



**MARKEL  
INSURANCE  
COMPANY**

**TANNING BED SUPPLEMENT**  
(To be attached to Health, Racquet, Swim Club application)

P.O. Box 2009, Glen Allen, VA 23058-2009  
800-900-1155 Fax: 804-273-6144  
healthandfitness@markelcorp.com

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

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

**Fair Credit Report Act Notice:** Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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 the person to criminal and (NY substantial) civil penalties. (NOT APPLICABLE IN: CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.)

For additional warnings, please visit:

<http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_