

**CATLIN SPECIALTY INSURANCE COMPANY**



**TANNING APPLICATION**

Applicant's Name: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Producer Name: \_\_\_\_\_

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

Number of Tanning Beds: \_\_\_\_\_

Number of Spray Tanning Booths: \_\_\_\_\_

Estimated Gross Receipts: \$ \_\_\_\_\_

Maximum exposure time per session: \_\_\_\_\_

Manufacturer of tanning units: \_\_\_\_\_

Is all equipment listed owned by you?  Yes  No

If equipment is leased, provide name and address of owner: \_\_\_\_\_

Does equipment owner require to be named as additional insured?  Yes  No

Are all timers and controls operated by the attendant?  Yes  No

Do all units meet FDA standards?  Yes  No

Is attendant on duty at all times?  Yes  No

Are timers tested daily?  Yes  No

Are goggles required to be worn by each customer?  Yes  No

Are tanning units equipped with low-hazard UVA bulbs? (UVA bulbs not to exceed 5%)  Yes  No

Are tanning units disinfected after each use?  Yes  No

Are customer logs maintained including information on each session?  Yes  No

Are signs posted per FDA requirements?  Yes  No

If customer is under the legal age, is the parent required to sign a permission slip/waiver?  Yes  No

Are customers advised not to use tanning equipment if pregnant?  Yes  No

Are customers advised to remove contact lenses?  Yes  No

IF ANY OF ABOVE ANSWERS ARE "NO" PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

Are any of the following services provided?  Nutritional counseling  Hair Stylist  Facials

Nail Manicures  Body Waxing  Masseur  Other: \_\_\_\_\_

If so, are these contracted employees providing this service?  Yes  No How many? \_\_\_\_\_

Are they required to provide the insured with a certificate of insurance?  Yes  No

Do you manufacture, blend or mix any product to be sold or provided to your customers?  Yes  No

If yes, explain: \_\_\_\_\_

Do you sell or provide any product with your own label on it?  Yes  No

If yes, explain: \_\_\_\_\_

Are waivers signed by each customer?  Yes  No (MUST ATTACH A COPY)

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_

Date: \_\_\_\_\_