

# TOTTEN GROUP

## I N S U R A N C E

Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

New Submissions: [triage@tottengroup.com](mailto:triage@tottengroup.com) Website: [www.tottengroup.com](http://www.tottengroup.com)

### BODY PIERCING & TATTOO LIABILITY INSURANCE APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

1. Business Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Applicant Name \_\_\_\_\_
3. Mailing Address \_\_\_\_\_
4. Business Address \_\_\_\_\_
5. Operating as  Corporation  Partnership  Individual  Independent Contractor  
 Working as  Tattoo and/or Piercing Business  Independent Operator # of locations \_\_\_\_\_  
 Other, describe \_\_\_\_\_
6. Do you operate a retail business grossing over \$10,000? (i.e. – sale of merchandise such as T-shirts, accessories, artwork, etc.)  Yes  No
7. Do you have other insurance for the business?  Yes  No
8. Are you in compliance with city, county, provincial ordinances?  Yes  No  
 Business license No. \_\_\_\_\_
9. How long in the business of body piercing? \_\_\_\_\_ Tattooing? \_\_\_\_\_
10. Have you had formal instruction in body piercing? (attach description of training)  Yes  No
11. Have you had an apprenticeship in tattooing?  Yes  No  
 If no, how trained? \_\_\_\_\_
12. How many body piercing procedures have you performed in the past 12 months? \_\_\_\_\_
13. How many tattoo procedures have you performed in the past 12 months? \_\_\_\_\_

#### GENERAL INFORMATION ON YOUR PROFESSION

1. Do you use a release/client information form on everyone? **If yes, attach a copy for all services.**  Yes  No
2. Do you use an aftercare form on everyone? **If yes, attach a copy.**  Yes  No
3. FOR RENEWALS -- Please advise if there have been any changes to your release/consent forms and aftercare procedures, as previously provided to Totten Insurance Group Inc. **If yes, please attach a copy of the revised forms and aftercare procedures.**  Yes  No
4. Do you ever pierce minors?  Yes  No  
 If yes, under what circumstances? \_\_\_\_\_
5. Do you want to cover ear, nose and navel piercings for minors? **Written parental consent is required**  Yes  No
6. Do you want to cover tongue & eyebrow piercings for age 15 to 17? **Parent MUST be present & sign a consent**  Yes  No
7. Indicate type and make of sterilizer \_\_\_\_\_  
 How do you sterilize equipment and materials prior to use? \_\_\_\_\_
8. Do you have hot and cold running water on site?  Yes  No
9. Do you wear a new pair of gloves with each procedure?  Yes  No



10. Do you ever tattoo minors?  Yes  No  
 If yes, do you want coverage for tattooing minors?  Yes  No
11. Do you want coverage for Communicable Diseases?  Yes  No
12. Do you perform If yes, are you seeking coverage for:
- |  |  |
|--|--|
| Dermal Anchoring? <input type="checkbox"/> Yes <input type="checkbox"/> No | Dermal Anchoring? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surface Piercing? <input type="checkbox"/> Yes <input type="checkbox"/> No | Surface Piercing? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ampallang? <input type="checkbox"/> Yes <input type="checkbox"/> No        | Ampallang? <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Apadravya? <input type="checkbox"/> Yes <input type="checkbox"/> No        | Apadravya? <input type="checkbox"/> Yes <input type="checkbox"/> No        |

**EQUIPMENT AND PROCEDURES - PIERCING**

1. How do you sterilize jewelry prior to insertion? \_\_\_\_\_
2. Do you use sterile needles with each individual piercing?  Yes  No
3. All jewelry used is from suppliers in the following categories:  Suppliers in the United States and/or Canada  
 Jewelry from Cold Steel/Wild Cat in UK  Other explain: \_\_\_\_\_
- 4.. What is the jewelry made of? \_\_\_\_\_
5. How are hard surfaces disinfected? \_\_\_\_\_
6. How is the body area prepared before piercing? \_\_\_\_\_

7. List all equipment you use to pierce:

Make	Model	Description

8. Do you use a piercing gun?  Yes  No  
 If yes, under what circumstances? \_\_\_\_\_

**EQUIPMENT AND PROCEDURES - TATTOOING**

1. Are all pigments from US or Canadian manufacturers?  Yes  No
2. Do you ever re-use needles?  Yes  No
3. Do you dispose of your pigments after each client?  Yes  No

**HISTORY**

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

1. Do you currently have insurance coverage? **If Yes, indicate the following:**  Yes  No

Insurer	Policy #	Liability Limits	Premium	Exp Date (mm/dd/yyyy)
			\$	

2. List liability claims or incidents that would give rise to a claim arising from any permanent makeup, body piercing, tattooing, or other professional activity, whether or not insured:

If none state so:  No claims history

Claim Year	Description of Claim/Incident	Equipment Involved	Amt., if settled	Details, if pending



3. Do you have knowledge of an event, circumstance or occurrence (other than listed in 2. above) prior to the effective date of the proposed policy, or do you foresee that a claim may be brought as a result of said event, circumstance or occurrence?  Yes  No

If yes, describe details of the event \_\_\_\_\_

**PLEASE NOTE: ACCEPTABLE PIERCINGS**

**A. FACE**

- Cheeks
- \*Eyebrow: Through eyebrow skin
- \*Earlobe and outer rim of ear cartilage
- Full Ears, including cartilage
- Lips/Labret Piercing (not through oral labia)
- \*Lower lip, sides and center.
- Nose - \*Nostrils, Thin or hyaline cartilage only
- Tongue - through the medial sulca (center line) only away from main veins

**B. BODY**

- \*Navel
- \*Nipples
- Female Genital Area Except: Clitoris and Triangle
- Inner and outer Labia
- Clit hood - Skin above the Clitoris
- Fourchette - Area pierced between vagina and anus
- Male Genital Area
- Prince Albert - From skin on bottom of penis-frenulum-through and out urethra
- Frenum - Through thin skin on bottom of penis
- Guiche - Skin area pierced between scrotum and anus
- Scrotum - Through skin on scrotum
- Foreskin - Through foreskin

**C. SURFACE PIERCING**

Subject to an approved disclaimer but specifically excluding areas below the ankles and wrists, nape and sides of the neck, and at the bridge of the nose between the eyes.

**NOTE: \* Items are the only piercings covered for new piercers (those with less than one year experience)**

**Note: Coverage becomes effective only when accepted by the insurance company.**

Liability Limit Requested \_\_\_\_\_ Number of Operators \_\_\_\_\_

Please provide the following with your completed application:

- Copies of the release/client information forms used for all services;
- Copies of the aftercare forms used for all services;
- Confirmation of a spore test done within the last six(6) months; and
- Copies of any promotional materials or brochures.



**ARTIST(S)/PIERCER(S) SUPPLEMENT**

- 1. Name of Shop \_\_\_\_\_
- 2. Owner(s) of Shop \_\_\_\_\_

3. Artists to be insured (Include Owners)	Years of Experience
1.	
2.	
3.	
4.	
5.	
6.	

4. Piercers to be insured (Include Owners)	Years of Experience
1.	
2.	
3.	
4.	
5.	
6.	

Address of locations to be insured (indicate business name if different from that listed on the application)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

5. Additional Insured's to be added to the Policy:

Name	Address	Relationship to your business (i.e. Landlord, Lessor)

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Requested Effective Date