



TATTOO & BODY PIERCING - 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

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 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: _____

TATTOO SECTION

- 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 eye ball? 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

- Is all Jewelry you use made within the U.S. or meets EU Standards? Yes No
- Do you pierce minors? Yes No
- (Signed Parental Consent Required, Ear Piercings Allowed on any age) (Nose, Naval, Eyebrows, Oral Cavity ONLY Ages 15-17)**
- Do you perform piercing on genitals? Yes No
- (Genital piercings, including nipples, are prohibited under the age of 18)**
- 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

ARTIST INFORMATION

All Tattoo Artist/Piercers are required to be insured by this policy or obtain their own, which we will require a proof of insurance certificate from the Tattoo Artist/Piercer naming your company on as additional insured. Please provide a copy with the application.

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. Salon, 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



Allen Financial Insurance Group Inc.
12424 N 32nd St Suite 101, Phoenix, AZ 85032
Phone: 800-874-9191 Fax: 602-992-8932

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

Allen Financial Insurance Group, Inc. for the insuring Company shall be permitted but not obligated to inspect the INSURED'S property and operations for UNDERWRITING AND/OR LOSS CONTROL PURPOSES at any time. Neither the right to make an UNDERWRITING AND/OR LOSS CONTROL VALUATION nor the making thereof nor any report thereof shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or healthful, or are in compliance with any engineering standards, rules, or regulations. The establishment of underwriting criteria and UNDERWRITING AND/OR LOSS CONTROL EVALUATIONS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, underwriting, and seeking to reduce claims against insurance and are not for the benefit of any insured or third party. The Insured is solely responsible for the safety of its property and operations and shall not rely upon any UNDERWRITING AND/OR LOSS CONTROL evaluations or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practices and procedures.

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications. I confirm that I have read and understand the individual state fraud notices which are a part of this application for coverage. I acknowledge and understand that any person or persons who knowingly and with intent to defraud any insurance company commits a fraudulent insurance act, which is a crime, is subject to criminal and civil penalties. 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:

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: _____