



Associated Underwriters, Inc.
 9412 Giles Road
 LaVista, NE 68128

Phone: 402.592.0900
Fax: 402.592.0962

SUNTANNING LIABILITY SUPPLEMENTAL QUESTIONNAIRE

(Complete in Addition to Acord Application)

1. Name of Applicant: _____
2. Do you conduct any other business other than the Suntan Operation? Yes No
 - A. If Yes, other operations are: _____
 - B. What is the area of the premises that you occupy? _____ Square Feet
 - C. What are the estimated annual gross receipts from the Suntan Operation? \$ _____
 - D. What are the estimated annual gross receipts from other operations? \$ _____
3. Number of Tanning Units (Only units with UVA type bulbs are acceptable. UVB bulbs not to exceed 8.5%) _____
 - A. Serial numbers of all Suntan Units

1) _____	5) _____
2) _____	6) _____
3) _____	7) _____
4) _____	8) _____
 - B. Manufacturer of Suntan Units _____
4. Distributor or purchased from _____
5. Installation of units completed by _____
6. Is all equipment listed on application owned by you? Yes No
7. If the equipment is leased, please provide the following information about the owner
 - (1) Name _____
 - (2) Address _____
 - (3) Do they require being named as Additional Insureds? Yes No
8. Do you have any token or coin operated timers on any Suntan Units? Yes No
 If yes, please explain control procedure _____
9. Are all timers and controls operated by the attendant? Yes No
 If No, please explain control procedure _____
10. Are Suntan Units equipped with low hazard UVA or UVB type bulbs not exceeding 8.5%? Yes No
11. Is attendant on duty at all times? Yes No
12. Are goggles supplies and worn by each customer? Yes No
13. Are Suntan Units disinfected after each use? Yes No
14. Is information on Suntan Units given to each customer? Yes No
15. Are waivers signed by each customer? Yes No

16. If customer is under the legal age, is the parent required to also sign waiver? Yes No
17. Are customers advised not to use Suntan equipment if pregnant? Yes No
Are signs posted? Yes No
18. Are customers advised to remove contact lenses? Yes No
19. Are customers asked if they are taking medication? Yes No
If using medication, is doctor's written approval obtained prior to permitting use of suntan equipment? Yes No
20. Do you manufacture, blend or mix any product to be sold or provided to your customers? Yes No
21. Do you sell or provide to your customers any product with your own label on it? Yes No
22. If any of the answers to E11 through #19 are **No**, or if answers to #20 or #21 are **Yes**, please explain:

23. Is all equipment turned off when not in use? Yes No
24. Is the wiring adequate to support the electrical load of the tanning equipment? Yes No
25. Premise information:
- a. Number of fire extinguishers on premises _____ b. Number of exits? _____
Fire extinguishers serviced and tagged within the past year? Yes No
- b. Smoke detectors? Yes No

**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
SUNTANNING EQUIPMENT.**

(COPIES OF WAIVER FORMS MUST ACCOMPANY THIS QUESTIONNAIRE)

The applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____

Producer: _____

Signature: _____

Signature: _____

Date: _____

Date: _____