

**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 \_\_\_\_\_

	Yes	No
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 Yes, 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: \_\_\_\_\_