



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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<u>TATTOO/ BODY PIERCING: indicate number of operator (s) –</u>		<u>Number to be Insured</u>
<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):	
Total Number of Operators:		
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