

Hired and Non-Owned Liability: Exclude Include
 Employee Benefits Liability: Exclude Include
 Body Piercing Forms: Basic (Ears, Navel, Lip and Nose)
 Broad (Basic plus eyebrows, nipples, genitals, tongue, feet, axilla, hand, surface piercings, dermal anchors and eyes)

Disease Sublimit (\$25,000/\$25,000) Exclude Include
 Disease Sublimit (\$50,000/\$50,000) Exclude Include
 Assault & Battery Coverage Yes No

If Yes, what limit would you like? 25,000/25,000 50,000/50,000 100,000/100,000

How many off premises exhibitions do you do per year? _____

2. Professional Liability (select one of the following):

- Tattoo – Professional Liability Coverage
- Tattoo & Body Piercing – Professional Liability Coverage – Basic Form
- Tattoo & Body Piercing – Professional Liability Coverage – Broad Form

3. Property (a schedule of buildings may be attached in lieu of completing the schedule below)

Loc. No.	Bldg #	Coverage	Limit of Insurance	ACV, RC or Agreed	Co-Insurance	Constr. Class	PC	Ded.
					80%			
					80%			
					80%			
					80%			
					80%			

Optional Exclusions: Theft Vandalism Windstorm/Hail

BUILDING UNDERWRITING INFORMATION

1. Indicate year of updates – attach a separate sheet if necessary

Prem #	Bldg. Age	Roof	HVAC	Plumbing	Electrical	Sprinklered (Circle One)	Fire Alarm* (Circle One)
1						Yes No	L P CS
2						Yes No	L P CS

2. Distance to nearest fire hydrant? _____ Distance to nearest Fire Department? _____

3. If you own your building, do you lease space to others? Yes No
 If yes, to whom: _____ square feet leased: _____

4. Do you have 24 hour video surveillance in use on the premises? Yes No
 a. If yes, how many cameras? _____
 b. Do they have night vision? Yes No

5. Have you or anyone with a financial interest in the property been convicted of arson, fraud, or other crime related to loss of property owned now or during the past five years? Yes No

GENERAL BUSINESS AND STAFF INFORMATION

1. Operation Profile

		Operations	
Total Sales	\$	Years in Business	Yrs.
Jewelry Sales	\$	Hours Open	To
Payroll	\$	# of Yrs Records Retained	Yrs.

2. Staffing and Revenue

Personnel	Number of	% WORK in TATTOO	% WORK IN PIERCING	TOTAL
Full Time Artists				
Part Time Artists				
Apprentice				
Independent Contractors*				
TOTAL				100%

*Copies of Additional Insured Certificates naming our insured on their policy required if we are not covering. Exclude Independent Contractors if not covered

3. Staff (need to complete Named Artist endorsement):

Name	Length of Employment	Years Experience

- 6. Are you a member of a State or National Tattoo or Body Piercing Association? Yes No
If yes: which association: _____
- 7. Are you licensed by the state or city and meet all city or state regulations? Yes No
- 8. Do you perform body piercing or tattooing on minors? Yes No
If yes, please explain: _____
- 9. Do you validate the age of all clients? Yes No
- 10. Do you require waivers on all of your clients and maintain copies on file? Yes No
- 11. Do you obtain a medical history on every client? Yes No
- 12. Do you perform tattoo or body piercing work away from your studio? Yes No
If yes, please describe: _____
- 13. Do you employ apprentices? If yes, attach a detailed description of the training program. Yes No
- 14. Do you purchase ink supplies from overseas suppliers or distributors? Yes No
- 15. Are pre-employment background checks performed on all employees? Yes No
- 16. Is there a weapon kept on premises? Yes No

Assault & Battery Exclusion applicable if weapon on premises

TATTOO, PIERCING AND OTHER SERVICES INFORMATION

- 1. Do you perform body piercings? Yes No
Please indicate which body parts piercings are performed on:
 Eyes Ears Lips Tongue Navel Nipples Genitals Eyebrows Nose Hand
 Axilla Feet Surface Piercings Dermal Anchors
 Other: _____
- 2. Do you do eye-shadowing or permanent make-up? Yes No
If Yes, % of overall operation?: _____
- 3. Do you perform any services as part of a medical procedure? Yes No
- 4. Do you do any "Areola Pigmentation"? Yes No
If yes, please complete and submit the Consent Form for Areola Pigmentation.
- 5. Do you do any tattooing of the eye ball? Yes No
- 6. Do you offer any type of branding or scarification services? Yes No
- 7. Do you offer microneedling services? Yes No
- 8. Do you have any other operations beside Tattooing and Body Piercing? Yes No
If yes, please describe: _____

SAFETY AND STERILIZATION INFORMATION

- 1. Do you have written sterilization, sanitation and safety standards? Yes No
- 2. Do you use new needles for each new client? Yes No
- 3. Do you use new gloves for each new client? Yes No
- 4. Do you have Blood Borne Pathogen Training? Yes No
- 5. Do you have an Autoclave System? Yes No
- 6. Are you contracted with a bio waste disposal firm? Yes No
- 7. Are sharps waste containers used in your studio? Yes No
- 8. Has anyone ever claimed to have contracted HIV, Herpes, or AIDS from you? Yes No
- 9. Please describe the sterilization methods you employ:

- 10. Do you provide clients with materials on aftercare of tattoos and/or body piercings? Yes No
- 11. Do you videotape procedures for documentation procedures? Yes No
- 12. Do you have a policy for handling intoxicated persons? Yes No
If no, do ever allow intoxicated persons to have tattoos or piercings? Yes No
- 13. Do you have a private piercing room? Yes No

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

Interest: Additional Insured: , Loss Payee , Mortgagee Lienholder Other _____

Name and Address: _____

Certificate Required

Interest in Item Number: Location #: _____

Building #: _____

Interest: Additional Insured Loss Payee Mortgagee Lienholder

Name and Address: _____

Please attach a copy of the following:

A Copy of your written sterilization/sanitation procedures.

A Copy of your waiver form you have customers sign.

A Copy of your aftercare instructions.

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an Insurer, submits an application or files a claim containing false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

Signature of Applicant

Title

Date

Signature of Producing Agent

Date

Agent Name and Address

Phone Number

NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING

ARIZONA FRAUD STATEMENT - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS FRAUD STATEMENT - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly pre-presents false information in an application for insurance is guilty of a crime and may be subject to fines and confine-confinement in prison.

CALIFORNIA FRAUD STATEMENT - For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO FRAUD STATEMENT - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of de-frauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA FRAUD STATEMENT - WARNING: It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

IDAHO FRAUD STATEMENT- Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

INDIANA FRAUD STATEMENT - Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

LOUISIANA FRAUD STATEMENT - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE FRAUD STATEMENT - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

MINNESOTA FRAUD STATEMENT - Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE FRAUD STATEMENT - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY FRAUD STATEMENT – APPLICATION - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD STATEMENT - any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO FRAUD STATEMENT - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD STATEMENT - WARNING - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON FRAUD STATEMENT - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PENNSYLVANIA FRAUD STATEMENT - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

VIRGINIA, TENNESSEE FRAUD STATEMENT - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT (All other states) - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly pre-presents false information in an application for insurance is guilty of a crime and may be subject to fines and confine-confinement in prison.