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**SPORTS & FITNESS INSURANCE CORPORATION
 SUPPLEMENTAL TANNING APPLICATION**

Business Name: _____

1. Number of Tanning Units: _____
2. Type, Manufacturer, and age: _____
3. Do you conduct spray tanning? Yes No
4. Are only manufacturer recommended bulbs used? Yes No
5. Are bulbs replaced according to manufacturer specifications? Yes No
6. What is the maximum exposure time? _____
7. Is eye protection required for use? Yes No
8. Is an attendant on duty at all times while in use? Yes No
9. Is a formal training program in place for employees? Yes No
10. Do you have any token/coin units? Yes No
 - a. If yes, please explain controls _____
11. Are all Timers controlled by the attendant? Yes No
 - a. If no, please explain controls _____
12. How often are the timers tested? _____
13. Are tanning units disinfected after each use? Yes No
14. Are signs posted per FDA requirements? Yes No
15. Are customer logs maintained to prohibit more than 1 use in 24 hours? Yes No
16. Are signed tanning booth waivers required? Yes No
17. In all States except CA, if under the age of 18 is a parent or legal guardian required to sign the waiver? Yes No
18. In CA, all individuals using indoor tanning are 18 yrs old or older? Yes No
 (Effective 1/1/2012, CA Law prohibits anyone under 18 years of age from using an ultraviolet tanning device.)
19. How is age verified? _____

Insured Signature: _____ Date: _____