

TATTOO AND BODY PIERCING QUESTIONNAIRE

Applicant Name _____ Effective Date _____

Agency Name _____ Agency # _____

- Please include an ACORD Application
- Please attach 3 year Loss Runs
- Please attach a copy of your client signatory Waiver Form
- Please attach a copy of your Aftercare Instructions
- Please provide a copy of your written Sterilization/Sanitation and Safety Procedures

Applicant Information

1. Website _____
2. Years of operation under current ownership: _____
 How long in the business of body piercing? _____ tattooing? _____
 If less than 5 years, has the business ever operated under a different name or ownership structure?
___ Yes ___ No
 If Yes, please describe: _____
3. Hours of operations: _____
4. Annual Gross Sales:
 Tattoo \$ _____
 Body Piercing \$ _____
5. Please provide the total number of full-time (including owners and officers) employees _____
 Total number of part-time employees _____ Independent contractors _____
6. Are pre-employment background checks performed on all employees/independent contractors? ___ Yes ___ No
7. What is the minimum number of years of experience of a tattoo artist has at your operation? _____
8. What is the minimum number of years of experience a body piercing specialist has at your operation? _____

Operations Information

9. If you perform body piercing, please indicate which body parts you will pierce:
 ___ Ears ___ Lips ___ Tongues ___ Navels ___ Nipples ___ Eyes
 ___ Genital ___ Eyebrows ___ Noses ___ Hands ___ Feet ___ Axilla
 ___ Surface Piercings ___ Dermal Anchors ___ Other: _____
10. Do you perform genital tattoos? ___ Yes ___ No
11. Do you have any other operations besides tattooing and body piercing? ___ Yes ___ No
 If Yes, please describe: _____
12. Are you licensed by the state or city? ___ Yes ___ No
 If Yes, has your business been in violation of any city, state, or local regulations within the past 5 years?
___ Yes ___ No
 If Yes, please describe: _____
13. Are you a member of a state or national tattoo or body piercing association? ___ Yes ___ No

14. Do you perform any services as part of a medical procedure? Yes No
15. Do you perform body piercing or tattooing on minors? Yes No
 If Yes, what is the minimum age for body piercing _____ tattooing _____
16. Do you require parental consent with identification? Yes No
17. Describe your age verification procedure:
18. Do you perform tattoo or body piercing work away from your studio? Yes No
 If Yes, please describe:
19. Do you employ apprentices? Yes No
 If Yes, *please attach a detailed description of the training program.*
20. Do you tattoo or pierce intoxicated clients? Yes No
21. Do perform any tattooing of the eyeball? Yes No
22. Do you offer any type of branding or scarification services? Yes No
23. Do you perform any tattoo removals? Yes No
24. Have all employees had formal training in body piercing if performing that service? Yes No
 If Yes, *please attach a description of the training.*
25. Are any of your employees master piercers? Yes No
26. Do you use independent contractors? Yes No
 If Yes, please answer the following:
 Describe the services provided by independent contractors:

 Total yearly cost paid to all independent contractors: \$ _____
 Do you require independent contractors have their own insurance coverage and name your business as an additional insured on their policy? Yes No
27. Do you have written sterilization/sanitation and safety procedures? Yes No
 If No, please describe the sterilization/sanitation and safety methods you utilize:
28. Are all your jewelry and needles either pre-sterile or heat sterilized before use? Yes No
29. Do you use new needles for each client? Yes No
30. Do you use new gloves for each client? Yes No
31. Do you have blood borne pathogen training? Yes No
32. Are all employees trained in CPR and first aid? Yes No
33. Do you have an autoclave system? Yes No
34. Are you contracted with a bio waste disposal company? Yes No
35. Are sharp waste containers used in your studio? Yes No
 If No, how are sharps disposed of? _____
36. Has anyone ever claimed to have contracted any communicable diseases such as HIV, Herpes, or AIDS stemming out of your operations? Yes No

37. Are all pigments from U.S. or Canadian manufacturers and/or meet EU standards? Yes No
38. Is all jewelry you use made within U.S. guidelines and/or meets EU standards? Yes No
39. Do you dispose of your pigments after each client? Yes No

Abuse and Molestation

40. Has there ever been an allegation of sexual abuse or molestation or other inappropriate sexual contact made against your organization or any of its employees, subcontractors, or independent contractors? Yes No

If Yes, please explain:

41. Are you aware of any incident that could give rise to an allegation of abuse? (as described in Question 40.) Yes No

If Yes, please explain:

42. Does your employment or independent contractor application include questions about whether the individual has ever been convicted of any crime, including sex-related or child-abuse related offenses? Yes No
43. Are annual background checks performed on existing employees and volunteers? Yes No

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact or information. I understand that if the information supplied on this application changes between the date of the application and the inception date of the policy period, I will notify SECURA Insurance Companies of such change. I understand that completion of this application does not compel the company to provide coverage.

Applicant's Signature	Date
Agent's Signature	Date