

TANNING BED SUPPLEMENTAL APPLICATION

1. Applicant's Name:
2. Address of applicant:
3. Location of business?
4. Number of years in this business:
5. Number of years experience in other business:
6. Describe other business(es):
7. Effective date of policy:
8. Limits desired:
9. Previous carrier (last three years):
10. Previous premiums paid (last three years):
11. Any losses (last three years): ☐ Yes ☐ No
12. Describe losses if "yes" to Number 11:
13. Describe training given to new employees:

TANNING BED SUPPLEMENTAL APPLICATION

14. Describe method used to determine length of time permitted on tables:

15. Are timing controls on table or at front desk:

16. Are any products of any type sold: ☐ Yes ☐ No

17. If yes, please describe:

18. Gross receipts:

Payroll:

19. Number of tables:

List manufacturer of tables:

20. Percentage of Ultraviolet Alpha (UVA):

Beta (UVB):

21. Are goggles worn: ☐ Yes ☐ No

If not, provide reason:

22. Manufacturer of lightbulbs used:

23. Are any babysitting or childcare services provided: ☐ Yes ☐ No

NO COVERAGE IS BOUND UNTIL ACCEPTED AND APPROVED BY THE COMPANY OR ITS AGENT.

PRODUCER'S SIGNATURE

DATE:

APPLICANT SIGNATURE

DATE: