding pregnancy and the hazards of exposure to tanning rays? Yes No
 7. Are the instructions for use of equipment posted? Yes No
 8. Are the salon personnel trained in operating the tanning equipment, giving proper instruction to clients and monitoring each client's exposure? Yes No
 9. Is this tanning salon being operated in conjunction with other activities? Yes No
 If yes, what activities?
- Are these activities covered under a separate policy? Yes No

| | | |
|---|---|--|
| S.I.U. LLC 700 N. Brand Blvd., Suite 300 Glendale, CA 91203 | TANNING SALON SUPPLEMENTAL (TO BE USED AS A SUPPLEMENT TO AN ACORD APPLICATION) | P (818) 547-1333 F (818) 547-9003 License: 0C79819 |
|---|---|--|

| |
|---------------------|
| UNDERWRITING |
|---------------------|

Annual Payroll \$
Annual Receipts \$
Number of Beds/Booths

1. Does the insured's state require a license to operate a tanning salon? Yes No
If yes, is this tanning salon licensed? Yes No
2. Has your license ever been revoked or suspended? Yes No
3. Indicate any professional organizational membership(s).

4. Additional information

WARNING: California law requires complete and truthful information by an applicant for insurance. That includes providing any information that would be material to your business organization, even if not specifically asked for on this application. Your failure to provide truthful answers and all material information can result in the insurance company electing to rescind your policy. This means they will not be responsible for any claims which are presented. To avoid such a situation, answer all of the foregoing questions truthfully and completely. **I Have Read And Understood All Of The Questions Asked And Have Provided All Information Required.**

Signature of Applicant* _____ Date _____

Name and Title* _____

* Must be owner, executive officer, or partner