

**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%) \_\_\_\_\_

Are all timers and controls operated by the attendant who is on duty at all times?

Yes  No If no, then this risk is prohibited

**Yes    No**

Are goggles supplied and worn by each customer

Are Suntan Units disinfected after each use?

Are waivers signed by each customer or parent/guardian if under legal age?

**Agree to Maintain Signed Waivers, Time and Usage Sheets As Permanent Records**

Are signs posted prohibiting tanning while on medication and or pregnancy?

If any of the above answers are "no" please explain \_\_\_\_\_

Do you manufacture, sell, or provide to your customers any product with your own label on it?

Yes  No If "yes" PROHIBITED

**PROHIBITED EXPOSURES**

- **Body Wraps (except herbal)**
- **Body Piercing**
- **Tattoos**

**I hereby certify that all information is accurate to the best of my knowledge.**

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

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