



**TANNING SALON SUPPLEMENTAL APPLICATION**  
 Use in conjunction with our PL application or the ACORD application.

Named Insured \_\_\_\_\_

**EQUIPMENT**

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| 1. Is all tanning equipment UL approved?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Maximum percentage of UVB rays being emitted from beds/booths. _____           |                          |                          |
| 3. Are any of the beds/booths homemade?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are the beds tested daily to ensure the timers and bulbs are working properly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are the beds/booths thoroughly disinfected after each use?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do the tanning bulbs have a protective cover?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do the beds/booths have dual controls and automatic shutoff?                   | <input type="checkbox"/> | <input type="checkbox"/> |

**OPERATIONS**

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 1. Are goggles required for all users?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are exposure times controlled by the salon employees?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are records kept of each client's exposure times?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there a maximum limit for a single exposure time?<br>If yes, what is it? _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are warnings posted regarding the dangers of mixing medications with exposure to UVA and UVB rays?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are warnings posted regarding pregnancy and the hazards of exposure to tanning rays?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are the instructions for use of equipment posted?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are the salon personnel trained in operating the tanning equipment, giving proper instruction to clients and monitoring each client's exposure?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is this tanning salon being operated in conjunction with other activities?<br>If yes, what activities? _____<br>Are these activities covered under a separate policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are owners and operators offering Sunless Airbrushing/HVLP Tanning services certified by the NTTI (National Tanning Training Institute)?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are warnings posted of the risks from inhaling or ingesting DHA, the additive found in spray-on tanning products?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are customers required to use goggles, nose filters, ear plugs and lip balm for use during spray-on tanning services?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are minors required to have written consent from a parent or guardian before using tanning beds?   | <input type="checkbox"/> | <input type="checkbox"/> |

**LIMITS**

Aggregate           \$ \_\_\_\_\_  
 Each Occurrence   \$ \_\_\_\_\_

**UNDERWRITING**

Annual Payroll \$ \_\_\_\_\_

Annual Receipts \$ \_\_\_\_\_

Number of Beds/Booths \_\_\_\_\_

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 1. Does the insured's state require a license to operate a tanning salon?<br>If yes, is this tanning salon licensed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has your license ever been revoked or suspended?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Indicate any professional organization membership(s). _____<br>_____  |                          |                          |
| 4. Additional information _____<br>_____<br>_____  |                          |                          |

I declare that the statements made in this application are complete and true.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

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Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Producing Agent \_\_\_\_\_ Date \_\_\_\_\_

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Agent Name and Address \_\_\_\_\_

## **IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE**

For information about how Northfield compensates its agents, brokers and program managers, please visit this website:

[http://www.northlandins.com/Producer\\_Compensation\\_Disclosure.asp](http://www.northlandins.com/Producer_Compensation_Disclosure.asp)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northfield Insurance Company, c/o Law Department, 385 Washington St., St. Paul, MN 55102.