



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

www.scottsdaleins.com

Tanning Salon Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

1. Do you conduct any business other than the tanning operation? Yes No

If yes, other operations are: _____

2. What is the area of the premises that you occupy? _____

3. What are the estimated annual gross receipts from the tanning operation? _____

4. Number of tanning units: _____

5. Number of spray-on tanning booths: _____

6. Serial numbers of all tanning units:

(1) _____ (4) _____

(2) _____ (5) _____

(3) _____ (6) _____

7. Manufacturer of tanning units: _____

8. Distributor purchased from: _____

9. Installation of units completed by: _____

10. Is all the equipment listed owned by you? Yes No

If equipment is leased, provide name and address of owner.

Name: _____ Address: _____

11. Does equipment owner require being named as additional insured? Yes No

12. Do you have any token- or coin-operated timers on any tanning units? Yes No

If yes, explain control procedure: _____

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

If no, explain control procedure: _____

14. Maximum exposure time each session: _____

15. Are timers tested daily? Yes No

16. Is attendant on duty at all times? Yes No
17. Are goggles worn by each customer? Yes No
18. Are tanning units disinfected after each use? Yes No
19. Are waivers signed by each customer? Yes No
 If yes, do waivers show schedules/times of exposure? Yes No
20. If customer is under the legal age, is the parent required to also sign waiver?..... Yes No
21. Are customers advised not to use tanning equipment if pregnant? Yes No
 Are signs posted? Yes No
22. Are customers advised to remove contact lenses? Yes No
 Are signs posted? Yes No
23. Are customers asked if they are taking medication? Yes No
 If yes, is doctor's written approval obtained prior to permitting use of tanning equipment? Yes No
 Are signs posted prohibiting tanning while on medication? Yes No
24. If any of the above answers are no, please explain: _____

25. Do you manufacture, blend or mix any product to be sold or provided to your customers? Yes No
26. Do you sell or provide any product with your own label on it? Yes No
27. Are any of the following services provided? If so, please mark "X" next to the ones applicable.
 Body piercing Body wax Body wraps, other than herbal Chemical Peels
 Electrolysis Facials Hair stylist Masseur Microdermabrasion
 Nail manicure/sculpting Nutrition counseling Tattooing
28. Does applicant have other business ventures for which coverage is not requested? Yes No
 If yes, explain and advise where insured: _____

I agree to maintain signed waivers, time and usage sheets as permanent records. I also agree to have all customers read and sign a waiver form for use of sun tanning equipment.

(COPIES OF WAIVER FORMS MUST ACCOMPANY THIS APPLICATION.)

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____

