



TATTOO & BODY PIERCING INSURANCE APPLICATION



- ✓ National A Rated Company
- ✓ Preferred Rate Plan
- ✓ 24/7 Claims Service
- ✓ Payment Plans Available

Producer: _____

Requested Effective Date: ____ / ____ / ____

APPLICANT INFORMATION (Required)

APPLICANT'S NAME (include all firm names, trading names or DBA's under which you operate)		
Mailing Address		
City	State	Zip Code
Business Location Address		
City	State	Zip Code
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____		Years In Business
Business Phone:	Cell Phone:	FAX
Contact Name:	Website:	FEIN/SSAN # _____
Email:	Payment: <input type="checkbox"/> 1 Annual Payment <input type="checkbox"/> 11 Payments Direct Bill	
Number of years in Tattooing : _____	Percentage of Work done at this shop: Tattoo _____ %	
Number of years in Piercing : _____	Percentage of Work done at this shop: Piercing _____ %	
Number of losses in past 3 years: _____	Prior Insurance Company: _____	

GENERAL INFORMATION (Required)

1. Have you had any policies or coverage cancelled, declined or non-renewed in the past 3 years other than a carrier withdrawing from a class of business?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do you own any other properties or business operations under this legal entity?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have any operations been sold, acquired or discontinued in the past 5 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Any bankruptcies, tax or credit liens in the past 5 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are you a member of any national tattoo or body piercing association?	<input type="checkbox"/> YES <input type="checkbox"/> NO

LIABILITY SECTION (Required)

Complete this section for General Liability Coverage

Desired Limit

Limits of Liability: \$100,000 \$200,000 \$300,000 \$500,000 \$1,000,000

Please chose one: I elect to purchase Terrorism Coverage I do not elect to purchase Terrorism Coverage

1. Do you use an information / release form for every client? (Attached Copy)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do you use an aftercare form for every client? (Attached Copy)	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. How long do you retain client records? _____	
4. Is there a weapon kept on premises? (Assault & Battery Exclusion applicable if weapon on premises*)	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Do you validate the age of every client?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Do you videotape procedures?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Do you tattoo or pierce intoxicated patrons?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Do you have hot and cold running water at your work site?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Do you wear a new pair of sterile gloves with each procedure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Do you have blood born pathogen training?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Do you have a contract with bio-waste disposal company?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If no please describe how you dispose of bio-waste: _____	
12. Do you use Sharps waste container?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If no please describe how you dispose of needles: _____	
13. Are artists trained in CPR or First Aid? (At least 1 person in the shop must have)	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Do artists travel to client's location?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Do you operate a retail business grossing over \$5,000 annually? Other than tattooing and body piercing.	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes please describe: _____ Annual Retail Sales:\$ _____	
16a How do you sterilize equipment and materials prior to use? _____	
16b Type and make of sterilizer _____	
17. Are you in compliance with all governmental ordinances and work in a business shop?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. Are you licensed by any state, county or municipality?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. Are you required to provide you landlord additional insured endorsement naming them on the policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO

*Assault & Battery Coverage – Sublimit \$25,000/\$25,000 w/a \$1000 deductible

Additional Insured for Landlord

NAME		
Mailing Address		
City	State	Zip Code

Additional Insured / Mortgagee

NAME		
Mailing Address		
City	State	Zip Code

PROPERTY SECTION (If Needed)			
Complete this section for Building, Equipment or Office Contents Coverage			
PREMISES & BUILDING			
Property Address (if different from mailing) _____			
Building Replacement Value \$ _____		(If coverage for building is desired)	
Deductible on Building: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		Protection Class _____	
Building Square Footage _____		Square Footage You Occupy _____	
Age of Building* _____	Number of Stories _____	Type of Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry/Brick <input type="checkbox"/> Steel/Metal <input type="checkbox"/> Other _____	
* Year Upgraded (If building is over 20 years of age) Roof: _____ Heating System: _____ Electrical: _____			
What type of roof? <input type="checkbox"/> Slate <input type="checkbox"/> Metal <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Built up Tar <input type="checkbox"/> Rubber Membrane <input type="checkbox"/> Other _____			
Sprinklered? <input type="checkbox"/> YES <input type="checkbox"/> NO Alarm System? <input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> Dead Bolt <input type="checkbox"/> Smoke Alarm			
Is distance to responding fire station less than 5 miles?		<input type="checkbox"/> YES <input type="checkbox"/> NO If no how far? _____	
Is distance to fire hydrant less than 1,000 feet?		<input type="checkbox"/> YES <input type="checkbox"/> NO If no how far? _____	
Is property within 150 Miles of Sea Coast?		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes how many miles from Sea Coast? _____	
1. Office Contents Including Flash	\$ _____	Replacement Cost? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Earnings Coverage	Limit Needed: _____	For What Period? <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 Months	
3. Glass Coverage	\$ _____	Is it required by contract? <input type="checkbox"/> YES <input type="checkbox"/> NO Description of Glass _____	

TATTOO PROFESSIONAL LIABILITY SECTION (Required If Tattooing)	
Complete this section for Tattoo Liability Coverage	
1. Do you use an information / release form for every client? (Attached Copy)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do you use an aftercare form for every client? (Attached Copy)	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are all pigments from U.S. manufacturers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Do you ever re-use needles?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Do you dispose of your pigments after each client?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Do you apply permanent makeup? If yes, please list the procedures that you do below.	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOTE: If you do any Areola Pigmentation please complete and submit the Consent for Areola Pigmentation	
a. _____	d. _____
b. _____	e. _____
c. _____	f. _____

BODY PIERCING PROFESSIONAL LIABILITY SECTION (Required If Piercing)

Complete this section for Piercing Liability Coverage

1. Have all Piercers had formal instruction in body piercing? (Attach training description)		<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do you pierce minors? (Signed Parental Consent Required)		<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do you want ear, nose and navel piercing for minors? (Parent Must Be Present)		<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Do you perform piercing on genitals?		<input type="checkbox"/> YES <input type="checkbox"/> NO
5. How do you sterilize jewelry?		
6. How are hard surfaces disinfected?		
7. How is body area prepared?		
8. List piercing equipment used.		
9a. Do you use piercing guns?		<input type="checkbox"/> YES <input type="checkbox"/> NO
9b. Under what circumstances used?		
10. Do you have a private piercing room?		<input type="checkbox"/> YES <input type="checkbox"/> NO

Please list the types of piercings below that your piercers perform other then the following...

Ears, Nose, Navel, Eyebrows, Nipple, Lip, Tongue and Genitals.

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |

I, the owner of the above indicated business, hereby warrant and confirm each tattoo artist and/or piercer listed on page 5 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.

Signed: _____ Date: _____

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 Piercing experience: _____ Do this technician need piercing coverage <input type="checkbox"/> YES <input type="checkbox"/> NO Do you Pierce minors <input type="checkbox"/> YES <input type="checkbox"/> NO Do you do Surface or Dermal Anchor piercings? <input type="checkbox"/> YES <input type="checkbox"/> NO Years of experience Surface and Dermal Piercings: _____
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 Piercing experience: _____ Do this technician need piercing coverage <input type="checkbox"/> YES <input type="checkbox"/> NO Do you Pierce minors <input type="checkbox"/> YES <input type="checkbox"/> NO Do you do Surface or Dermal Anchor piercings? <input type="checkbox"/> YES <input type="checkbox"/> NO Years of experience Surface and Dermal Piercings: _____
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 Piercing experience: _____ Do this technician need piercing coverage <input type="checkbox"/> YES <input type="checkbox"/> NO Do you Pierce minors <input type="checkbox"/> YES <input type="checkbox"/> NO Do you do Surface or Dermal Anchor piercings? <input type="checkbox"/> YES <input type="checkbox"/> NO Years of experience Surface and Dermal Piercings: _____
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 Piercing experience: _____ Do this technician need piercing coverage <input type="checkbox"/> YES <input type="checkbox"/> NO Do you Pierce minors <input type="checkbox"/> YES <input type="checkbox"/> NO Do you do Surface or Dermal Anchor piercings? <input type="checkbox"/> YES <input type="checkbox"/> NO Years of experience Surface and Dermal Piercings: _____
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 Piercing experience: _____ Do this technician need piercing coverage <input type="checkbox"/> YES <input type="checkbox"/> NO Do you Pierce minors <input type="checkbox"/> YES <input type="checkbox"/> NO Do you do Surface or Dermal Anchor piercings? <input type="checkbox"/> YES <input type="checkbox"/> NO Years of experience Surface and Dermal Piercings: _____
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 Piercing experience: _____ Do this technician need piercing coverage <input type="checkbox"/> YES <input type="checkbox"/> NO Do you Pierce minors <input type="checkbox"/> YES <input type="checkbox"/> NO Do you do Surface or Dermal Anchor piercings? <input type="checkbox"/> YES <input type="checkbox"/> NO Years of experience Surface and Dermal Piercings: _____
7) 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 Piercing experience: _____ Do this technician need piercing coverage <input type="checkbox"/> YES <input type="checkbox"/> NO Do you Pierce minors <input type="checkbox"/> YES <input type="checkbox"/> NO Do you do Surface or Dermal Anchor piercings? <input type="checkbox"/> YES <input type="checkbox"/> NO Years of experience Surface and Dermal Piercings: _____

HISTORY (Required)

All questions must be answered. Non-disclosure of claims history could invalidate coverage.

1a. Do you currently have insurance coverage? YES NO

Insurer	Policy #	Expire Date	Liability Limit	Premium
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1b. If Claims Made form, what is most recent Retroactive date? _____

2a. List liability claims history arising from any tattoo, body piercing, permanent makeup or other professional activity whether or not claim was insured.

2b. Do you have knowledge of any event, circumstance or occurrence (other than listed above) prior to the proposed effective date of this policy or do you foresee that a claim may be brought in the future as a result of any said event, circumstance or occurrence? YES NO

2c. If YES describe details of event: _____

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 OR EMAIL THIS APPLICATION TO:

Program Administrator:

Underwriter: Jay Pallante III

Allen Financial Insurance Group
12424 N. 32nd St #101 Phoenix, AZ 85032

800-874-9191 FAX 602-992-8327
<mailto:tattoo@egggroup.com>