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Sun Tanning - Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)
 All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____
 _____ Web Address _____

Proposed Policy Period _____ to _____ Inspection Contact _____
 Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____
 Location #2 _____
 Location #3 _____

LIST TANNING EQUIPMENT MFG.	INDICATE TYPE				UVA %	UVB %	EQUIPPED WITH QUARTZ OR ACCELERATOR BULBS (FAST TAN OR HIGH PRESSURE) (Y/N)
	BED	BOOTH	FACIAL UNIT	OTHER			

CUSTOMER INFORMATION:

- Do you maintain a complete medical and tanning history for all customers? Yes No
- Do customers receive information regarding potentially harmful reactions to medications that may occur as a result of the tanning process? Yes No
- Do you permit women who are pregnant, or think they may be pregnant to use the tanning units? Yes No
- Do you retain hold harmless permanently? Yes No
- If no, how long are they kept?..... _____
- Are employees trained to follow manufacturers recommended exposure times based on individual customers skin type and tanning history? Yes No
- What is the maximum exposure time allowed for each session? _____
- Do you maintain detailed records documenting the customers use of the facility? Yes No
- Do you permit customers to use the facility for more than one tanning session per day? Yes No

EQUIPMENT:

- Are all units on a regular maintenance schedule? Yes No
- Do you maintain historical records of all service, inspection, or repair orders? Yes No
- Do you regularly test timers to ensure accuracy? Yes No
- Are controls that regulate tanning exposure time located on each tanning unit? Yes No
- If no, is there a master-control console monitored by an employee during business hours? Yes No N/A
- Do all employees receive training in the operation of the timers? Yes No
- Are units equipped with controls that stop and start the unit? Yes No
- Do you permit customers to operate the stop and start timers? Yes No N/A
- Can the customer increase the pre-set tanning exposure time? Yes No N/A
- Do you only use original equipment manufacturer (OEM) replacement bulbs? Yes No
If no, provide complete details.
- Do you require all customers to wear FDA approved eyewear when tanning? Yes No
- Are all units cleaned and disinfected by an employee after each use? Yes No

The FDA requires posting the warning statement:

“DANGER--Ultraviolet radiation. Follow instructions. Avoid overexposure. As with natural sunlight, overexposure can cause eye and skin injury and allergic reactions. Repeated exposure may cause premature aging of the skin and skin cancer. WEAR PROTECTIVE EYEWEAR; FAILURE TO MAY RESULT IN SEVERE BURNS OR LONG-TERM INJURY TO THE EYES. Medications or cosmetics may increase your sensitivity to the ultraviolet radiation. Consult physician before using sunlamp if you are using medications or have a history of skin problems or believe yourself especially sensitive to sunlight. If you do not tan in the sun, you are unlikely to tan from the use of this product.”

Have you complied with this requirement? Yes No

Attach a sample copy of all client information to this application as well as a copy of the hold harmless card.

SERVICES:

Please indicate below if you offer any of the following:

- Body piercing
- Botox treatments
- Chiropody
- Collagen treatments
- Dermabrasion / Microdermabrasion
- Ear piercing
- Hair transplant/implant
- Laser Hair Removal
- Permanent make-up procedures
- Spray / Airbrush Tanning
- Wart or mole removal
- Other (PROVIDE COMPLETE DESCRIPTION)

PRODUCTS:

- Do you sell any tanning products including but not limited to lotions or other skin preparations? Yes No
- Are any products sold or distributed under your own name? Yes No
- Do you maintain separate products liability insurance for these products? Yes No

Name of Carrier: _____

Limits of Insurance: _____

Policy Term: _____

If you do not maintain separate coverage, do you wish to include with this request? Yes No

Total Gross Sales: \$_____

Attach a complete list of products you wish to insure. Include labels and ingredients for any product sold under your own name.

ADDITIONAL COMMENTS/INFORMATION:

Producer's Signature

Date

Applicant's Signature

Date