

Tattoo & Body Piercing Insurance Application

1. First Named Insured: _____
2. Type of Entity: Individual Partnership Corporation Other: _____
3. Other insureds: _____
 Relationship to the First Named Insured: _____
4. Mailing Address: _____
 Street City County State Zip Code
5. Contact Name: _____
 Phone Number: _____ Fax Number: _____
 Insured Email Address: _____ Website Address: _____
 Current Expiration Date: _____ Bind Date Requested: _____ Need Quote By: _____

6. Property Location Information

Loc. No.	Street Address	City	County	State	Zip Code
1					
2					
3					

***If there are more than 3 locations, please add an additional page to the application with the list of those addresses.**

7. Have there been any gaps in coverage in the past three years? Yes No
 If yes, please explain: _____
8. Have there been any losses in the last three years? Yes No
9. General Liability

Limits	
General Aggregate	\$
Products-Completed Operations Aggregate	\$
Personal and Advertising Injury Limit	\$
Each Occurrence Limit	\$
Damage to Premises Rented to You	\$
Medical Expense Limit	\$

10. Hired and Non-Owned Liability: Exclude Include
11. Employee Benefits Liability: Exclude Include
12. Disease Sublimit (\$25,000/\$25,000): Exclude Include
13. Disease Sublimit (\$50,000/\$50,000): Exclude Include
14. Disease Sublimit (\$100,000/\$100,000): Exclude Include
15. How many off premises exhibitions do you per year? _____

16. Property (A schedule of buildings may be attached in lieu of completing the schedule below)

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	ACV, RC or Agreed	Co-Insurance	Constr. Class	PC
					80%		
					80%		
					80%		
					80%		

***This section MUST be fully completed if they require any property coverage, including BPP.**

Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000

17. Property Coverage Extensions

The following coverage extensions are included without additional charge at the limits indicated below. Higher limits may be available for an additional charge.

Coverage	Limit Provided	Coverage	Limit Provided
Accounts Receivable	\$10,000 _____	Money & Securities – Inside	\$10,000 _____
Back Up of Sewers	\$10,000 _____	Money & Securities – Outside	\$10,000 _____
Business Computer Media/Data	\$10,000 _____	Outdoor Property	\$10,000 _____
Employee Dishonesty	\$15,000 _____	Outdoor Signs	\$2,500 _____
Extra Expense	\$1,000 _____	Personal Effects	\$10,000 _____
Fine Arts	\$25,000 _____	Property Off Premises	\$10,000 _____
FD Service Charge	\$2,000 _____	Valuable Papers	\$10,000 _____

BUILDING UNDERWRITING INFORMATION

18. Indicate year of updates – attach a separate sheet if necessary

Bldg. No.	Year built	Roof	HVAC	Plumbing	Electrical	No. of Floors	Sprinklered	Fire Alarm (Indicate L, P, or CS)
1							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
2							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
3							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS

***This section MUST be fully completed if they require any property coverage, including BPP.**

19. Distance to nearest fire hydrant? _____ Distance to nearest Fire Department? _____
20. If you own your building, do you lease space to others?
 If yes, to whom: _____ Square feet leased: _____
21. Do you have 24-hour video surveillance in use on the premises? Yes No
 If yes, how many cameras: _____ Do they have night vision? Yes No
22. Do you have a central control station burglar alarm? Yes No
23. Have you or anyone with a financial interest in the property been convicted of arson, fraud, or other crime related to loss of property owned now or during the past five years? Yes No

GENERAL BUSINESS AND STAFF INFORMATION

24. Operation Profile

Total Sales	\$ _____	Years in Business	_____ Years
Jewelry Sales	\$ _____	Hours Open	_____ to _____
Payroll	\$ _____	# of Years Records Retained	_____ Years

25. Staffing and Revenue

Personnel	Number of	Number of Tattoo Artists	Number of Piercing Artists
Full-Time Artists			
Part-Time Artists			
Permanent Make-Up Artist – Full-Time		N/A	N/A
Permanent Make-Up Artist – Part-Time		N/A	N/A
Apprentice (Not included above)			
TOTAL			

26. Are Independent Contractors included in list of Named Artists on question #25? Yes No
 If no, please provide copies of Additional Insured Certificates naming other insured(s) on the policy. ***Independent Contractors are excluded if not added as a Named Artist**

27. Staff (needed to complete Named Artist endorsement):

Name	Length of Employment	Years of Experience

***If there are more than 10 artists, please add an additional page to the application with the list of additional artists.**

28. Are you a member of a State or National Tattoo or Body Piercing Association? Yes No
 If yes, which association: _____
29. Are you licensed by the state or city and meet all city or state regulations? Yes No
30. Do you perform body piercing or tattooing on minors? Yes No
 If yes, what is the minimum age for: Body Piercing: _____ Tattooing: _____
 Do you require parental consent with ID? Yes No
 Please provide areas of body piercing and/or tattoos on minors: _____
 What is the approximate percentage of business from minors? _____%
31. Do you validate the age of all clients? Yes No
32. Do you require waivers on all of your clients and maintain copies on file? Yes No
33. Do you obtain a medical history on every client? Yes No
34. Do you perform tattoo or body piercing work away from your studio? Yes No
 If yes, please describe: _____
35. Do you employ apprentices? If yes, please attach a detailed description of the training program. Yes No
36. Do you purchase ink supplies from overseas suppliers or distributors? Yes No
37. Are pre-employment background checks performed on all employees? Yes No
38. Is there a weapon kept on premises? Yes No

Assault and Battery Exclusion applicable if weapon on premises

TATTOO, PIERCING AND OTHER SERVICES INFORMATION

39. Do you perform body piercings? Yes No
 Please indicate which body parts piercings are performed on:
 Ears Lips Tongue Navel Nipples Genitals
 Eyebrows Nose Hand Axilla Feet Surface Piercings
 Dermal Anchors Eyes Other: _____
40. Do you perform any services as part of a medical procedure? Yes No
41. Do you do any "Areola Pigmentation"? Yes No
 If yes, please complete and submit the Consent Form for Areola Pigmentation.
42. Do you do any tattooing of the eyeball? Yes No
43. Do you offer any type of branding or scarification services? Yes No
44. Do you offer micro-needling services? Yes No
45. Do you have any other operations beside Tattooing and Body Piercing? Yes No
 If yes, please describe: _____
46. Do you perform any Tattoo Removals? Yes No

SAFETY AND STERILIZATION INFORMATION

- 47. Do you have written sterilization, sanitation and safety standards? Yes No
- 48. Do you use new needles for each new client? Yes No
- 49. Do you use new gloves for each new client? Yes No
- 50. Do you have Blood Borne Pathogen Training? Yes No
- 51. Do you have an Autoclave System? Yes No
- 52. Are you contracted with a bio waste disposal firm? Yes No
- 53. Are sharp waste containers used in your studio? Yes No

If yes, how disposed: _____

- 54. Has anyone ever claimed to have contracted HIV, Herpes, or AIDS from you? Yes No
- 55. Please describe the sterilization methods you employ: _____

- 56. Do you provide clients with materials on aftercare of tattoos and/or body piercings? Yes No
- 57. Do you videotape procedures for documentation procedures? Yes No
- 58. Do you have a policy for handling intoxicated persons?
If no, do you ever allow intoxicated persons to have tattoos or piercings? Yes No
- 59. Do you have a private piercing room? Yes No

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

Interest: Additional Insured Loss Payee Mortgagee
 Lienholder Other: _____

Name and Address: _____

Certificate Required

Interest in Item Number: Location #: _____ Building #: _____

Interest: Additional Insured Loss Payee Mortgagee
 Lienholder Other: _____

Name and Address: _____

Certificate Required

Interest in Item Number: Location #: _____ Building #: _____

If the additional insured information is the same as on the current policy, please write "same." If there are any changes or additions to the additional insured information, please list them: _____

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an Insurer, submits an application or files a claim containing false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

Signature of Applicant Title Date

Signature of Producing Agent Date

Agent Name and Address

NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING

ARIZONA FRAUD STATEMENT - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS FRAUD STATEMENT - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly pre-presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA FRAUD STATEMENT - For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO FRAUD STATEMENT - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of de-frauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA FRAUD STATEMENT - WARNING: It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

IDAHO FRAUD STATEMENT- Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

INDIANA FRAUD STATEMENT - Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

LOUISIANA FRAUD STATEMENT - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE FRAUD STATEMENT - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

MINNESOTA FRAUD STATEMENT - Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE FRAUD STATEMENT - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY FRAUD STATEMENT – APPLICATION - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD STATEMENT - any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO FRAUD STATEMENT - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD STATEMENT - WARNING - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON FRAUD STATEMENT - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PENNSYLVANIA FRAUD STATEMENT - Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

VIRGINIA, TENNESSEE FRAUD STATEMENT - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT (All other states) - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly pre-presents false information in an application for insurance is guilty of a crime and may be subject to fines and confine-confinement in prison.