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Quotes@swgins.com
www.swgins.com

PERMANENT MAKEUP LIABILITY INSURANCE APPLICATION

PART I

- 1.1 Your Name(s): Phone:
Business Name: Email address:
Mailing Address:
Business Address:
1.2 Operating as: Sole Proprietorship Partnership Corporation Employee
1.3 Type of Business (where equipment is located): Salon Clinic Independent, multiple locations, Number:
Other, describe:
1.4 Do you operate a retail business grossing over \$10,000? Do you have other insurance for the business?
1.5 Are you in compliance with city, county, provincial ordinances? Business license No.
1.6 How long in the business applying permanent colour?
1.7 Have you had formal instruction in the application of permanent colour?
1.8 How many procedures have you performed in the past 12 months for the following: Eyeliner Eyebrows Lipliner Lips Cheek Blush Skin Repigmentation/Camouflage Decorative Tattooing Other, Explain

PART II. GENERAL INFORMATION ON YOUR PROFESSION

- 2.1 Do you use a medical history/client information form on everyone?
2.2 Do you use a hold harmless or informed consent form?
2.3 Do you take before and after photos of cover-ups and cosmetic work?
2.4 Do you schedule a follow-up appointment after the procedures?
2.5 Do you advertise other than a listing in the local telephone directory?

PART IIIa. EQUIPMENT AND PROCEDURES

- 3.1 Are all pigments you use from US/Canadian Manufacturers?
3.2 Do you ever re-use needles?
3.3 Is all your equipment pre-sterile, one-time use?
3.4 Is all your equipment in proper running order?

- 3.5 Do you wear gloves with each procedure? Yes No
- 3.6 Do you have hot and cold running water on site? Yes No
- 3.7 Do you dispose of your pigments after each client? Yes No
- 3.8 Provide the following information on all machines/devices:
 Manufacturer _____ Purchase Date _____
 Manufacturer _____ Purchase Date _____
- 3.9 What anesthetics, if any, do you use? _____

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 No

If Yes, indicate the following:

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

- 4.2 List liability claims or incidents that would give rise to a claim arising from any permanent makeup, beauty, 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

- 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 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: _____

I understand and agree this Application and any and all supplements attached hereto will be made a part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. 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.

IMPORTANT: THIS APPLICATION MUST BE SIGNED BY THE APPLICANT. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.

 APPLICANT SIGNATURE

 TITLE

 TODAY'S DATE

 REQUESTED EFFECTIVE DATE

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

LIABILITY LIMIT REQUESTED: _____ NUMBER OF OPERATORS: _____

SUBMITTED BY: _____
 E-MAIL: _____

Please Note:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.