

BODY PIERCING & TATTOO LIABILITY INSURANCE APPLICATION

- 1.1 Business Name: _____ Phone _____
 Applicant Name(s): _____ email address: _____
 Mailing Address: _____
 Business Address: _____
- 1.2 Operating as: Corporation _____ Partnership _____ Individual _____ Independent contractor _____
- 1.3 Working as: Tattoo and/or Piercing Business ___ Ind. Operator ___ Number locs: ___ Other, describe _____
- 1.4 Do you operate a retail sales business grossing over \$5000? _____ Do you have other insurance for it? _____
- 1.5 Are you in compliance with all city, county, state ordinances? _____ Business license No. _____
- 1.6 How long in the business of body piercing? _____ tattooing? _____
- 1.7 Have you had formal instruction in body piercing? (attach description of training) _____ Yes _____ No
 Have you had an apprenticeship in tattooing? _____ If no, how trained? _____
- 1.8 How many body piercing procedures have you performed in the past 12 months? _____ Tattoo procedures? _____

PART II. GENERAL INFORMATION ON YOUR PROFESSION

- 2.1 Do you use a release/client info. form on everyone? If yes, attach a copy for all services. _____ Yes _____ No
- 2.2 Do you use an aftercare form on everyone? If yes, attach a copy for piercing _____ Yes _____ No
- 2.3 Do you ever pierce minors? _____ If yes, under what circumstances? _____
- 2.4 Do you want to cover ear, nose and navel piercings for minors? _____ Written parental consent is required + add'l charge
 Do you want to cover tongue & eyebrows for age 16 & 17? _____ Parent must be present & sign consent + add'l charge
- 2.5 Indicate type and make of sterilizer: _____
- 2.6 How do you sterilize equipment and materials prior to use? _____
- 2.7 Do you have hot and cold running water on site? _____ Yes _____ No
- 2.8 Do you wear a new pair of gloves with each procedure? _____ Yes _____ No

PART IIIa. EQUIPMENT AND PROCEDURES - PIERCING

- 3.1 How do you sterilize jewelry prior to insertion? _____
- 3.2 Do you use sterile needles with each individual piercing? _____ Yes _____ No
- 3.3 Is all jewelry you use from US manufacturers or from Cold Steel/Wild Cat in UK? _____ Yes _____ No
 What is the jewelry you use made of? _____
- 3.4 How are hard surfaces disinfected? _____
- 3.5 How is the body area prepared before piercing? _____
- 3.6 List all equipment you use to pierce: _____
 Do you use a piercing gun? _____ If yes, under what circumstances? _____

PART IIIb. EQUIPMENT AND PROCEDURES - TATTOOING

- 3.7 Are all pigments from US Manufacturers? _____ Yes _____ No
- 3.8 Do you ever re-use needles? _____ Yes _____ No
- 3.9 Do you dispose of your pigments after each client? _____ 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 yes, indicate the following:
Insurer Policy # Liability Limits Premium Exp. Date

If claims made, most recent retroactive date: _____

4.2 List liability claims history arising from any body piercing, tattoo, or other professional activity, whether or not insured:
If none, state so _____.
YR/Claim Nature of injuries Equip. Involved Details, if Pending Amt. if settled

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 the event:

I understand and agree this Application and any and all supplements attached hereto will be made a part of any policy issued, and any such 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 investigations 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 all Lloyd's of London participating syndicates, any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Furthermore, I understand that the policy applied for will apply only to CLAIMS FIRST MADE AND REPORTED to the Company in writing within the period of coverage shown on the certificate of insurance issued with the policy or certificate on the date the policy is canceled or terminated, whichever comes first or as otherwise provided by the policy.

I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

IMPORTANT: THIS APPLICATION MUST BE SIGNED BY THE APPLICANT. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.

APPLICANT TITLE

TODAY'S DATE REQUESTED EFFECTIVE DATE

Note: Coverage becomes effective only when accepted by the insurance company.

LIABILITY LIMIT REQUESTED: _____ NUMBER OF OPERATORS: _____

ADDITIONAL INSURED: @ \$25 CERTIFICATE HOLDER (Landlord or Lessor) If necessary, add other names on separate paper.

NAME: _____ ADDRESS: _____

Relationship to your business (Landlord, lienholder): _____

ADDITIONAL ARTIST(S)/PIERCER(S) SUPPLEMENT

To be used for more than one artist, piercer and/or location

A. Name of Shop: _____

B. Owner(s) of Shop: _____

C. **ARTISTS TO BE INSURED, INCL. OWNERS:** **YRS OF EXPERIENCE**

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

D. **PIERCERS TO BE INSURED, INCL. OWNERS** **YRS OF EXPERIENCE**

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

If piercing is to be covered, I elect the following option: (There is no coverage for tattooing minors.)

Minor Piercing Ltd.: coverage for ears, nose, & navel (15-17 years) with written parental consent

Minor Piercing Plus: coverage for ears, nose, & navel (15-17 years), cybrows & tongue (16 – 17 years) with a parent present.

I do not want Minor Piercing coverage at this time.

E. **ADDRESS OF LOCATIONS TO BE INSURED** (indicated business name if different from that listed above)

1. _____

2. _____

3. _____

4. _____

I, the owner of the above indicated business, hereby warrant and confirm each tattooer and/or piercer listed above for coverage, while operating under my business, will follow the guidelines and procedures that I indicate I follow on the insurance application, including use of proper sterilization on all equipment, no reuse of needles, registration of clients and providing each client instructions on how to care for their tattoo and/or piercing.

SIGNATURE: _____ **DATE:** _____

CHECK LIST for TATTOO & BODY PIERCING

TO CONSIDER BINDING WE MUST RECEIVE:

Done?

1. Completed & Signed application with Additional Supplement application.
NOTE: There is an additional fee of \$50 for clients in CO & OR.

2. Full payment or deposit to finance of 30% + fees.

Additional information required for TATTOO Coverage:

Done?

1. Copy of your release/consent forms for tattooing.

Additional information required for BODY PIERCING coverage:

Done?

1. Copy of aftercare forms for body piercing.

2. Copy of your release/consent for Piercing.
(we can provide a sample if needed)

3. Copy of your release/consent for Piercing **Minors**. (If Applicable)
(we can provide a sample if needed)

****All suggested forms are available on our website at www.tattoo-ins.com. Feel free to use them.

NO COVERAGE WILL BE CONSIDERED FOR
BINDING WITHOUT ENCLOSING ALL THE
REQUESTED ITEMS