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Tanning Bed Supplement

(To be attached to Health, Racquet, Swim Club application)

Insured's Name: _____

1. Are records kept on each customer for each visit and exposure time? Yes No
2. Are customers furnished information regarding bed and rays used? Yes No
3. Are customers limited to a maximum of 30 minutes per session? Yes No
4. Are all customers required to wear goggles when using the tanning beds? Yes No
5. Are all beds disinfected after each use? Yes No
6. Do all tanning beds produce less than 5.0 UVB radiation? Yes No
7. Are all tanning beds UL listed? Yes No
8. Are all tanning bed controls operated by the insured, NOT the customer? Yes No
9. Is there at least one currently tagged fire extinguisher on the premises? Yes No

Insured Signature: _____ Date: _____