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## BODY PIERCING & TATTOO LIABILITY INSURANCE APPLICATION

### PART I

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

### PART II. GENERAL INFORMATION ON YOUR PROFESSION

- 2.1 Do you use a release/client information form on everyone?       Yes       No  
**If yes, attach a copy for all services.**
- 2.2 Do you use an aftercare form on everyone?       Yes       No  
**If yes, attach a copy.**  
 FOR RENEWALS -- Please advise if there have been any changes to your release/consent forms and aftercare procedures, as previously provided to South Western Group. **If yes, please attach a copy of the revised forms and aftercare procedures.**       Yes       No
- 2.3 Do you ever pierce minors?       Yes       No  
 If yes, under what circumstances? \_\_\_\_\_
- 2.4 Do you want to cover ear, nose and navel piercings for minors?       Yes       No      **Written parental consent is required**  
 Do you want to cover tongue & eyebrow piercings for age 16 & 17?       Yes       No      **Parent MUST be present & sign a consent**
- 2.5 Indicate type and make of sterilizer: \_\_\_\_\_
- 2.6 How do you sterilize equipment and materials prior to use? \_\_\_\_\_
- 2.7 Do you have hot and cold running water on site?       Yes       No
- 2.8 Do you wear a new pair of gloves with each procedure?       Yes       No

- 2.9 Do you ever tattoo minors?  Yes  No  
 If yes, do you want coverage for tattooing minors?  Yes  No
- 2.10 Do you want coverage for Communicable Diseases?  Yes  No
- 2.11 Do you perform:
- Dermal Anchoring?  Yes  No  
 Surface Piercing?  Yes  No  
 Ampallang?  Yes  No  
 Apadravya?  Yes  No
- If yes, are you seeking coverage for:
- Dermal Anchoring?  Yes  No  
 Surface Piercing?  Yes  No  
 Ampallang?  Yes  No  
 Apadravya?  Yes  No

**PART III A. EQUIPMENT AND PROCEDURES – PIERCING**

- 3.1 How do you sterilize jewelry prior to insertion? \_\_\_\_\_
- 3.2 Do you use sterile needles with each individual piercing?  Yes  No
- 3.3 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: \_\_\_\_\_

What is the jewelry made of? \_\_\_\_\_

- 3.4 How are hard surfaces disinfected? \_\_\_\_\_
- 3.5 How is the body area prepared before piercing? \_\_\_\_\_
- 3.6 List all equipment you use to pierce:

Make	Model	Description

Do you use a piercing gun?  Yes  No

If yes, under what circumstances? \_\_\_\_\_

**PART III B. EQUIPMENT AND PROCEDURES – TATTOOING**

- 3.7 Are all pigments from US or Canadian manufacturers?  Yes  No
- 3.8 Do you ever re-use needles?  Yes  No
- 3.9 Do you dispose of your pigments after each client?  Yes  No

**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, 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

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: \_\_\_\_\_

**PLEASE NOTE: ACCEPTABLE PIERCINGS**

**I. 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

**II. 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

**III. 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 year experience)

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.**

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

\_\_\_\_\_  
Title

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

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

**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.

**ADDITIONAL ARTIST(S)/PIERCER(S) SUPPLEMENT**  
(To be used for more than one artist, piercer and/or location)

A. Name of Shop: \_\_\_\_\_

B. Owner(s) of Shop: \_\_\_\_\_

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

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.	

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: \_\_\_\_\_

Date: \_\_\_\_\_

**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.