



Allen Financial Insurance Group Inc.

13880 N. Northsight Blvd. Building C #109
Scottsdale, AZ 85260
Phone: 800-874-9191 Fax: 602-992-8327

****TOP SECTION IS FOR INSURANCE AGENTS ONLY****

Agency/Brokerage Name: _____

Account Contact: _____

Phone Number: _____ Email: _____

PMU ARTIST - APPLICANT INFORMATION

Applicant Name: _____ Phone Number: _____

Business Name: _____

Email Address: _____ Web Site: _____

Mailing Address: _____

Street City State Zip Code

Business Address (Loc #1) _____

Street City State Zip Code

Business Address (Loc #2) _____

Street 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

Expiration Date: _____ Policy Premium: _____ Claims Made Retro Date: _____

LIABILITY SECTION

[X] 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 that 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

Complete this page for **EACH** technician performing any of the below services

Technician Name: _____ Technician Experience: Years _____ Months _____

Check ALL services rendered by technician: (Provide certificate of training for any of the below listed services for each technician)

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

Microblading: eyebrows only Scalp Micro Pigmentation Saline Pigment Removal

Hours Training: _____ Name of School: _____ Dates Attended: Start _____ Completion _____

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

BUILDING INFORMATION (IF REQUESTING EQUIPMENT COVERAGE) N/A

Year of Construction: _____ Year of Most Recent Updates to the Building: _____ Roof: _____ Plumbing: _____ Electrical: _____

Type of Construction: Frame/Wood Joisted Masonry/Brick Steel/Metal Stucco/Frame Other: _____

Type of Roof: Asphalt Shingles Built Up Tar Metal Tile Torch Down Rubber Membrane Other: _____

Alarm System: None Monitored System Un-Monitored System Dead Bolt Only Smoke Alarm Sprinkler System

PROPERTY COVERAGE SECTION (IF REQUESTING EQUIPMENT COVERAGE)

Select Coverages and Corresponding Limits Desired:

- Business Personal Property (BPP): Replacement Cost: \$ _____
- Business Income & Extra Expense: Annual Business Income: \$ _____
- Tenant Building Glass Coverage: Cost to Replace Glass: \$ _____
- Outdoor Sign Coverage: Cost to Replace Sign: \$ _____
Type of Sign: Neon Wood Metal Mechanical Other: _____

Is distance to fire hydrant less than 1,000 feet? Yes No

If No, provide distance: _____ feet

Is distance to responding fire station less than 5 miles? Yes No

If No, provide distance: _____ miles

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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Email: Jay@EQGroup.com Phone: 800-874-9191 Fax: 602-992-8327 Website: www.EQGroup.com