

SUNTAN BED/BOOTH APPLICATION

- 1. NAME OF APPLICANT: _____
- 2. ADDRESS OF APPLICANT: _____
- 3. LOCATION OF PREMISES: _____
- 4. APPLICANT IS: INDIVIDUAL PARTNERSHIP OTHER
- 5. HOW MANY BOOTHS OR BEDS: _____ 6. GROSS RECEIPTS: _____
- 7. WHAT TRAINING IS GIVEN TO THE EMPLOYEES: _____
- 8. WHAT INSTRUCTION IS GIVEN TO PATRON: _____
- 9. ARE GOGGLES REQUIRED: _____ 10. WHO CONTROLS THE TIMERS: _____
- 11. DOES BOOTH HAVE A SIGN TELLING PATRON GOGGLES ARE MANDATORY: _____
- 12. ARE BULBS UVA TYPE: _____ PERCENTAGE OF UVB: _____
- 13. IS THERE A HOLD HARMLESS: _____
- 14. IS TANNING BED/BOOTH IN WITH ANOTHER BUSINESS: IF SO WHAT IS THE BUSINESS AND WHO IS THE INSURANCE CARRIER: _____
- 15. PRIOR INSURANCE CARRIER: _____ ANY LOSSES: _____
- 16. LIMIT OF LIABILITY: _____

AGENCY: _____ INSURED'S SIGNATURE: _____

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