

BODY PIERCER'S APPLICATION

GENERAL INFORMATION ON APPLICANT

Legal Name of Business (Applicant): _____
 Location Address: _____ City: _____ Province: _____ Postal Code: _____
 Mailing (if different): _____ City: _____ Province: _____ Postal Code: _____
 Operating as: Corporation Partnership Individual # of Locations: _____ Business License No. _____
 Contact Person: _____ Tel: _____ Email: _____
 Expiry Date of Policy: _____ Current Insurance Company: _____
 Target Premium: \$ _____ Date operation established: _____
 Are you in compliance with all city, provincial ordinances? YES NO
 How long have you been in the business of Piercing? _____
 How many Piercing procedures have you performed in the past 12 months? _____

DESCRIPTION OF ALL SERVICES PROVIDED

| Professional Services/Operations: | Gross Receipts | No. of Artists | |
|-----------------------------------|----------------|----------------|-----------|
| | | Full Time | Part Time |
| Piercing | \$ | | |
| Teaching/Apprenticeship school | \$ | | |
| TOTAL: | \$ | | |

| Please check any of the additional services that apply: | No. of Artists providing this service | |
|---|--|--|
| Piercing (15-18) with parental consent** | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Surface Anchoring / Piercing | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Ampallang /Apadravya | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Other services (please describe): _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Product sales (Please describe list of merchandise and total gross receipts for each items sold): _____ | | |

GENERAL PROCEDURES & PROTOCOLS

Do you provide aftercare instructions for all patrons after 'all services' performed? Please provide a copy YES NO
 Do you have written sanitation and sterilization procedures? Please provide a copy YES NO
 Do you keep copies of all client service records? How many years are service records kept on file? _____ years YES NO
 Are waivers signed, dated and kept on record? (please attach a copy) How many years are waivers kept on file? _____ years YES NO

****MINORS (15-18YRS) INFORMATION**

Do you validate Minors age and obtain proof of ID before 'any service' is performed? YES NO
 Do you require that the parent be present when performing 'all services' on Minors? YES NO
 If no, please provide details: _____
 Do you require signed parental consent forms for all Minors (15-18yrs)? YES NO
 Do you provide ear piercing services on youth under the age of 15 years old? YES NO
 If yes, please provide details: _____

ARTISTS INFORMATION

Have you and all relevant artists had formal training in body piercing? (provide confirmation training / qualifications / experience) YES NO
 How many students/artists in training at any given time? _____

PIERCING PROCEDURES

Do you use sterile needles with each individual piercing? YES NO
 Where do you purchase your jewelry from: Suppliers in the United States and/or Canada Supplier in the UK
 Other Explain: _____
 What is the jewelry made of? _____
 How much jewelry is sold annually? _____
 How are hard surfaces disinfected? _____
 How is the body area prepared before piercing? _____
 Do you use new pair of gloves with each procedure? YES NO

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Do you use a piercing gun? YES NO
 If yes, under what circumstances? _____

CLAIMS HISTORY

Have you or any of your artists (including contract staff) had any sanitation penalties imposed in last 5 years? YES NO
 If yes, please explain: _____

Professional Liability

In the past, has the Applicant/Company or any of his/her artists ever been the recipient of any allegations of professional negligence in writing or verbally? YES NO

Is the Applicant/Company/its Partners/its Directors or any of his/her artists aware of any facts, circumstances, suits or situations which may reasonably give rise to a claim, other than as advised above? If yes, please attach details. YES NO

Please attach a list of all claims disputes, suits, allegations of non-performance made during the past 5 years against the Applicant/Company/its Partners and or any of his or her employees.

Commercial General Liability

Have you or any of your artists had any claims against you/them in the last 5 years? YES NO
 If yes, please explain: _____

Detail all liability claims or potential claims that have come to the Applicant's attention during the past 5 years. For each incident, detail the date of the loss, nature and cause of the claim, amount claimed, costs actually incurred (claim investigation, defense costs and damages), and status of the claim. Please use a separate sheet of paper.

Property

Has the Applicant/Company ever had any property claims in the last 5 years? YES NO
 If yes, please explain: _____

For each claim, detail the date of the loss, nature and cause of the claim, amount claimed, costs actually incurred and status of the claim. Please use a separate sheet of paper.

Without limitation of any other remedy available to the insurer, it is agreed that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom is excluded from coverage under the proposed insurance.

PRIOR INSURANCE

Has the Applicant/Company carried Professional Liability Insurance in the past? YES NO

| INSURER | TERM | LIMIT | PREMIUM | RETROACTIVE DATE |
|---------|------|-------|---------|------------------|
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

Has the Applicant ever had insurance refused or cancelled? YES NO
 If yes please explain: _____

COVERAGE REQUIREMENTS

| Coverage | Deductible | Limit of Coverage | Target Premium |
|---|--|--|----------------|
| PROFESSIONAL LIABILITY (claims made form, costs inclusive) Wording includes sublimits for Sexual Abuse \$10,000 & Communicable Disease \$10,000 | <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 <input type="checkbox"/> \$2,000,000/\$2,000,000 | |
| OPTIONAL COVERAGE ENDORSEMENT - TATTOO LIGHTENING AND REMOVAL OPERATIONS | <input type="checkbox"/> \$2,500min | Included in above limits | |
| COMMERCIAL GENERAL LIABILITY | <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 <input type="checkbox"/> \$2,000,000/\$2,000,000 | |

OPTIONAL COVERAGE - PROPERTY

Describe your location (Two stories, strip plaza, shopping mall, etc.): _____ No. of Stories: _____

Do you own the building? YES NO Total Area of your Facility: _____ ft

Age of Building? _____ Latest Update: Roof _____ Heat _____ Plumbing _____ Electric _____

Fire Hydrants within 500ft? YES NO Restaurant within 2 adjacent units: YES NO Building Sprinklered? YES NO

Monitored Alarm System? YES NO Local Alarm System? YES NO Fire Alarm? YES NO

Surveillance System? YES NO # Of Fire Extinguishers? _____

Doors have deadbolts? YES NO Bars on Doors/Windows? YES NO

What is at – Front: _____ Back: _____ Left: _____ Right: _____

BODY PIERCER'S APPLICATIONConstruction of Building: _____
Loss Payee Information: (ie. Bank financing, equipment leases, etc.) _____**"PROPERTY VALUES" (if you had to replace the following items today)**

Building: \$ _____ Equipment: \$ _____ Leasehold Improvements: \$ _____ Stock: \$ _____

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.

Applicant's Name: _____ Position Held: _____
Applicant's Signature: _____ Date: _____
Broker Email: _____ Broker Name/Phone: _____

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 - newbizcommercial@premiergroup.ca ****

Vancouver - T 604.669.5211 F 604.669.2667

London - T 519.850.1610 F 519.850.1614