



PART I TATTOO & BODY PIERCING LIABILITY INSURANCE APPLICATION

1.1 Applicant Name										
Business Name										
Email Address				Website			Phone			
Mailing Address					City		State		Zip	
Business Address #1					City		State		Zip	
Business Address #2					City		State		Zip	
Property Needed for Business Address #1?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Total Square Footage			Property Needed for Business Address #2?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.2 Do you hold the lease for one or more of the locations above? Yes <input type="checkbox"/> No <input type="checkbox"/>										
1.3 Your Business Structure: Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Employee <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Independent Contractor <input type="checkbox"/>										
1.4 Working as: Tattoo and/or Piercing Business <input type="checkbox"/> Ind. Operator <input type="checkbox"/> Number locs: <input type="text"/> Other, describe: <input type="text"/>										
1.5 Do you sell products other than body piercing jewelry/aftercare?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe type: <input type="text"/>				Income from sale of Products: <input type="text"/>		
1.6 Do you have operations or services other than tattooing or body piercing for this business?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe: <input type="text"/>						
1.7 Are you in compliance with all city, county, state ordinances and work in a business shop? Yes <input type="checkbox"/> No <input type="checkbox"/>										
1.8 How long in the business of body piercing? <input type="text"/>							Tattooing? <input type="text"/>			
1.9 Have you had formal instruction in Body Piercing?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you had formal instruction in Tattooing?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

PART II – GENERAL INFORMATION ON YOUR PROFESSION

2.1 Do you use a release/client info. form on everyone? <i>If YES, attach a copy for all services</i> Yes <input type="checkbox"/> No <input type="checkbox"/>											
2.2 Do you use an aftercare form on everyone? <i>If YES, attach a copy.</i> Yes <input type="checkbox"/> No <input type="checkbox"/>											
2.3 Do you ever work on minors?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES, Piercing?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES, Tattooing?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.4 If applicable, under what circumstances do you work on minors? <input type="text"/>											
2.5 HOW do you sterilize equipment and materials prior to use? <input type="text"/>											
2.6 Do you have hot and cold running water on site? Yes <input type="checkbox"/> No <input type="checkbox"/>											
2.7 Do you wear a new pair of gloves with each procedure? Yes <input type="checkbox"/> No <input type="checkbox"/>											

PART IIIA- EQUIPMENT AND PROCEDURES - PIERCING

3.1 How do you sterilize jewelry prior to insertion? <input type="text"/>											
3.2 Do you use sterile needles with each individual piercing? Yes <input type="checkbox"/> No <input type="checkbox"/>											
3.3 Is all jewelry you use made within US guidelines or meets European standards?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	What is the jewelry you use made of? <input type="text"/>							

PART IIIB – EQUIPMENT AND PROCEDURES - TATTOOING

3.4 Are all pigments from US Manufacturers? Yes <input type="checkbox"/> No <input type="checkbox"/>									
3.5 Do you ever re-use needles? Yes <input type="checkbox"/> No <input type="checkbox"/>									

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PART IV – HISTORY

NOTE: * All questions must be answered. Failure to disclose claims history could invalidate coverage.

4.1 Do you currently have insurance coverage? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, indicate the following:		Insurer		
Policy #	Liability Limits	Premium	Expiration Date	If claims made, most recent retroactive date:		
4.2 List liability claims history arising from any body piercing, tattoo, permanent makeup or other professional activity, whether or not insured:					If none, state so:	
YR/Claim	Nature of Injuries	Equipment Involved		Amount, if settled.		
Details, if Pending						
YR/Claim	Nature of Injuries	Equipment Involved		Amount, if settled.		
Details, if Pending						
4.3 Do you have knowledge of an event, circumstance or occurrence (other than listed in 4.2 above) prior to the effective date of the proposed policy, or are you aware that a claim may be brought as a result of said event, circumstance or occurrence?*					Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, describe details of the event:						

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 all Lloyd's of London participating 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 is being provided through a surplus lines company and the insurer is not 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.

 APPLICANT SIGNATURE TITLE

 DATE SIGNED REQUESTED EFFECTIVE DATE LIABILITY LIMIT REQUESTED

Can we email you your policy? (usually within 2-3 weeks)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Email Address
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One box must be checked:	<input type="checkbox"/> I ELECT TO PURCHASE TERRORISM COVERAGE AT AN ADDITIONAL PREMIUM
	<input type="checkbox"/> I DO NOT ELECT TO PURCHASE TERRORISM COVERAGE

ADDITIONAL INSURED: (Landlord or Lessor) If necessary, add other names on separate paper

Name:	Relationship to your business (Landlord, Lienholder)
Address:	

How did you hear about us?	
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TATTOO & BODY PIERCING LIABILITY INSURANCE APPLICATION

ARTIST(S) / PIERCER(S) TO BE INSURED

To be used for more than one artist, piercer and/or location

A. Name of Shop				
B. Owner(s) of Shop				
C. Artists/Piercers to list on policy		List years of experience next to services you would like covered		
		YEARS ▼	YEARS ▼	
1.		Tattoo	Piercing	<input type="checkbox"/> Master Piercer
2.		Tattoo	Piercing	<input type="checkbox"/> Master Piercer
3.		Tattoo	Piercing	<input type="checkbox"/> Master Piercer
4.		Tattoo	Piercing	<input type="checkbox"/> Master Piercer
5.		Tattoo	Piercing	<input type="checkbox"/> Master Piercer
6.		Tattoo	Piercing	<input type="checkbox"/> Master Piercer
7.		Tattoo	Piercing	<input type="checkbox"/> Master Piercer
8.		Tattoo	Piercing	<input type="checkbox"/> Master Piercer
9.		Tattoo	Piercing	<input type="checkbox"/> Master Piercer
10.		Tattoo	Piercing	<input type="checkbox"/> Master Piercer

I offer tooth jewels	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

If Piercing to be covered, I elect one of the following options:	<input type="checkbox"/> I would like to purchase Minor Piercing Coverage : for ear cartilage, nose, navel, tongue (midline only), lips and eyebrow on minors 13 and over with written parental consent. Available if legal in your state
	<input type="checkbox"/> I do not want Minor Piercing coverage at this time

If Tattooing to be covered, I elect one of the following options:	<input type="checkbox"/> I would like to purchase Minor Tattoo Coverage : for 16 & 17 years with written parental consent. Available if legal in your state
	<input type="checkbox"/> I do not want Minor Tattoo coverage at this time

D. ADDRESS OF LOCATIONS TO BE INSURED (indicate business name if different from that listed above)	
1.	
2.	
3.	

I, the owner of the above indicated business, hereby warrant and confirm each tattooer and/or piercer listed above 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 LIABILITY INSURANCE APPLICATION

BODY PIERCING & TATTOOING - ACCEPTABLE PROCEDURES

PIERCER UNDER 1 YEAR EXPERIENCE

Eyebrow, Earlobe, Outer Rim Ear Cartilage, Lower Lip-Sides and Center, Nostrils-Thin or Hyaline Cartilage Only, Navel, Nipples

PIERCER WITH 1 OR MORE YEARS EXPERIENCE

EARS (Lobes, Inner Cartilage, Outer Cartilage)	NOSE & NOSE AREA, EYE AREA	BODY
<ul style="list-style-type: none"> Lobe Helix, Upper Helix, Forward Helix, Conch, Snug Industrial Rook, Daith Transverse or Vertical Lobe STRETCHING EARLOBES ONLY 	<ul style="list-style-type: none"> Nostril, High Nostril, Septum Bridge Monroe Horizontal Eyebrow 	<ul style="list-style-type: none"> Nipple Navel
LIPS & MOUTH	MALE GENITAL	FEMALE GENITAL
<ul style="list-style-type: none"> Philtrum Labret, Vertical Labret Jestrum, Vertical Philtrum Tongue (midline only, away from main veins) 	<ul style="list-style-type: none"> Frenum or Frenulum, Lorum Foreskin Scrotal Piercing/Halfada Prince Albert, Dolphin 	<ul style="list-style-type: none"> Inner, Outer Labia Vertical, Horizontal Hood

COVERAGE OPTIONS – ADDITIONAL PREMIUM APPLIES

MASTER PIERCER WITH 2 OR MORE YEARS EXPERIENCE – PER PIERCER

Surface Piercing/Surface Anchors and/or use of "O" or "Chamfer" Needles	
<ul style="list-style-type: none"> Surface Bars – Nape, sideburn, eyebrow-horizontal, anti-eyebrow, third eye, chest/sternum, lower navel-horizontal, hips, Christina, Guiche, Fourchette 	<ul style="list-style-type: none"> Anchors – Nape, neck, forehead, third eye, eyebrow, cheekbone, sideburn, chest, stomach, hips, pubic area (faux Christina), forearm, back
All of the following Advanced Piercings:	
NOSE, NOSE AREA & EYE AREA	MALE GENITAL
<ul style="list-style-type: none"> Anti-brow Vertical bridge 	<ul style="list-style-type: none"> Ampallang Apadravya Dydoe
LIPS/MOUTH/FACE	FEMALE GENITAL
<ul style="list-style-type: none"> Tongue Webbing/Tongue Frenulum Smiley/Scrumper Dimple Lowbret 	<ul style="list-style-type: none"> Triangle Christina

MINOR PIERCING – PER SHOP ADDITIONAL PREMIUM

- Ear, nose, navel, lips, tongue (midline only) & eyebrow piercings on minors age 13 years or over with written parental consent (ear lobes children age 3 months and older) - if state law specifies an older age, you must follow state law

MINOR TATTOOING – PER SHOP ADDITIONAL PREMIUM

- In states where legal, age 16 or over with written parental consent

TOOTH JEWELS – PER SHOP ADDITIONAL PREMIUM