



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641
800-548-4301 • www.neee.com

MUSIC Tanning Salon Supplemental Application

Tanning Salon Questionnaire

of tanning units (only units with UVA bulbs are acceptable): _____ Gross Receipts: \$ _____

of Spray-On booths: _____ Gross Receipts: \$ _____

- Is the tanning salon in compliance with stated health codes? Yes No
- Are health and medication warnings posted in the individual tanning bed rooms? Yes No
- Are proper waiver documents signed by all patrons? Yes No
- Are proper safety precautions in place? Yes No
- Are tanning units & equipment(eye wear, towels, etc.) disinfected after each use? Yes No
- Are beds UL approved? Yes No
- Do any of the tanning beds have bulbs in excess of 5% UVB? Yes No

Who manufactures the bulbs? _____

Who monitors & handles the timing devices? _____

What proper training is given to employees? _____

Do you manufacture, blend or mix any product to be sold or provided to your customers? Yes No

Do you sell or provide any product with your label on it? Yes No

Is all of the equipment owned by the applicant? Yes No

If equipment is leased, please provide type of equipment and name & address of the owner: _____

Are beds in conjunction with another business? Yes No

If so, are these operations under the same named insured entity? Yes No

If yes, please describe: _____

Does equipment owner require being named as Additional Insured? Yes No

Is Professional Liability coverage desired? Yes No



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In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you? Yes No

If yes, please describe. _____

Do you have any known events occurred prior to the proposed effective date of this policy that may result in a claim? Yes No

If yes, please describe. _____

Loss History

| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claims Status (Open or Closed) |
|--------------|---------------------|-------------|-----------------|--------------------------------|
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Prior Carrier Information

| Year | Carrier | Premium |
|------|---------|---------|
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This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.



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Applicants Signature _____

Date _

Agents Signature _____

Date _