



Allen Financial Insurance Group Inc.

13880 N Northsight Blvd Building C

Suite 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: _____

TATTOO & BODY PIERCING - APPLICANT INFORMATION (REQUIRED)

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

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

LIABILITY SECTION (REQUIRED)

☒ 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

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

Does your facility 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

How long do you retain client records in years? _____ Years

Is there a weapon kept on premises? (Assault & Battery cannot be purchased if yes) ☐ Yes ☐ No

Do you have hot and cold running water at your work site? ☐ 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

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 Tattooing or Body Piercing? Annual Sales from other products? \$ _____ ☐ Yes ☐ No

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

Are any items used or sold in your studio manufactured, imported and/or re-labeled by you or your business? ☐ Yes ☐ No

If you are required to add any entity 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: _____

TATTOO SECTION (REQUIRED IF TATTOOING)

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 ever **RE-USE** needles or gloves? ☐ Yes ☐ No

Do you do any tattooing of the eyeball? ☐ Yes ☐ No

Do you offer any type of branding or scarification services? ☐ Yes ☐ No

Do you Tattoo Minors? (Signed Parental Consent Required) (Ages 15-17 Only) ☐ Yes ☐ No

Do you apply permanent makeup? (If Yes, additional supplemental application required) ☐ Yes ☐ No

BODY PIERCING SECTION (REQUIRED IF PIERCING)

Is all Jewelry you use made within the U.S. or meets EU Standards? ☐ Yes ☐ No

Do you pierce minors? (Signed Parental Consent Required, Ear Piercings Allowed on any age) ☐ Yes ☐ No

(Nose, Naval, Eyebrows, Oral Cavity ONLY Ages 15-17)

Do you perform piercing on genitals? (Genital piercings, including nipples, are prohibited under the age of 18) ☐ Yes ☐ No

Are all your jewelry and needles either A.) pre-sterile, one time use or B.) heat sterilized prior to use ☐ Yes ☐ No

Do you **EVER RE-USE** needles or gloves? ☐ Yes ☐ No

What is the jewelry you use made of? ☐ Surgical Steel ☐ Solid Yellow or White Gold ☐ Platinum ☐ Titanium ☐ Other: _____

Do you use piercing guns? ☐ Yes ☐ No

Under what circumstances used: _____

Do you have a private piercing room? ☐ Yes ☐ No

TATTOO ARTIST/BODY PIERCER INFORMATION (REQUIRED)

- I. Are you a business owner with independent contractors working at your place of business? ☐ Yes ☐ No
- II. If you answered **YES** to question I, do you intend to Cover all Tattoo Artist/Body Piercers in your studio Under your insurance policy? ☐ Yes ☐ No
- III. If you answered **NO** to question II, are all independent contractor Tattoo Artist/Body Piercers at your Business required to carry their own insurance policy that names you and/or your business as an Additional Insured with limits equal to or greater than your insurance policy limits. ☐ Yes ☐ No
- IV. Are you an independent contractor working out of another person's studio or place of business? ☐ Yes ☐ No
1. _____ ☐ Tattoo ☐ Body Piercer ☐ Both _____ Years of Experience
2. _____ ☐ Tattoo ☐ Body Piercer ☐ Both _____ Years of Experience
3. _____ ☐ Tattoo ☐ Body Piercer ☐ Both _____ Years of Experience
4. _____ ☐ Tattoo ☐ Body Piercer ☐ Both _____ Years of Experience
5. _____ ☐ Tattoo ☐ Body Piercer ☐ Both _____ Years of Experience
6. _____ ☐ Tattoo ☐ Body Piercer ☐ Both _____ Years of Experience
7. _____ ☐ Tattoo ☐ Body Piercer ☐ Both _____ Years of Experience
8. _____ ☐ Tattoo ☐ Body Piercer ☐ Both _____ Years of Experience
9. _____ ☐ Tattoo ☐ Body Piercer ☐ Both _____ Years of Experience
10. _____ ☐ Tattoo ☐ Body Piercer ☐ Both _____ Years of Experience

ADDITIONAL COVERAGE SECTION

Do you have other operations or services other than Tattooing or Body Piercing for this Business?

☐ Yes ☐ No

If Yes, please provide a list service (i.e. Beauty Salon Services, Art Gallery, Smoke Shop etc....):

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

ANY ADDITIONAL INFORMATION

NOTE – ALL questions must be answered. Failure to disclose any information could invalidate coverage

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 WORDINGS CONTAINED IN ALL APPLICATIONS.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided. I/We understand any policy issued will not provide Worker's Compensation. I/We agree to pay reasonable attorney's fees, costs and expenses necessarily incurred if suit or collection becomes necessary.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING

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.

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 or gloves, 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 of this application.

Signature of Applicant

Printed Name

Title

Date

If you are Mailing, E-Mailing or Faxing this application back to us, please use the contact information below:



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E-Mail: Jay@EQGroup.com