



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

**APPLICANT INFORMATION 1**

Producing Agency Name: \_\_\_\_\_

Applicant Name:		Renewal 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:

**General Information 2**

a. Do you use the same client consent and aftercare forms as are on file in our office? If No, please submit updated forms for review:	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are all equipment procedures the same as last year? If No, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you operate a retail business grossing over \$5,000 annually? Other than tattooing and body piercing? If Yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Retail Sales \$ _____	
I, the owner of the above indicated business, hereby warrant and confirm each tattoo artist and/or piercer listed on page 2 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 3.	
e. Do you currently have insurance coverage? If yes, complete below: Insurance Carrier: _____ Policy No.: _____ Exp. Date: _____ Premium: _____ If Claims Made forms, what is most recent Retroactive Date? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PROPERTY SECTION 7**

a.	Check this box if property coverage limits are the same as previous year <input type="checkbox"/>	
	Do you have an 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	
	<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 _____

**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	_____	_____

**Please add any additional Artist's Names to an Additional Sheet of Paper.**

**Please list any other changes in your business that we should be aware of:**

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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.**

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Signature of Applicant

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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](mailto:Tattoo@EQGroup.com)