



TATTOO & BODY PIERCING INSURANCE APPLICATION



- ✓ National A Rated Company
- ✓ Preferred Rate Plan
- ✓ 24/7 Claims Service
- ✓ Payment Plans Available

Producer:

APPLICANT INFORMATION (Required)

APPLICANT'S NAME (include all firm names, trading names or DBA's under which you operate)		Requested Effective Date: ____ / ____ / ____
Mailing Address		County
City	State	Zip Code
Business Location Address		County
City	State	Zip Code
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____		Year Business Started
Business Phone:	Cell Phone:	FAX
Contact Name:	Website:	
Email:	Federal Employer Identification Number:	
Number of years in Tattooing : _____	Percentage of Work done at this shop: Tattoo _____ %	
Number of years in Piercing : _____	Percentage of Work done at this shop: Piercing _____ %	
Number of losses in past 3 years: _____	Prior Insurance Company: _____	

GENERAL INFORMATION (Required)

1. Have you had any policies or coverage cancelled, declined or non-renewed in the past 3 years other than a carrier withdrawing from a class of business?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please Describe: _____	
2. Do you own any other properties or business operations under this legal entity?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have any operations been sold, acquired or discontinued in the past 5 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Any bankruptcies, tax or credit liens in the past 5 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please Describe: _____	
5. Are you a member of any national tattoo or body piercing association? Such as Alliance of Professional Tattooists, National Tattoo Association or Tattoo Now....	<input type="checkbox"/> YES <input type="checkbox"/> NO
What Association or Origination? _____	

LIABILITY SECTION (Required)

Desired Limit

Limits of Liability: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
Please chose one: <input type="checkbox"/> I elect to purchase Terrorism Coverage <input type="checkbox"/> I do not elect to purchase Terrorism Coverage
Infectious Disease Coverage? <input type="checkbox"/> Yes or <input type="checkbox"/> No <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000
Assault & Battery Coverage <input type="checkbox"/> Yes or <input type="checkbox"/> No
If Yes, what limit would you like? <input type="checkbox"/> 25,000/25,000 <input type="checkbox"/> 50,000/50,000 <input type="checkbox"/> 100,000/100,000

- | | |
|---|--|
| 1. Do you use information / release form for every client? (Attach a Copy) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Do you use an aftercare form for every client? (Attach a Copy) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. How long do you retain client records? (_____) | |
| 4. Is there a weapon kept on premises? (Assault & Battery Exclusion applies to this policy sublimit can be purchased) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Do you validate the age of every client? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Do you videotape procedures? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. Do you tattoo or pierce intoxicated patrons? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8. Do you have hot and cold running water at your work site? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 9. Do you wear a new pair of gloves with each procedure? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 10. Do you have blood borne pathogen training? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 11. Do you have a contract with bio-waste disposal company? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If no please describe how you dispose of bio-waste: _____ | |
| 12. Do you use Sharps waste container? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If no please describe how you dispose of needles: _____ | |
| 13. Are artists trained in CPR or First Aid? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 14. Do artists travel to client's location? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 15. Do you operate a retail business grossing over \$5,000 annually? Other than tattooing and body piercing. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes please describe: _____ Annual Retail Sales:\$ _____ | |
| 16a How do you sterilize equipment and materials prior to use? _____ | |
| 16b Type and make of sterilizer _____ | |
| 17. Are you in compliance with all governmental ordinances and work in a business shop? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 18. Are you licensed by any state, county or municipality? (Send in copies of artist license's) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 19. Are you required to provide your landlord additional insured endorsement naming them on the policy? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

<input type="checkbox"/> Additional Insured for Landlord		
NAME		
Mailing Address		
City	State	Zip Code
Phone Number:	Email Address:	

<input type="checkbox"/> Additional Insured / Mortgagee		
NAME		
Mailing Address		
City	City	City
Phone Number:	Email Address:	

PROPERTY SECTION (If Needed)		
Complete this section for Building, Equipment or Office Contents Coverage		
PREMISES & BUILDING		
Property Address _____		
Building Replacement Value \$ _____ (If coverage for building is desired)	Do you Own <input type="checkbox"/> Lease <input type="checkbox"/> or Rent <input type="checkbox"/>	
Deductible on Building: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Protection Class _____	
Building Square Footage _____	Square Footage You Occupy _____	
Age of Building* _____	Number of Stories _____	Type of Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry/Brick <input type="checkbox"/> Steel/Metal <input type="checkbox"/> Other _____
* Year of Upgrades for the Roof: _____ Plumbing: _____ Electrical: _____		
What type of roof? <input type="checkbox"/> Slate <input type="checkbox"/> Metal <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Built up Tar <input type="checkbox"/> Rubber Membrane <input type="checkbox"/> Other _____		
Sprinklered? <input type="checkbox"/> YES <input type="checkbox"/> NO Alarm System? <input type="checkbox"/> None <input type="checkbox"/> Monitored System <input type="checkbox"/> Un-Monitored System <input type="checkbox"/> Dead Bolt <input type="checkbox"/> Smoke Alarm		
Is distance to responding fire station less than 5 miles?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no how far? _____
Is distance to fire hydrant less than 1,000 feet?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no how far? _____
Is property within 150 Miles of Sea Coast?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes how many miles from Sea Coast? _____
1. Business Personal Property	Limit Needed \$ _____	Replacement Cost? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Business Income & Extra Expense	Annual Income \$ _____	← Only fill in if Business Income Coverage is needed.
3. Building Glass Coverage	Cost to Replace Glass \$ _____	Glass Deductible: <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
4. Outdoor Sign Coverage	Replacement Cost \$ _____	Kind of Sign: <input type="checkbox"/> Neon <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other _____
5. Property of Others (Including Theft)	Limit Needed \$ _____	Replacement Cost? <input type="checkbox"/> YES <input type="checkbox"/> NO

TATTOO PROFESSIONAL LIABILITY SECTION (Required If Tattooing)		
Complete this section for Tattoo Liability Coverage		
1. Do you use information / release form for every client? (Attach a Copy)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Do you use an aftercare form for every client? (Attach a Copy)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Are all pigments from U.S. manufacturers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Do you ever re-use needles or gloves?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Do you dispose of your pigments caps after each client?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Do you do any tattooing of the eye ball?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Do you offer any type of branding or scarification services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Do you offer micro needling services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Do you have written sterilization, sanitation and safety standards?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Do you perform any services as part of a medical procedure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Do you apply permanent makeup? If yes, please provide a list of the procedures that you perform	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NOTE: If you do any Areola Pigmentation please have all clients complete Consent for Areola Pigmentation		

BODY PIERCING PROFESSIONAL LIABILITY SECTION (Required If Piercing)

Complete this section for Piercing Liability Coverage

1. Have all Piercers had formal instruction in body piercing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do you pierce minors? (Signed Parental Consent Required)	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do you perform piercing on genitals?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. How do you sterilize jewelry?	
5. How are hard surfaces disinfected?	
6. How is body area prepared?	
7. List piercing equipment used.	
8a. Do you use piercing guns?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8b. Under what circumstances used?	
9. Do you have a private piercing room?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please select one of the following options for Body Piercing.....

- Basic Form Coverage** – Ears, Nose, Naval, Lip
- Broad Form Coverage** – Ears, Nose, Naval, Eyebrows, Genitals, Nipples, Oral Cavity, Surface or Dermal Piercing.

I, the owner of the above indicated business, hereby warrant and confirm each tattoo artist and/or piercer listed on page 5 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. I understand this by signing on page 6.

TATTOO / BODY PIERCING ARTIST INFORMATION (Required For Every Artist/Piercer Covered On Policy)

Artists to be Insured - Including Owners

1) Artist's Name Owner <input type="checkbox"/> Independent Contractor <input type="checkbox"/> or Employee <input type="checkbox"/>	
Number of years Tattoo experience: _____ Does this technician do Permanent Makeup <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, do you work out of you own studio <input type="checkbox"/> YES <input type="checkbox"/> NO Does this artist Tattoo minors <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of years Piercing experience: _____ Years of experience Surface and Dermal Piercings: _____ Does this Body Piercer pierce minors? <input type="checkbox"/> YES <input type="checkbox"/> NO
2) Artist's Name Owner <input type="checkbox"/> Independent Contractor <input type="checkbox"/> or Employee <input type="checkbox"/>	
Number of years Tattoo experience: _____ Does this technician do Permanent Makeup <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, do you work out of you own studio <input type="checkbox"/> YES <input type="checkbox"/> NO Does this artist Tattoo minors <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of years Piercing experience: _____ Years of experience Surface and Dermal Piercings: _____ Does this Body Piercer pierce minors? <input type="checkbox"/> YES <input type="checkbox"/> NO
3) Artist's Name Owner <input type="checkbox"/> Independent Contractor <input type="checkbox"/> or Employee <input type="checkbox"/>	
Number of years Tattoo experience: _____ Does this technician do Permanent Makeup <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, do you work out of you own studio <input type="checkbox"/> YES <input type="checkbox"/> NO Does this artist Tattoo minors <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of years Piercing experience: _____ Years of experience Surface and Dermal Piercings: _____ Does this Body Piercer pierce minors? <input type="checkbox"/> YES <input type="checkbox"/> NO
4) Artist's Name Apprentice <input type="checkbox"/> Independent Contractor <input type="checkbox"/> or Employee <input type="checkbox"/>	
Number of years Tattoo experience: _____ Does this technician do Permanent Makeup <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, do you work out of you own studio <input type="checkbox"/> YES <input type="checkbox"/> NO Does this artist Tattoo minors <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of years Piercing experience: _____ Years of experience Surface and Dermal Piercings: _____ Does this Body Piercer pierce minors? <input type="checkbox"/> YES <input type="checkbox"/> NO
5) Artist's Name Apprentice <input type="checkbox"/> Independent Contractor <input type="checkbox"/> or Employee <input type="checkbox"/>	
Number of years Tattoo experience: _____ Does this technician do Permanent Makeup <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, do you work out of you own studio <input type="checkbox"/> YES <input type="checkbox"/> NO Does this artist Tattoo minors <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of years Piercing experience: _____ Years of experience Surface and Dermal Piercings: _____ Does this Body Piercer pierce minors? <input type="checkbox"/> YES <input type="checkbox"/> NO
6) Artist's Name Apprentice <input type="checkbox"/> Independent Contractor <input type="checkbox"/> or Employee <input type="checkbox"/>	
Number of years Tattoo experience: _____ Does this technician do Permanent Makeup <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, do you work out of you own studio <input type="checkbox"/> YES <input type="checkbox"/> NO Does this artist Tattoo minors <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of years Piercing experience: _____ Years of experience Surface and Dermal Piercings: _____ Does this Body Piercer pierce minors? <input type="checkbox"/> YES <input type="checkbox"/> NO
7) Artist's Name Apprentice <input type="checkbox"/> Independent Contractor <input type="checkbox"/> or Employee <input type="checkbox"/>	
Number of years Tattoo experience: _____ Does this technician do Permanent Makeup <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, do you work out of you own studio <input type="checkbox"/> YES <input type="checkbox"/> NO Does this artist Tattoo minors <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of years Piercing experience: _____ Years of experience Surface and Dermal Piercings: _____ Does this Body Piercer pierce minors? <input type="checkbox"/> YES <input type="checkbox"/> NO

HISTORY (Required)

All questions must be answered. Non-disclosure of claims history could invalidate coverage.

1a. Do you currently have insurance coverage? YES NO

Insurer	Policy #	Expire Date	Liability Limit	Premium
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1b. If Claims Made forms, what is most recent Retroactive date? _____

1c. If Claims made forms, would you like to add **Limited Prior Acts Coverage** for 1 year of prior coverage? YES NO

2a. List liability claims history arising from any tattoo, body piercing, permanent makeup or other professional activity whether or not claim was insured.

2b. Do you have knowledge of any event, circumstance or occurrence (other than listed above) prior to the proposed effective date of this policy or do you foresee that a claim may be brought in the future as a result of any said event, circumstance or occurrence? YES NO

2c. If YES describe details of event: _____

SIGNATURE AND AGREEMENTS

I understand and agree this Application and any supplements attached hereto will be relied upon for issuance of any policy. 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 to all participating insurance companies, underwriters, risk purchasing groups and Lloyds 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 may be 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.

THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY.

NOTE: THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER.

Signature of Applicant

Date

Title

FAX OR EMAIL THIS APPLICATION TO :

Jay Pallante III
Program Underwriter
Allen Financial Insurance Group / AFIG Entertainment / The Equestrian Group
12424 N 32nd St Suite 101, Phoenix, AZ 85032
Office: 800-874-9191 x101
Cell: 602-531-0614
Fax: 602-992-8327
Web: <http://www.eqgroup.com/tattoo.htm>
Email: jay@eqgroup.com