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## SUN TANNING QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

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

Website: \_\_\_\_\_

### PROHIBITED CIRCUMSTANCES

- 1. Is this business part of a regional or national franchise?  Yes  No
- 2. Is the tanning bed radiation greater than 8% U.V.B.?  Yes  No
- 3. Is the tanning salon unattended at any time?  Yes  No

### GENERAL INFORMATION

- 1. Number of Beds and/or Spray tanning booths? \_\_\_\_\_
- 2. Please certify that the business has all of the following:
  - a. UL Labeled Beds
  - b. Automatic Shut Off Control
  - c. FDA Warning on mixing medication with UVA and UVB rays
  - d. Customers required to sign a waiver of liability prior to using the tanning beds
  - e. Customers required to wear eye protection when using tanning beds
  - f. Timers controlled by the insured, rather than the customer
  - g. Customers limited to a maximum of 20 minutes per tanning session
  - h. Beds disinfected after each use

**I certify that all the statements in question 2 are verified:**  **Yes – I certify this**

- 3. Do you have other operations that are not tanning related?  Yes  No
  - a. Do you have insurance for these operations?  Yes  No
  - b. Provide details of these operations: \_\_\_\_\_
- 4. Do you manufacture or mix any of your own products?  Yes  No
  - a. Do more than 20% of the annual sales come from these products?  Yes  No

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

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Applicant Signature

Title

Date

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Producer Signature

Date