



## Tanning Bed Supplemental Questionnaire

Insured Name & Mailing Address \_\_\_\_\_

Agent Name \_\_\_\_\_

Agent Code: \_\_\_\_\_

### OPERATIONS

Description of Operations: \_\_\_\_\_

Number of tanning beds: \_\_\_\_\_ Number of stand-up tanning booths: \_\_\_\_\_ Number of Spray Tanning Units: \_\_\_\_\_

### OPERATIONAL CONTROLS

Please attach a copy of customer waivers and questionnaires used by applicant.

- |   |     |    |
|---|-----|----|
| 1. Are waivers signed by each customer and kept as a permanent record?<br>If no, explain: _____ | Yes | No |
| 2. Are time and usage sheets maintained and kept as permanent records?<br>If no, explain: _____ | Yes | No |
| 3. Are all timers controlled by attendant?<br>If no, explain control procedures: _____          | Yes | No |
| 4. Are all units U.L. approved ?<br>If no, explain: _____                                       | Yes | No |
| 5. Are attendants on duty at all times?<br>If no, explain: _____                                | Yes | No |
| 6. Are goggles supplies to and worn by each customer?<br>If no, explain: _____                  | Yes | No |
| 7. Are tanning units disinfected after each use ?<br>If no, explain: _____                      | Yes | No |
| 8. Are parents required to sign waivers for minors?<br>If no, explain: _____                    | Yes | No |
| 9. Are customers advised to remove contact lenses (Y/N)?<br>If no, explain: _____               | Yes | No |
| Are signs posted (Y/N)?<br>If no, explain: _____  | Yes | No |
| 10. Are customers asked if they are taking medications?<br>If no, explain: _____                | Yes | No |
| If using Rx, is MD written OK for tanning required?<br>If no, explain: _____                    | Yes | No |
| 11. Any pregnant customers using tanning equipment?<br>If yes, explain: _____                   | Yes | No |
| 12. Any token or coin operated timers on any units?<br>If yes, explain: _____                   | Yes | No |

**OPERATIONAL CONTROLS (CONTINUED)**

13. Do you Manufacturer, Blend or Mix any products? Yes  No

If yes, explain: \_\_\_\_\_

14. Do you sell any products under your own label (Y/N)? Yes  No

If yes, explain: \_\_\_\_\_

**INDIVIDUAL UNIT INFORMATION**

Manufacturer/Model	Year Manufactured	Serial #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

If there are more than 10 tanning beds, this form must be completed and submitted manually with additional unit information attached.

Is all equipment owned by applicant? Yes  No

If leased, provide name and address of Lessor:

Is lessor to be named as an additional insured? Yes  No

REMARKS