

TATTOO ARTIST / PIERCING APPLICATION

SHOULD THE INSURED STRICTLY OFFER: PERMANENT MAKEUP / SPA SERVICES & PIERCING LIMITED TO EAR / NOSE ONLY PLEASE COMPLETE OUR SPA APPLICATION WITH PERMANENT MAKEUP SUPPLEMENT

Brokerage: _____ Contact Name: _____ Email: _____

Name of Insured: _____ O/A Name: _____

Mailing Address: _____

Location Address (if different from mailing): _____

Advise if multiple locations: _____

Total Annual Gross Revenues For all services: \$ _____ Years in business: _____

Website / Social Media: _____

Operating as a: Proprietorship Partnership Corporation

Previous Insurer: _____ Target Premium: \$ _____ Is Renewal being Offered: Yes No

Has any Insurer cancelled, declined, or refused coverage: Yes No

If yes, Why: _____

Select Best Description of Operations Tattoo/Piercing Studio Tattoo/Piercing Artist

Is this a home based studio Yes No **photos of set up required for home based studio*

STUDIO

How many beds/chairs _____ Do you rent chairs out to guest Artists Yes No

Do guest artists carry their own insurance Yes No

Are you wanting to cover guest artists under this policy Yes No

Are you compliant with all city & provincial ordinances? Yes No

How long have you been in business of: Piercing _____ Tattooing _____ Permanent Makeup _____

How many procedures have you preformed in the past 12 months: Piercing _____ Tattooing _____

SERVICES OFFERED (fill out all that apply)

Do all contractors / subcontractors carry their own insurance Yes No

Do you provide Stick & Poke Tattoo? If yes - this is a decline Yes No

Do you have aftercare instructions for all patrons Yes No

Do you have written sanitation and sterilization procedures? Yes No

Do you keep copies of all client service records? Yes No How many years? _____

Are waivers signed by all clients? **provide a sample copy* Yes No How many years are waivers kept on file? _____

List all **services provided to minors** including min ages for specific services

Do you provide ear piercing services on youth under the age of 15 years old? <i>i.e. babies, children</i>	Yes	No
Do you validate minors age and obtain proof of ID before any service is performed?	Yes	No
Do you require that parent / guardian be present when the service is being done on minors?	Yes	No
Do you require signed parent / guardian consent forms for all minors?	Yes	No

Service	Gross Receipts	# of Artists
Tattooing (<i>body art tattooing excluding permanent makeup</i>)		
Medical Tattooing <i>i.e. scar/burn cover up, areola</i>		
Permanent Makeup <i>MicroBlading, Powder Brows, Permanent Eyeliner, Permanent Lip Liner</i>		
*Teaching/Apprenticeship		
Minor Piercing (under 18) w/ Parent consent		
Minor Tattooing (age 16 - 18) w/ Parent consent		
Surface Anchoring / Piercing		
Ampallang/Apadravya **NO MINORS**		
Tattoo Lightening & Removal <i>Provide details on procedure</i>		
Retail Sales <i>Please describe</i>		
OTHER <i>Please describe</i>		

Procedure for tattoo removal (if by laser, complete laser supplement) _____

Confirm physician approval is obtained for any medical tattooing Yes No

Confirm student / apprentice is supervised until qualified Yes No

Other services provided: _____

Name of Artist	Qualifications/Training (specify if student)	# of Years Experience	Carry Own Insurance?

Are all inks/pigments from North American / EU? Yes No

Do you sell any inks/pigments? Yes No

Do you re-label or repackage any products? Yes No Elaborate: _____

Do you insist that the patron sit for a cooling down period after a tattoo procedure? Yes No

Do you ever re-use needles? Yes No

Do you dispose of your pigments after each client? Yes No

Will you tattoo a person with a medical concern? (e.g. heart disease, seizure, diabetes, skin disorder, blood disorder) Yes No

Elaborate: _____

PIERCING SERVICES

Do you use sterile needles with each individual piercing? Yes No

Do you use a piercing gun? Yes No Elaborate: _____

Where do you purchase your jewelry from? US/Canada UK Other: _____

What is the jewelry made of? _____ How much jewelry is sold annually? _____

Max Value of individual jewelry item? _____

How are the hard surfaces disinfected? _____

How is the body area prepared before piercing? _____

Do you use new pair of gloves with each procedure? Yes No

Type of Piercing Equipment Used _____

CLAIMS HISTORY

Have you or any of your artists had any claims/losses in the past 5 years? Yes No

Have you or any of your staff/artists had any sanitation penalties imposed in the last 5 years? 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 and/or any employees:

COVERAGE REQUIRED

Professional Liability/ Med Mal Limit: (claims made form) _____

Commercial General Liability: _____

PROPERTY COVERAGE

Construction: _____ Year Built: _____ Building Upgrades: _____

of Stories: _____ Distance to Fire Hydrant & Fire Hall _____

Sprinklered: Yes No Alarm: Local Monitored

Square Footage: _____ Other Occupancies: _____

Property & Business Interruption Coverages	Amount of Insurance
Building	
Equipment (Including Tenants Improvements)	
Stock	
Business Interruption (Profits, Monthly Earnings, Gross Earnings)	
Rent or Rental Value	
Extra Expense	
Office Contents	
Computer (Hardware/Software)	
Miscellaneous Property Floater	
Other:	
Crime Coverages	Amount of Insurance
Inside and Outside Robbery	
Broad Form Money & Securities	
Commercial Blanket Bond (FORM A)	

OPTIONAL COVERAGES (Select any of the following optional coverages you require)

Sewer Back-up Flood EQ By-Laws Property Extension Option

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

Applicant's Signature: _____ Date: _____