

Scottsdale Insurance Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Indemnity Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752
www.scottsdaleins.com

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

Name of Applicant: _____

Web site Address: _____

Location Address: _____

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: _____

5. Number of spray-on tanning booths: _____

6. Serial numbers of all tanning units:
(1) _____ (4) _____
(2) _____ (5) _____
(3) _____ (6) _____

7. Manufacturer of tanning units: _____

8. Do all tanning beds carry Underwriters Laboratory approval? Yes No

9. Distributor purchased from: _____

10. Installation of units completed by: _____

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

12. Does equipment owner require being named as additional insured? Yes No
If yes, is equipment owner the manufacturer or distributor of the equipment? Yes No

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

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

15. **Maximum exposure time each session:** _____
16. **Are timers tested daily?**..... Yes No
17. **Is attendant on duty at all times?**..... Yes No
18. **Are goggles worn by each customer?** Yes No
19. **Are tanning units disinfected after each use?** Yes No
20. **Are waivers signed by each customer?**..... Yes No
 If yes, do waivers show schedules/times of exposure?..... Yes No
21. **If customer is under the legal age, is the parent required to also sign waiver?**..... Yes No
22. **Are customers advised not to use tanning equipment if pregnant?** Yes No
 Are signs posted? Yes No
23. **Are customers advised to remove contact lenses?** Yes No
 Are signs posted? Yes No
24. **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
 Are signs posted prohibiting tanning while on medication?..... Yes No
25. **If any of the above answers are no, please explain:** _____

26. **Do you manufacture, blend or mix any product to be sold or provided to your customers?**..... Yes No
27. **Do you sell or provide any product with your own label on it?**..... Yes No
28. **Are any of the following services provided?** If so, please mark "x" next to the ones applicable.
 Body piercing Body wax Body wraps, other than herbal Chemical peels
 Electrolysis Facials Hair stylist Masseur Microdermabrasion
 Nail manicure/sculpting Nutrition counseling Tattooing
29. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**..... Yes No
 If yes, describe: _____

30. **Does applicant have other business ventures for which coverage is not requested?**..... Yes No
 If yes, explain and advise where insured: _____

(COPIES OF WAIVER FORMS MUST ACCOMPANY THIS APPLICATION.)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for

the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD WARNING (Applicable in Tennessee, Virginia and Washington): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.