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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: _____