

Tattoo Artists & Body Piercers – Renewal Application

Brokerage: _____ Producer Name: _____
 Insured Name: _____ Policy No.: _____

Additional Insured(s) (If applicable): _____

Please indicate if there have been any changes since inception? _____

- Does the applicant perform tattoo of the eyeball or inside or outside of the eyelids? YES NO
- Does the applicant perform 'stick and poke' tattoos? YES NO
- **NOTE – this policy of insurance does not provide coverage for these types of procedures.**
- Do you continue to provide aftercare instructions for all patrons after 'all services' performed? YES NO
- Do you continue to provide a cooling down period after every treatment? YES NO
- Do you continue to have written sanitation and sterilization procedures? YES NO

UPDATED: DESCRIPTION OF ALL SERVICES PROVIDED

Please check those that apply:	Gross Receipts	No. of Artists		
		Full Time	Part Time	
Tattooing, Camouflage Tattoo and Permanent Cosmetics				<input type="checkbox"/> YES <input type="checkbox"/> NO
Piercing				<input type="checkbox"/> YES <input type="checkbox"/> NO
Teaching/Apprenticeship school				<input type="checkbox"/> YES <input type="checkbox"/> NO
Minor Piercing (15-18) with parental consent **				<input type="checkbox"/> YES <input type="checkbox"/> NO
Ear piercing services under age of 15 years old with parental consent				<input type="checkbox"/> YES <input type="checkbox"/> NO
Minors Tattooing (15-18) with parental consent**				<input type="checkbox"/> YES <input type="checkbox"/> NO
Surface Anchoring				<input type="checkbox"/> YES <input type="checkbox"/> NO
Surface Piercing				<input type="checkbox"/> YES <input type="checkbox"/> NO
Tattoo Lightening and Removal				<input type="checkbox"/> YES <input type="checkbox"/> NO
Ampallang /Apadravya				<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any Retail sales, please describe list of merchandise and total gross receipts for each item sold?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Other services (please describe):				<input type="checkbox"/> YES <input type="checkbox"/> NO
Total:				

UPDATED: PROPERTY UNITS

Have there been any changes in property limits from last year? If yes, please provide the renewal limits required for each category below.

Building (if require): \$ _____ Equipment: \$ _____ Stock: \$ _____
 Leasehold Improvements: \$ _____ Laser Machine: \$ _____ Business Interruption: \$ _____

List all equipment you use to pierce:

Make	Model	Description

Do you use a piercing gun? YES NO

If yes, under what circumstances? _____

DECLARATION / CONSENT

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Signature of Applicant: _____ Date: _____
 Signature of Broker: _____ Date: _____
 Broker Firm: _____ Broker AGT #: _____
 Broker Email: _____ Tel: _____ Fax: _____

NOTE: THERE IS NO AUTOMATIC RENEWAL. WE REQUIRE THIS FORM COMPLETED AND RETURNED PRIOR TO THE EXPIRY DATE IN ORDER FOR US TO OFFER RENEWAL TERMS.

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - processingcommercial@premiergroup.ca ****

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