



Western Heritage  
Insurance Company

6263 North Scottsdale Road, Suite 240 • Scottsdale, Arizona 85250  
1-800-873-9442 • Fax (480) 596-7859

**Tanning Salon Program Supplemental Application**  
(Complete in addition to ACORD General Liability Application)

Name of applicant: \_\_\_\_\_

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 (Only units with UVA-type bulbs are acceptable. UVB bulbs not to exceed 5%): \_\_\_\_\_

5. Serial numbers of all tanning units:

- (1) \_\_\_\_\_ (4) \_\_\_\_\_
- (2) \_\_\_\_\_ (5) \_\_\_\_\_
- (3) \_\_\_\_\_ (6) \_\_\_\_\_

6. Manufacturer of tanning units: \_\_\_\_\_

7. Distributor purchased from: \_\_\_\_\_

8. Installation of units completed by: \_\_\_\_\_

9. Is all the equipment listed owned by you? .....  Yes  No  
If equipment is leased, provide name and address of owner.  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

11. Do you have any token- or coin-operated timers on any tanning units? .....  Yes  No  
If yes, explain control procedure: \_\_\_\_\_

12. Are all timers and controls operated by the attendant? .....  Yes  No  
If no, explain control procedure: \_\_\_\_\_

13. Maximum exposure time each session: \_\_\_\_\_

14. Are timers tested daily? .....  Yes  No

15. Are tanning units equipped with low-hazard UVA-type bulbs only? .....  Yes  No



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- 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
- 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
- 24. If any of the above answers are no, please explain: \_\_\_\_\_

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- 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?.....  Yes  No  
If so, please mark "X" next to the ones applicable.
- |   |                                       |                                   |  |
|---|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Nutrition counseling | <input type="checkbox"/> Hair stylist | <input type="checkbox"/> Facials  | <input type="checkbox"/> Nail manicure/sculpting |
| <input type="checkbox"/> Facial tanning       | <input type="checkbox"/> Body wax     | <input type="checkbox"/> Masseuse |  |

**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 \_\_\_\_\_