

# PERMANENT MAKEUP APPLICATION

## PART I. GENERAL INFORMATION:

- 1.1 Name of application performing permanent makeup services: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Business address: \_\_\_\_\_
- 1.2 A. Working for other as:  Employee  Independent Contractor  
B. Self-employed as:  Sole Proprietorship  Partnership  Corporation
- 1.3 Type of business (where equipment is located):  Salon  Clinic  Independent, multiple locations, # \_\_\_\_\_  
 Other, describe: \_\_\_\_\_
- 1.4 Are you in compliance with all city, county and/or state ordinances?  Yes  No  
Business License #: \_\_\_\_\_ (attach copy)
- 1.5 How long have you been in business applying permanent color? \_\_\_\_\_
- 1.6 Have you had formal instruction in the application of permanent makeup?  Yes  No  
If yes, attach all certificates of training. If no, attach description of training and experience.
- 1.7 How many procedure have you performed in the past 12 months for the following:  
Eyeliner \_\_\_\_\_ Eyebrows \_\_\_\_\_ Lip liner \_\_\_\_\_ Lips \_\_\_\_\_ Cheek blush \_\_\_\_\_  
Decorative Tattooing \_\_\_\_\_ Skin Repigmentation/Camouflage \_\_\_\_\_ Other, explain: \_\_\_\_\_
- 1.8 Do you make over \$80,000 gross receipts per year:  Yes  No If yes, how much do you make? \$ \_\_\_\_\_

## PART II. INFORMATION ABOUT YOUR PROFESSION:

- 2.1 Do you use medical history/client information form on every client?  Yes  No  
If yes, attach copy.
- 2.2 Do you use a hold harmless or informed consent form on every client?  Yes  No  
If yes, attach copy.
- 2.3 Do you take before and after photos of cover-ups and cosmetic work?  Yes  No
- 2.4 Do you schedule a follow-up appointment after the procedure?  Yes  No  
If yes, when? \_\_\_\_\_

## PART III. EQUIPMENT AND PROCEDURES:

- 3.1 Are all pigments you use from U.S. manufactures?  Yes  No
- 3.2 Do you ever reuse needles?  Yes  No  
If yes, indicate your method of sterilization: \_\_\_\_\_ If sterilizer, indicate make: \_\_\_\_\_
- 3.3 Is all your equipment in proper running order?  Yes  No
- 3.4 Do you wear gloves with each procedure?  Yes  No
- 3.5 Do you have hot and cold running water on site?  Yes  No
- 3.6 Do you dispose of your pigments after each client?  Yes  No
- 3.7 Provide the following information on all machines:  
MANUFACTURER \_\_\_\_\_ PURCHASE DATE: \_\_\_\_\_  
MANUFACTURER \_\_\_\_\_ PURCHASE DATE: \_\_\_\_\_
- 3.8 Is your office maintained in a sanitary manner including physical cleanliness & antiseptic precautions?  Yes  No

**PART IV. HISTORY:**

**NOTE:** All questions must be answered. Failure to disclose claims history could invalidate coverage.

4.1 Do you currently have insurance coverage  Yes  No

If claims made, most recent retroactive date: \_\_\_\_\_

If yes, indicate the following:

<i>Insurer</i>	<i>Policy #</i>	<i>Liability Limits</i>	<i>Premium</i>	<i>Expiration Date</i>

4.2 List all claims history whether or not insured: If none, state so: \_\_\_\_\_

<i>Yr/Claim</i>	<i>Nature of Injuries</i>	<i>Equip. Involved</i>	<i>Details if Pending</i>	<i>Amt. if Settled</i>

4.3 Do you have knowledge of an event, circumstance or occurrence (other than listed in 4.2 above) prior to the effective date of the proposed policy, or do you foresee that a claim may be brought as a result of said event, circumstance or occurrence?

Yes  No If yes, describe details of event: \_\_\_\_\_

I understand and agree this application and any and all supplements attached hereto will be make a port of any policy issued, and any suck policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

I authorize and consent to investigation of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release Topa Insurance Co. any documents, records or other information bearing upon the foregoing. I understand and agree these investigation shall not be confined to information submitted in the application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Limit of Liability: \$ \_\_\_\_\_ Proposed Effective Date \_\_\_\_\_

\*Submit application along with Beauty Salon, Beauty Supply or Professional Liability Application\*

## **CHECKLIST FOR PERMANENT MAKEUP PROGRAM**

Use this page as a reference when completing our application. When you are ready for coverage, you will then have a complete submission. No coverage can be considered for binding without **ALL** the enclosed items:

1. Have you enclosed a copy of your business license? Yes  NO
2. Have you enclosed a description of training?  
(**copy of certificate of completion from institute**) Yes  NO
3. Have you enclosed your medical history / client information form? Yes  NO
4. Have you enclosed your informed consent / hold harmless form? Yes  NO
5. If you advertise, have you enclosed a copy of all advertisements / brochures? Yes  NO
6. Have you answered ALL questions, including 1.7, 3.2, 4.1, 4.2, 4.3? Yes  NO
7. Have you signed the application and indicated a limit? Yes  NO
8. If you are performing other services, have you enclosed the schedule? Yes  NO

**THANK YOU FOR YOUR COMPLETE SUBMISSION!**

If you have any questions when completing the application, call us as we are pleased to assist you.