Covers UV tanning salons, spray-tan studios, and salons offering red-light or other light therapies. Complete with ACORD 125 and 126. Attach the customer consent form and the posted exposure schedule.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA / SALON NAME	FEIN	YEARS IN BUSINESS

SALON ADDRESS	CITY / STATE / ZIP	WEBSITE / BOOKING PAGE

Entity type:
☐ Sole proprietor ☐ LLC ☐ Corporation ☐ Franchise

PRIMARY CONTACT / TITLE	PHONE	EMAIL

STATE / LOCAL TANNING FACILITY LICENSE NO.	DATE OF LAST STATE OR LOCAL INSPECTION

2 OPERATIONS

SERVICE	% OF ANNUAL REVENUE

Services: UV beds; UV stand-up booths; spray / airbrush tanning; red-light or other light therapy; lotions and retail; memberships; other.

UV BEDS / BOOTHS	SPRAY BOOTHS	ACTIVE MEMBERS	SESSIONS PER MONTH

2-1 Can members tan during hours when no staff are on site (e.g., 24-hour key-card access)? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the salon offer any service other than tanning (e.g., teeth whitening, body wraps, cryotherapy)? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — UV EXPOSURE, MINORS & CONSENT

FDA withdrew its proposed nationwide under-18 tanning ban in March 2026, leaving a state patchwork: 44 states and DC ban or regulate tanning by minors. Tanning beds must still carry a warning against use by anyone under 18, and UV exposure is a recognized cause of skin cancer.

State or local rule for minors (check one):
☐ Under-18 ban ☐ Parental consent required ☐ Parent must be present ☐ No state rule ☐ Other

3-1 Does the salon follow the strictest applicable state or local rule for minors, including records of any parental consent? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Is government photo ID checked and recorded for every new customer? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Does every customer sign an informed consent that includes the FDA warning about skin cancer and eye injury? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Is each customer's skin type assessed, with maximum session times set by the manufacturer's exposure schedule? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are session timers controlled from the front desk rather than by the customer? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Is FDA-compliant protective eyewear required for every UV session? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Are customers asked about photosensitizing medications and skin conditions at each visit? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Does the salon avoid advertising that tanning is safe, healthy, or a source of vitamin D? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Has a customer claimed a burn, eye injury, skin cancer, or other harm from tanning? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — EQUIPMENT, SPRAY TANS & HYGIENE

4-1 Are beds and booths serviced on a schedule, with service records kept? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are UV lamps replaced on the manufacturer's schedule, with exposure times adjusted for new lamps? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Does every UV unit have an emergency shutoff the customer can reach? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are beds and eyewear cleaned and disinfected between every customer? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Do spray-tan booths or rooms have ventilation that removes mist? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are spray-tan customers offered eye, nose, and lip protection and told not to inhale the mist? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Has a customer claimed a reaction, infection, or slip in a booth or spray room? ☐ Yes ☐ No
IF YES, EXPLAIN

5 EXPOSURE & RISK QUESTIONS — UNSTAFFED HOURS (COMPLETE IF YES TO 2-1)

5-1 If yes to 2-1, is access limited to members whose ID and consent are on file, using individual codes or cards? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 If yes to 2-1, are sessions still limited by a system that enforces each member's maximum exposure? ☐ Yes ☐ No
IF YES, EXPLAIN

5-3 If yes to 2-1, do cameras cover the entrance and common areas? ☐ Yes ☐ No
IF YES, EXPLAIN

5-4 If yes to 2-1, can a customer call for help from each tanning room? ☐ Yes ☐ No
IF YES, EXPLAIN

6 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL ($)	NUMBER OF EMPLOYEES	MEMBERSHIP REVENUE ($)

PROJECTED ANNUAL GROSS REVENUE ($)	PRIOR YEAR ACTUAL REVENUE ($)	LOTION / RETAIL SALES ($)

7 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

CURRENT GL / PROFESSIONAL CARRIER	PROFESSIONAL LIABILITY LIMITS	UV / SKIN CANCER EXCLUSION ON CURRENT POLICY? (Y / N)

7-1 Has any carrier declined, cancelled, non-renewed, or excluded UV exposure in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

7-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No

IF YES, EXPLAIN

8 RISK MANAGEMENT

8-1 Are consent forms and session logs kept for at least 10 years, given how long skin cancer claims can take to surface? ☐ Yes ☐ No

IF YES, EXPLAIN

8-2 Are staff trained on skin typing, exposure schedules, and the state's tanning rules? ☐ Yes ☐ No

IF YES, EXPLAIN

9 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE