

BODY PIERCING & TATTOO LIABILITY INSURANCE APPLICATION

1.1 Business Name: _____ Phone _____
Applicant Name(s): _____ Email _____
Mailing Address: _____
Business Address: _____

Are you a broker? Yes No If yes, please provide the following:
Agency Name *Contact Name* *Agency Address* *Agency Email* *Agency Phone*

1.2 Operating as: Corporation Partnership Individual Independent Contractor
1.3 Working as: Tattoo and/or Piercing Business Ind. Operator Number locs: _____
Other, describe _____

1.4 Do you operate a retail sales business grossing over \$10,000? _____ Do you have other insurance for it? _____
1.5 Are you in compliance with all city, county, state ordinances and work in a business shop? _____
1.6 How long in the business of body piercing? _____ tattooing? _____
1.7 Have you had formal instruction in body piercing? (attach description of training) _____
Have you had an apprenticeship in tattooing? _____ If no, how trained? _____
1.8 How many body piercing procedures have you performed in the past 12 months? _____ Tattoo procedures? _____

PART II. GENERAL INFORMATION ON YOUR PROFESSION

2.1 Do you use a release/client info. form on everyone? If yes, attach a copy for all services. Yes No
2.2 Do you use an aftercare form on everyone? If yes, attach a copy. Yes No
2.3 Do you want to cover ear, nose and navel piercings for minors? _____ Written parental consent is required + add'l charge
Do you want to cover tongue & eyebrows for age 16 & 17? _____ Parent must be present & sign consent + add'l charge
2.4 Do you ever tattoo minor per your state law? _____
Do you want to cover minor tattooing? _____
2.5 Do you perform Dermal Anchoring? _____ Surface Piercing? _____
If yes, are you seeking coverage for Dermal Anchoring? _____ Surface Piercing? _____
2.6 Indicate type and make of sterilizer: _____
2.7 **How** do you sterilize equipment and materials prior to use? _____
2.8 Do you have hot and cold running water on site? Yes No
2.9 Do you wear a new pair of gloves with each procedure? Yes No

PART IIIa. EQUIPMENT AND PROCEDURES - PIERCING

3.1 How do you sterilize jewelry prior to insertion? _____
3.2 Do you use sterile needles with each individual piercing? Yes No
3.3 Is all jewelry you use from US manufacturers or from Cold Steel/Wild Cat in UK? Yes No
What is the jewelry you use made of? _____
3.4 How are hard surfaces disinfected? _____
3.5 How is the body area prepared before piercing? _____
3.6 List all equipment you use to pierce: _____
Do you use a piercing gun? _____ If yes, under what circumstances? _____

PART IIIb. EQUIPMENT AND PROCEDURES - TATTOOING

3.7 Are all pigments from US Manufacturers? Yes No
3.8 Do you ever re-use needles? Yes No
3.9 Do you dispose of your pigments after each client? Yes No

PART IV. HISTORY

NOTE: All questions must be answered. **Failure to disclose claims history could invalidate coverage.**

4.1 Do you currently have insurance coverage? Yes No If yes, indicate the following:
Insurer Policy # Liability Limits Premium Exp. Date

If claims made, most recent retroactive date: _____

4.2 List liability claims history arising from any body piercing, tattoo, permanent makeup or other professional activity, whether or not insured: Yes No If none, state so _____
YR/Claim Nature of injuries Equip. Involved Details, if Pending Amt. if settled

4.3 Do you have knowledge of an event, circumstance or occurrence (other than listed in 4.2 above) prior to the effective date of the proposed policy, or do you foresee that a claim may be brought as a result of said event, circumstance or occurrence?
Yes No If yes, describe details of the event:

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 AND REPORTED 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

_____ APPLICANT SIGNATURE _____ TITLE

_____ DATE SIGNED _____ REQUESTED EFFECTIVE DATE _____ LIABILITY LIMIT REQUESTED

How did you hear about us? _____

Total # of people to cover: _____ Tattoo Only _____ Piercing Only _____ Tattoo & Piercing

One box below must be checked:

I ELECT TO PURCHASE TERRORISM COVERAGE AT A 10% ADDITIONAL PREMIUM

I DO NOT ELECT TO PURCHASE TERRORISM COVERAGE AT A 10% ADDITIONAL PREMIUM

ADDITIONAL INSURED: @ \$30 Certificate Holder (Landlord or Lessor) If necessary, add other names on separate paper.

NAME: _____

ADDRESS: _____

Relationship to your business (Landlord, lienholder): _____

ADDITIONAL ARTIST(S)/PIERCER(S) SUPPLEMENT

To be used for more than one artist, piercer and/or location

A. Name of Shop: _____

B. Owner(s) of shop: _____

C. ARTISTS TO BE INSURED, INCL. OWNERS: YRS OF EXPERIENCE

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

D. PIERCERS TO BE INSURED, INCL. OWNERS YRS OF EXPERIENCE

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

If piercing to be covered, I elect one of the following options:

Minor Piercing Ltd.: coverage for ears, nose, & navel (15-17 years) with written parental consent.

Minor Piercing Plus: coverage for ears, nose, & navel (15-17 years), eyebrows & tongue (16-17 years) with a parent present.

I do not want Minor Piercing coverage at this time

E. ADDRESS OF LOCATIONS TO BE INSURED (indicated business name if different from that listed above)

1. _____

2. _____

3. _____

4. _____

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.

Signed: _____ Date: _____

ACCEPTABLE PIERCINGS

I. FACE

Cheeks

*Eyebrow: Through eyebrow skin

*Earlobe and outer rim of ear cartilage

Full Ears, including cartilage

Lips/Labret Piercing (not through oral labia)

*Lower lip, sides and center.

Nose - *Nostrils, Thin or hyaline cartilage only

Tongue - through the medial sulca (center line) only away from main veins

II. BODY

*Navel

*Nipples

Female Genital Area Except: Clitoris and Triangle

Inner and outer Labia

Clit hood - Skin above the Clitoris

Fourchette - Area pierced between vagina and anus

Male Genital Area

Prince Albert - From skin on bottom of penis-frenulum-through and out urethra

Frenum - Through thin skin on bottom of penis

Guiche - Skin area pierced between scrotum and anus

Scrotum - Through skin on scrotum

Foreskin - Through foreskin

Coverage for the following items must be purchased in addition to Body Piercing, are subject to an approved consent form and must be performed by a Piercer with 3 or more years experience:

I. SURFACE PIERCING

Excluding areas within the bony orbit of the eyes, any areas on the lip, below the ankles and wrists, sides of the neck, and at the bridge of the nose between eyes.

II. SURFACE ANCHORING

Excluding any areas within the bony orbit or teardrop of the eyes, any areas on the lip, any surface anchoring of joint areas of the body and any dermal punching piercing.

III. AMPALLANG OR APADRAVYA

Ampallang – Male genital piercing that passes horizontally through the head of the penis.

Apadravya – Male genital piercing that passes vertically through the head of the penis.

*** Items are the only piercings covered for new piercers - those with less than one year experience**