

TATTOO, BODY PIERCING, SALON & MEDI-SPA INSURANCE APPLICATION

APPLICANT INFORMATION 1

Producing Agency Name: _____

Applicant Name:		Requested Effective Date	
Business Name:		/ /	
Email:	Website:	Phone:	
Mailing Address:			
Business Address Loc. 1			
Business Address Loc. 2			
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Partnership			
Operating as: <input type="checkbox"/> Tattoo and/or Body Piercing Business <input type="checkbox"/> Independent Contractor			
Year Business Started:	# of losses in the past 3 years:	Prior Insurance Company:	

HISTORY 2

a. Have you had any policies or coverage cancelled, declined, or nonrenewed in the past 3 years; other than a carrier withdrawing from a class of business? If Yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you own any other properties or business operations under this legal entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you own any other properties or business operations under this legal entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Have any operations been sold, acquired or discontinued in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Do you currently have insurance coverage? If yes, complete below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Carrier: _____	
Policy No.: _____ Exp. Date: _____ Premium: _____	
If Claims Made forms, what is most recent Retroactive Date? _____	

TATTOO SECTION 3

a. Are all pigments from U.S. manufacturers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you dispose of your pigments caps after each client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you have written sterilization, sanitation and safety standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you ever re-use needles or gloves?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Do you do any tattooing of the eye ball?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Do you offer any type of branding or scarification services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Do you Tattoo Minors? (Signed Parental Consent Required) (Ages 15-17 Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Do you apply permanent makeup? If Yes, please provide a list of procedures 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	

PIERCING SECTION 4

Covered Piercings: Ears, Nose, Naval, Eyebrows, Genitals, Nipples, Oral Cavity, Surface and Dermal Piercing

a.	Have all Piercers had formal instruction in body piercing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Do you pierce minors? (Signed Parental Consent Required) (Ear Piercings Allowed on any age) (Nose, Naval, Eyebrows, Oral Cavity Ages 15-17)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Do you perform piercing on genitals? (Genital piercings, including nipples, are prohibited under the age of 18)	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	How do you sterilize jewelry?	
e.	How are hard surfaces disinfected?	
f.	How is body area prepared?	
g.	List piercing equipment used:	
h.	Do you use piercing guns? Under what circumstances used?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
i.	Do you have a private piercing room?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I, the owner of the above indicated business, hereby warrant and confirm each tattoo artist and/or piercer listed on page 3 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 4.

LIABILITY SECTION 5

a.	Select coverages and corresponding limits that you desire:					
	<input checked="" type="checkbox"/> 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
	<input type="checkbox"/> Infectious Disease:	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	
	<input type="checkbox"/> Assault & Battery:	<input type="checkbox"/> \$25,000/\$25,000	<input type="checkbox"/> \$50,000/\$50,000	<input type="checkbox"/> \$100,000/\$100,000		
	<input type="checkbox"/> Sexual Abuse:	<input type="checkbox"/> \$25,000/\$25,000	<input type="checkbox"/> \$50,000/\$50,000	<input type="checkbox"/> \$100,000/\$100,000		
	<input type="checkbox"/> I Elect the Option to Purchase Terrorism Coverage	<input type="checkbox"/> I Reject the Option to Purchase Terrorism Coverage				
b.	Does your facility require every client to sign an information/consent form? (Attach a Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
c.	Do you provide all clients with written aftercare instructions? (Attach a Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
d.	How long do you retain client records in years?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
e.	Is there a weapon kept on premises? (Assault & Battery Exclusion applies to this policy sublimit cannot be purchased if yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
f.	Do you have hot and cold running water at your work site?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
g.	Do you wear a new pair of gloves with each procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
h.	Do you have a contract with bio-waste disposal company? If no please describe how you dispose of bio-waste:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
i.	Do you use Sharps waste container? If no please describe how you dispose of needles:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
j.	Do artists travel to client's location?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
k.	Are you in compliance with all city, county, state ordinances and work in a licensed business?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
l.	Are you in compliance with all city, county, state ordinances and work in a licensed business?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
j.	If you are required to add an additional interest to your policy list their info below?					
	<input type="checkbox"/> Addt'l Insured <input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Loss Payee <input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Primary					
	1. Wording					
	Name:					
	Address:					
	2. <input type="checkbox"/> Addt'l Insured <input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Loss Payee <input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Primary Wording					
	Name:					
	Address:					

ARTIST INFORMATION 6

Artist/Piercers to list on the policy		List years of experience next to services you would like covered	
		YEARS	YEARS
1.	First & Last Name: _____	Tattoo:	Piercing:
		Micro Blading:	Salon Services:
		Permanent MU:	Pigment Removal:
2.	First & Last Name: _____	Tattoo:	Piercing:
		Micro Blading:	Salon Services:
		Permanent MU:	Pigment Removal:
3.	First & Last Name: _____	Tattoo:	Piercing:
		Micro Blading:	Salon Services:
		Permanent MU:	Pigment Removal:
4.	First & Last Name: _____	Tattoo:	Piercing:
		Micro Blading:	Salon Services:
		Permanent MU:	Pigment Removal:
5.	First & Last Name: _____	Tattoo:	Piercing:
		Micro Blading:	Salon Services:
		Permanent MU:	Pigment Removal:
6.	First & Last Name: _____	Tattoo:	Piercing:
		Micro Blading:	Salon Services:
		Permanent MU:	Pigment Removal:
7.	First & Last Name: _____	Tattoo:	Piercing:
		Micro Blading:	Salon Services:
		Permanent MU:	Pigment Removal:
8.	First & Last Name: _____	Tattoo:	Piercing:
		Micro Blading:	Salon Services:
		Permanent MU:	Pigment Removal:

If Your Business Has More Than 8 Artists, Please Request an Additional Artist Information Section

HOW MANY OPERATORS? Full Time = _____ Part Time = _____ Total = _____

Check all that apply and provide the # of Operators and Years of Experience for each:

	# Oper.	Yrs. Exp.		# Oper.	Yrs. Exp.
<input type="checkbox"/> Areola Re-Pigmentation	_____	_____	<input type="checkbox"/> Micro Scalp Pigmentation	_____	_____
<input type="checkbox"/> Beautician/Barbers	_____	_____	<input type="checkbox"/> Microdermabrasion	_____	_____
<input type="checkbox"/> Body Piercing	_____	_____	<input type="checkbox"/> Permanent Makeup	_____	_____
<input type="checkbox"/> Body Wraps	_____	_____	<input type="checkbox"/> Permanent Makeup – Blush	_____	_____
<input type="checkbox"/> Dermaplaning	_____	_____	<input type="checkbox"/> Permanent Makeup – Eye Shadow	_____	_____
<input type="checkbox"/> Electrology	_____	_____	<input type="checkbox"/> Permanent Makeup – Camouflage	_____	_____
<input type="checkbox"/> Exercise Activity	_____	_____	<input type="checkbox"/> Saline Pigment Removal	_____	_____
<input type="checkbox"/> Eyelash Extension	_____	_____	*IF CHECKED, Supplemental Application Required		
<input type="checkbox"/> Facials	_____	_____	<input type="checkbox"/> Spray Tanning	_____	_____
<input type="checkbox"/> Facials w/ Peels	_____	_____	<input type="checkbox"/> Tattooing (Decorative/Body Art)	_____	_____
<input type="checkbox"/> Laser Hair Removal	_____	_____	<input type="checkbox"/> Tanning	_____	_____
<input type="checkbox"/> Manicurist / Nail Technicians	_____	_____	*IF CHECKED, # of beds _____		
<input type="checkbox"/> Massage Therapist	_____	_____	<input type="checkbox"/> Teeth Whitening	_____	_____
<input type="checkbox"/> Micro Blading	_____	_____	<input type="checkbox"/> Temporary Henna Tattooing	_____	_____
<input type="checkbox"/> Micro Needling (Cosmetic)	_____	_____	<input type="checkbox"/> Wax Removal	_____	_____

PROPERTY SECTION 7

Location 1 Address: _____			
Check one: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Lease		Square footage you occupy: _____ Sq.ft.	
Year of most recent upgrade(s) _____	Type of Construction:	Type of Roof:	Alarm System:
Roof:..... _____	<input type="checkbox"/> Frame/Wood	<input type="checkbox"/> Slate	<input type="checkbox"/> Monitored System
Plumbing:..... _____	<input type="checkbox"/> Joisted	<input type="checkbox"/> Metal	<input type="checkbox"/> Un-monitored System
Electrical:..... _____	<input type="checkbox"/> Masonry/Brick	<input type="checkbox"/> Asphalt/Shingles	<input type="checkbox"/> Dead Bolt
	<input type="checkbox"/> Steel/Metal	<input type="checkbox"/> Built Up Tar	<input type="checkbox"/> Smoke Alarm
	<input type="checkbox"/> Other	<input type="checkbox"/> Rubber Membrane	<input type="checkbox"/> None
		<input type="checkbox"/> Other	
a. Select coverages and corresponding limits that you desire:			
<input type="checkbox"/> Business Personal Property (BPP):	Replacement Cost: \$ _____		
<input type="checkbox"/> Business Income & Extra Expense:	Annual Income: \$ _____		
<input type="checkbox"/> Tenant Improvements & Betterments:	Improvement Cost: \$ _____		
<input type="checkbox"/> Property of Others (including theft):	Replacement Cost: \$ _____		
<input type="checkbox"/> Building Coverage (Structure):	Bldg. Replacement Value: \$ _____		
<input type="checkbox"/> Building Glass Coverage:	Cost to replace glass: \$ _____		
<input type="checkbox"/> Outdoor Sign Coverage:	Cost to replace sign: \$ _____		
	Type: <input type="checkbox"/> Neon <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other _____		
b.	Is distance to fire hydrant less than 1,000 feet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If No, provide distance: _____ ft		
c.	Is distance to responding fire statement less than 5 miles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If No, provide distance: _____ ft		
d.	Is distance from the sea coast less than 150 miles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If No, provide distance: _____ ft		

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

FAX, MAIL OR EMAIL THIS APPLICATION TO:
Allen Financial Insurance Group Inc.
 12424 N 32nd St Suite 101, Phoenix, AZ 85032
 Phone: 800-874-9191 Fax: 602-992-8932
Tattoo@EQGroup.com