

# TATTOO/BODY PIERCING APPLICATION

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business Address (1): \_\_\_\_\_ Square Footage: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business Address (2): \_\_\_\_\_ Square Footage: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Do you hold the lease for one or more of the locations above?  Yes  No

Business operated as:  Corporation  LLC  LLP  Partnership  Individual  Independent Contractor

How long in business? \_\_\_\_\_

Annual Gross Receipts from all Operations: \_\_\_\_\_

Do you need General Liability?  Yes  No

If no, what Company insures your General Liability coverage? \_\_\_\_\_

Are you required to name any other person or entity as an Additional Insured on your Policy?  Yes  No

a. If Yes, Please provide Name and Address:

\_\_\_\_\_  
\_\_\_\_\_

b. What is the interest of the Additional Insured?  Landlord  City or Government Agency  Lessor  Franchisor  
 Other:

c. Does the additional Insured require the following:  Primary/ Non Contributory Wording  Waiver of Subrogation

Do you sell products other than tattooing or body piercing for this business?  Yes  No

If Yes, Explain:

Do you have operations or services other than tattooing or body piercing for this business?  Yes  No

If Yes, Explain:

## General Information

Are you in compliance with all city, county, state ordinances and work in a licensed business location?  Yes  No

Do you or all artists have formal training in either Tattooing or Body Piercing?  Yes  No

Do you use a consent and after care form on Every client?  Yes  No

I am submitting my own consent forms  I will use PPIB consent approved forms

Is all your equipment either a.) pre-sterile, one time use or b.) heat sterilized prior to use?  Yes  No

Do you have hot and cold running water on site?  Yes  No

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

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<b><u>TATTOO/ BODY PIERCING: indicate number of operator (s) –</u></b>		<b><u>Number to be Insured</u></b>
<i>All Tattoo/Body Piercers must have at least 1 year experience or be working under an apprenticeship for coverage to apply</i>	Tattoo Artist (s) :	
	Body Piercer (s):	
	Both (Tattoo Artist and Body Piercer):	
<b>Total Number of Operators:</b>		
Do any Body Piercers need Master Piercing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate number of Piercers (s) <i>(see attached limitations) ; requires 2 years of experience</i>		
If you have 5 or less Artists, please indicate name and service (s) performed		
1. _____	<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercer <input type="checkbox"/> Both	<input type="checkbox"/> Master Piercer
2. _____	<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercer <input type="checkbox"/> Both	<input type="checkbox"/> Master Piercer
3. _____	<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercer <input type="checkbox"/> Both	<input type="checkbox"/> Master Piercer
4. _____	<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercer <input type="checkbox"/> Both	<input type="checkbox"/> Master Piercer
5. _____	<input type="checkbox"/> Tattoo <input type="checkbox"/> Body Piercer <input type="checkbox"/> Both	<input type="checkbox"/> Master Piercer

## **Equipment and Procedures – Piercing**

Are all your jewelry and needles either a.) pre-sterile, one time use or b.)heat sterilized prior to use  Yes  No

Is all jewelry you use made within US guidelines or meets EU standards?  Yes  No

What is the jewelry you use made of?  Surgical Steel at 316L  14K or 18K solid yellow or white gold  Platinum  Niobium  
 Titanium  Surgical Plastic  Other: \_\_\_\_\_

## **Equipment and Procedures – Tattooing**

Are all pigments you use from US or Canada manufacturers and/or EU standards?  Yes  No

Do you EVER re-use needles?  Yes  No

## **Other Coverages:**

Do you want coverage for work on minors? *(see attached limitations)*  Yes  No If Yes, indicate below

Tattooing  Body Piercing  Both

If Yes, what do you require to work on minors: \_\_\_\_\_

Do you want coverage for Property  Yes  No If Yes, requires separate application

Do you want coverage for Cyber Liability  Yes  No If Yes, \$50,000 limit available

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**HISTORY:** Note – ALL questions must be answered. Failure to disclose claims history could invalidate coverage

Do you Currently have Insurance coverage

Yes  No

<i>Insurer</i>	<i>Policy #</i>	<i>Liability Limits</i>	<i>Premium</i>	<i>Exp. Date</i>
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If Claims Made, most Recent Retroactive Date: \_\_\_\_\_

List any Professional or General Liability Claims history below, whether or not insured If None, Check Here

Do you have knowledge of an event, circumstance or occurrence (other than listed above) prior to the effective date of the proposed policy, or are you aware that a claim may be brought as an result of said event, circumstance or occurrence If Yes, Describe Event :  Yes  No

## ATTESTATION

I understand and agree this Application and any supplements attached hereto will be relied upon for issuance of any policy. 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 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. I understand this insurance is being provided through a surplus lines company and the insurer is not subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

**THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY.**

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.

I Intend to Cover all Tattoo Artist/ Body Piercers in my Shop

**OR**

I require all Tattoo Artist/Body Piercers to purchase their own insurance

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
REQUESTED EFFECTIVE DATE

\_\_\_\_\_  
LIABILITY LIMIT REQUESTED

**One box below must be checked:**

I ELECT TO PURCHASE TERRORISM COVERAGE AT AN ADDITIONAL PREMIUM

I DO NOT ELECT TO PURCHASE TERRORISM COVERAGE AT AN ADDITIONAL PREMIUM