

**COLONY INSURANCE COMPANY**  
**TANNING LIABILITY SUPPLEMENTAL QUESTIONNAIRE**  
(Complete in Addition to Accord Application)

Name of Applicant: \_\_\_\_\_

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 Operations? \$ \_\_\_\_\_
- D. What are the estimated annual gross receipts from other operators? \$ \_\_\_\_\_

Number of Tanning Units (only units with UVA type bulbs are acceptable. UVB bulbs not to exceed 8.5%) \_\_\_\_\_

A. Serial Numbers of Suntan Units

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

B. Manufacturer of Suntan Units: \_\_\_\_\_

Distributor or Purchased from: \_\_\_\_\_

Installation of units completed by: \_\_\_\_\_

Is all equipment listed on application owned by you?  Yes  No

If 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

Do you have any token or coin operated timers on any Suntan Units?  Yes  No

If yes, please explain control procedure \_\_\_\_\_

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

If no, please explain control procedure \_\_\_\_\_

	<b>Yes</b>	<b>No</b>
Is Attendant on duty at all times?	<input type="checkbox"/>	<input type="checkbox"/>
Are goggles supplied and worn by each customer	<input type="checkbox"/>	<input type="checkbox"/>
Are Suntan Units disinfected after each use?	<input type="checkbox"/>	<input type="checkbox"/>
Is information on suntan units given to each customer?	<input type="checkbox"/>	<input type="checkbox"/>
Are waivers signed by each customer?	<input type="checkbox"/>	<input type="checkbox"/>
If customer is under the legal age, is the parent required to also sign waiver?	<input type="checkbox"/>	<input type="checkbox"/>
Are customers advised to remove contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
Are signs posted?	<input type="checkbox"/>	<input type="checkbox"/>
Are customers asked if they are taking medication	<input type="checkbox"/>	<input type="checkbox"/>
If using medication, is doctor's written approval obtained prior to permitting use of suntan equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Do you manufacture, blend, or mix any product to be sold or provided to by your customers?	<input type="checkbox"/>	<input type="checkbox"/>
Do you sell or provide to your customers any products with your own label on it?	<input type="checkbox"/>	<input type="checkbox"/>
If any of the answers to #11 through #19 are no, or if answers to #20 or #21 are <b>Yes</b> , please explain: _____		
_____		
_____		

**Agree to Maintain Signed Waivers, Time and Usage Sheets As Permanent Records. I Also Agree to Have all Customers sign a waiver form for use of Tanning Equipment. (ATTACH SAMPLE OF WAIVER FORMS)**

Applicant, Agent and/or Broker represent that the above statements and facts are true and that no material facts have been expressed 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 Signature: \_\_\_\_\_

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

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

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