



Allen Financial Insurance Group Inc.

12424 N 32nd St Suite 101, Phoenix, AZ 85032

Phone: 800-874-9191 Fax: 602-992-8932

PMU ARTIST - APPLICANT INFORMATION

Applicant Name: _____ Phone Number: _____

Business Name: _____

Email Address: _____ Web Site: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Address (Loc #1) _____

City: _____ State: _____ Zip Code: _____

Business Address (Loc #2) _____

City: _____ State: _____ Zip Code: _____

Business Type: Corporation LLC Individual Partnership Independent Contractor Other: _____

Year Business Started: _____ # of Losses in the Past 5 Years: _____ Prior Insurance Company: _____

Do you currently have insurance coverage? If yes, complete below: Yes No

Insurance Carrier: _____ Policy Number: _____

Policy Number: _____ Expiration Date: _____ Policy Premium: _____

LIABILITY SECTION

Limits of Liability: \$100,000 \$200,000 \$300,000 \$500,000 \$1,000,000

Infectious Disease: \$25,000 \$50,000 \$100,000 \$250,000

Assault & Battery: \$25,000 \$50,000 \$100,000

Sexual Abuse: \$25,000 \$50,000 \$100,000

I Elect to Purchase Optional Terrorism Coverage I Reject to Purchase Optional Terrorism Coverage

Are you in compliance with all city, county, state ordinances and work in a licensed business? Yes No

Are you licensed by any state, county or municipality? (Send in copies of artist license's) Yes No

Do you sell products other than the services you are providing? Annual Sales from other products? \$ _____ Yes No

If Yes, please provide description of items sold (i.e. Jewelry, Clothing, Aftercare Products etc....): _____

Do you provide any services other than PMU and/or Microblading? Yes No

If Yes, please provide a list service (i.e. Salon or Spa Services etc....): _____

If you are required to add any entity on as Additional Insured on your Policy, please list their info below:

Landlord Property Management Co. Mortgage Loss Payee Waiver of Subrogation Primary Wording

Name: _____

Address: _____

PERMANENT & MICROBLADING MAKEUP SECTION

Technician Name: _____ Years of Experience: _____

Permanent Makeup: eyeliner, eyebrows, lips, lipliner, nipple/areola, scar camouflage Permanent Makeup: eyeshadow, cheek blush

Microblading: eyebrows only Scalp Micro Pigmentation Saline Pigment Removal

Provide certificate of training for any of the above listed services for each Technician

Hours of Live Training: _____ Hours of Online Training: _____ Name of School: _____ Dates Attended: _____

How long do you retain client records in years?	_____ Years
Do you require every client to sign an information/consent form? (Attach a Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide all clients with written aftercare instructions? (Attach a Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all pigments from U.S. or Canada manufacturers and/or EU Standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you dispose of your used pigment's caps after each client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have written sterilization, sanitation and safety standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you take before and after photos of all work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a contract with bio-waste disposal company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use Sharps waste container?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do artists travel to client's location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ever RE-USE needles or gloves?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL COVERAGE SECTION

Are you interested in adding any of the following coverages?

- Business Property Coverage Yes No
(If Yes, we require Property Application to be Completed)
- Excess Liability Coverage Yes No
(If Yes, we may require an additional Excess Application to be Completed)
- Hired and Non-Owned Auto Liability Coverage Yes No

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY AND ARE MADE PART OF ALL APPLICABLE APPLICATIONS FOR INSURANCE. Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued. I HAVE READ AND UNDERSTAND THE FRAUD WARNINGS CONTAINED IN ALL APPLICATIONS. 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	Printed Name/Title	Date
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If you are Mailing, E-Mailing or Faxing this application back to us, please use the contact information below:

Mail: Allen Financial Insurance Group Inc. 12424 N 32nd St Suite 101, Phoenix, AZ 85032

E-Mail: Jay@EQGroup.com

Fax Number: 602-992-8932

Secondary Fax: 602-992-8327

*****FOR INSURANCE AGENTS ONLY**

Agency/Brokerage Name: _____

License Number: _____ E&O Policy # _____ Expiration Date: _____

Account Contact: _____

Phone Number: _____ Email: _____