



#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

SUN TANNING BEDS AND BOOTHS APPLICATION

GENERAL INFORMATION: (Please Print or Type)

Insured's Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Location of Beds(if different than Mailing Address): _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: Business () _____ Fax Number: () _____

Name of Principal(s): _____

Desired Effective Date: _____

Years In Business: _____ Hours of Operation: _____

Number of Tanning Beds _____ Tanning Booths _____ Spray Booths _____

Air Brush _____ Facial Units _____

Where are timing controls located?: _____

Are all employees certified?: _____

By whom?: _____

Do you require : \$1 Million Liability \$2 Million Liability

Year & Manufacturer of the Tanning Beds/Booths: _____

(Attach separate sheet if more room required)

Upper Serial No. : _____ Lower Serial No. : _____

Upper Serial No. : _____ Lower Serial No. : _____

Upper Serial No. : _____ Lower Serial No. : _____

Age of the beds: _____

How often are the beds inspected: _____

Are beds cleaned after every use?: _____ Are beds coin

operated?: _____

Who changes the bulbs? _____ Laundry facilities for towels?: _____

Are employees permitted to touch clients?: _____

Are clients given tanning instructions?: _____

Do you use accelerators?: _____

Is unlimited tanning offered?: _____

If so, what systems are in place to prevent overexposure?: _____

Are waivers signed and a skin analysis/evaluation done with clients?: _____

Are children left unattended?: _____

Is eye protection provided and mandatory?: _____

Minimum age of clients?: _____

Is record kept of all tanning sessions?: _____

Total receipts: _____

Total tanning receipts:

Total product receipts (if any): _____

Current Insurer: _____ Loss History Last 3 (three) Years: _____

Do you advertise? Yes ___ No ___ If yes please attach copies (eg. Pamphlets, yellow pages et.)

“HOLD HARMLESS” AGREEMENT AS ATTACHED MUST BE USED

Please sign and date the application to verify the above information:

(Signature)

(Date)