

Allen Financial Insurance Group Inc.
TATTOO & BODY PIERCING INSURANCE APPLICATION

12424 N 32nd St Suite 101, Phoenix, AZ 85032
 Phone: 800-874-9191 Fax: 602-992-8932

Producing Insurance Agency: _____

Producing Agent Name & Contact Information: _____

APPLICANT INFORMATION (Required)

APPLICANT'S NAME (include all firm names, trading names or DBA's under which you operate)		Renewal Date: ____ / ____ / ____
Mailing Address		Policy Number: PR
City	State	Zip Code
Business Location Address		
City	State	Zip Code
Business Phone:	Cell Phone:	Email:
Payment Options: <input type="checkbox"/> Full Payment <input type="checkbox"/> 40% Down + 2 Equal Installments <input type="checkbox"/> 25% Down + 5 Equal Installments		
Contact Name:	Website:	

GENERAL INFORMATION (Required)

1. Do you use the same client consent & aftercare forms as are on file in our office? YES NO
If no please submit updated forms for review.

2. Are all equipment procedures the same as last year? YES NO
If no, please describe: _____

3. Do you operate a retail business grossing over \$5,000 annually? Other than tattooing and body piercing? YES NO
If yes please describe: _____ **Annual Retail Sales:** \$ _____

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, 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.

PROPERTY SECTION (If Needed) Same as Previous Year

Do you have an Alarm System? None Monitored System Un-Monitored System Dead Bolt Smoke Alarm

1. Business Personal Property (BPP)	Replacement Cost \$ _____	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
2. Business Income & Extra Expense	Annual Income \$ _____	<input type="checkbox"/> 1/3 Monthly <input type="checkbox"/> 1/4 Monthly <input type="checkbox"/> 1/6 Monthly
3. Building Glass Coverage	Cost to Replace Glass \$ _____	Glass Deductible: <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
4. Outdoor Sign Coverage	Replacement Cost \$ _____	Type of Sign: <input type="checkbox"/> Glass Neon <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other _____
5. Tenant Improvements & Betterments	Improvements Cost \$ _____	Describe: _____

SALON SERVICES PROFESSIONAL LIABILITY SECTION (Complete if Salon Services are being offered)			
Total Number of Full Time Operators: _____		Total Number of Part Time Operators: _____	
Manicurist <input type="checkbox"/> YES <input type="checkbox"/> NO	Beautician <input type="checkbox"/> YES <input type="checkbox"/> NO	Wax Removal <input type="checkbox"/> YES <input type="checkbox"/> NO	Eyelash Extensions <input type="checkbox"/> YES <input type="checkbox"/> NO
Number of Operators _____	Number of Operators _____	Number of Operators _____	Number of Operators _____
Areola Re-Pigmentation <input type="checkbox"/> YES <input type="checkbox"/> NO	Massages <input type="checkbox"/> YES <input type="checkbox"/> NO	Electrology <input type="checkbox"/> YES <input type="checkbox"/> NO	Tanning <input type="checkbox"/> YES <input type="checkbox"/> NO
Number of Operators _____	Number of Operators _____	Number of Operators _____	Number of Operators _____
MCA/Micro Needling <input type="checkbox"/> YES <input type="checkbox"/> NO	Body Wraps <input type="checkbox"/> YES <input type="checkbox"/> NO	Spray Tanning <input type="checkbox"/> YES <input type="checkbox"/> NO	Facials <input type="checkbox"/> YES <input type="checkbox"/> NO
Number of Operators _____	Number of Operators _____	Number of Operators _____	Number of Operators _____
Permanent Makeup <input type="checkbox"/> YES <input type="checkbox"/> NO	Micro Blading <input type="checkbox"/> YES <input type="checkbox"/> NO	Dermaplaning <input type="checkbox"/> YES <input type="checkbox"/> NO	Blush <input type="checkbox"/> YES <input type="checkbox"/> NO
Number of Operators _____	Number of Operators _____	Number of Operators _____	Number of Operators _____
Eye Shadowing <input type="checkbox"/> YES <input type="checkbox"/> NO	Temporary Henna Tattooing <input type="checkbox"/> YES <input type="checkbox"/> NO	Laser Hair Removal <input type="checkbox"/> YES <input type="checkbox"/> NO	
Number of Operators _____	Number of Operators _____	Number of Operators _____	
Pigment Removal <input type="checkbox"/> YES <input type="checkbox"/> NO (Laser <input type="checkbox"/> Saline <input type="checkbox"/> Rejuvi <input type="checkbox"/> Tattoo Vanish <input type="checkbox"/> Eliminink <input type="checkbox"/> Other <input type="checkbox"/> _____)			
Number of Operators _____			
DO YOU OFFER ANY SERVICES NOT LISTED ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide details: _____			

TATTOO / BODY PIERCING ARTIST INFORMATION (Required for Every Artist/Piercer Covered on Policy)

Artists to be Insured - Including Owners

1)	Artist's Name _____	Owner <input type="checkbox"/> Independent Contractor <input type="checkbox"/> or Employee <input type="checkbox"/>
Number of years Tattoo experience: _____		Number of years Tattoo experience: _____
2)	Artist's Name _____	Owner <input type="checkbox"/> Independent Contractor <input type="checkbox"/> or Employee <input type="checkbox"/>
Number of years Tattoo experience: _____		Number of years Tattoo experience: _____
3)	Artist's Name _____	Owner <input type="checkbox"/> Independent Contractor <input type="checkbox"/> or Employee <input type="checkbox"/>
Number of years Tattoo experience: _____		Number of years Tattoo experience: _____
4)	Artist's Name _____	Apprentice <input type="checkbox"/> Independent Contractor <input type="checkbox"/> or Employee <input type="checkbox"/>
Number of years Tattoo experience: _____		Number of years Tattoo experience: _____
5)	Artist's Name _____	Apprentice <input type="checkbox"/> Independent Contractor <input type="checkbox"/> or Employee <input type="checkbox"/>
Number of years Tattoo experience: _____		Number of years Tattoo experience: _____
6)	Artist's Name _____	Apprentice <input type="checkbox"/> Independent Contractor <input type="checkbox"/> or Employee <input type="checkbox"/>
Number of years Tattoo experience: _____		Number of years Tattoo experience: _____

Please add any additional Artist's Names to an Additional Sheet of Paper.

Please list any other changes in your business that we should be aware of:

SIGNATURE AND AGREEMENTS

I understand and agree this Application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to all participating insurance companies, underwriters, risk purchasing groups and Lloyds Syndicates any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Furthermore, I understand that the policy applied for will apply only to CLAIMS FIRST MADE AND REPORTED to the Company in writing within the period of coverage shown on the certificate of insurance issued with the policy or certificate on the date the policy is canceled or terminated, whichever comes first or as otherwise provided by the policy.

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.

Signature of Applicant

Date

Title

FAX, MAIL OR EMAIL THIS APPLICATION TO

Allen Financial Insurance Group Inc.

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Tattoo@EQGroup.com

