



TATTOO & BODY PIERCING SUPPLEMENTAL APPLICATION

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

APPLICANT INFORMATION

Named Insured _____
 Address _____
 Website _____

GENERAL INFORMATION

1. Location of operations to be insured (if more than one location attach a separate sheet): _____

2. Is the applicant licensed by state? YES NO
 If yes, list State License number: _____ Expiration Date: _____
3. Is the risk in compliance with all city, county and/or state ordinances? YES NO
 If no, explain: _____
4. Years in business: _____ Prior years of experience in this type of work: _____
 How long in business at this location? _____
5. Please list the annual sales \$ as a % of the operation below:

Operation	Sales	% of Operation
Tattoo and/or Piercing services	\$	%
Jewelry Sales	\$	%
Total Sales	\$	100%

6. Please provide the following information for each artist:

Artist Name	Years of Experience	Type of Employee*	Type of Service**	License Number (include copy of license)

* O = Owner P = Partner E = Employee I = Independent Contractor
 ** T = Tattoo Only P = Pierce Only B = Both Tattoo and Piercing

Note: Please notify us of any changes, additions or deletions of staff.

7. If any artists are independent contractors/ leased employees complete the following:
 - a. Are Certificates of Insurance obtained? YES NO
 - b. What is the General Liability limit of insurance required of these employees? \$ _____
 - c. Is the insured named as an additional insured on their policy? YES NO
8. Do you follow a screening process including background checks on staff? YES NO



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- 9. Are there any past or current assault or battery or sexual abuse or molestations claims involving the applicant or any employee/ independent contractor? YES NO
- 10. Do you have a documented apprentice program? YES NO
- 11. Have all artists had formal instruction for their area of expertise? YES NO
- 12. Are there written sterilization, sanitation and safety standards? YES NO
- 13. Do all artists use a new pair of gloves with each procedure? YES NO
- 14. Do you use a client information form for all clients? (prescreening) YES NO

Attach a copy of all forms obtained.

- a. Does this form include medical history? YES NO
- b. Does this form include a hold harmless clause? YES NO
- c. Does this form include an informed consent clause? YES NO
- 15. Do you use a release and aftercare form for all clients? *Attach a copy of this form.* YES NO
- 16. Do you schedule a follow up appointment after the procedure? YES NO

Explain: _____

- 17. Do you perform either of the following on minors? Tattooing: YES NO Piercing: YES NO

If yes to either, please complete the below questions.

- a. Is tattooing minors prohibited by your state regulations? YES NO
- b. Is piercing minors prohibited by your state regulations? YES NO
- c. Do you ever tattoo or pierce minor's genitalia? YES NO
- d. Do you always obtain written consent from a parent or guardian? *Attach a copy.* YES NO
- 18. Do you have hot and cold running water on site? YES NO
- 19. Are there any animals on the premise? YES NO
- 20. Are there any firearms on the premise? YES NO
- 21. Is there any type of entertainment (I.E. dancers, promoters, etc.)? YES NO
- 22. How are flammable liquids and inks stored? _____

TATTOOING SERVICES	<input type="checkbox"/> N/A
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- 23. Total number of tattoos done in the last 12 months: _____
- 24. Do you use an autoclave? YES NO
If so, indicate make: _____
- 25. How do you sterilize materials and equipment prior to use? _____
- 26. Do you use disposable needles? YES NO
- 27. Do you ever re-use needles? YES NO
- 28. Are all pigments from U.S. manufacturers? YES NO
If no, explain: _____



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29. Are pigments disposed of after each use? YES NO

If no, explain: _____

30. Do you or any of your employees or **independent contractors** provide any of the following procedures:

- a. Permanent cosmetics? YES NO
- b. Skin re-pigmentation or camouflage tattoos? YES NO
- c. Tattoo removal? YES NO

PIERCING SERVICES N/A

31. Total number of body piercing done in the last 12 months: _____

32. Do any apprentices perform clitoris or triangle piercings? YES NO

33. How is the body prepared before piercing? _____

34. Do you sterilize needles with each individual piercing? YES NO

35. Do you sterilize equipment and materials prior to use? YES NO

36. Is the jewelry you use from U.S. manufacturers? YES NO

37. Do you produce or manufacture any type of jewelry? YES NO

38. What is the jewelry used generally made of? _____

39. How do you sterilize jewelry prior to insertion? _____

40. How are hard surfaces sterilized? _____

41. Indicate make and type of equipment and/or jewelry sterilizer used: _____

42. Do you use a piercing gun? YES NO

43. List all equipment used to pierce: _____

OPTIONAL COVERAGES

Professional Liability Coverage: Limit Requested _____

Molestation and Abuse Coverage:

- Select Limits \$25,000/\$25,000 \$50,000/\$50,000 \$100,000/\$100,000
 \$300,000/\$300,000 \$500,000/\$500,000

Assault or Battery Coverage:

- Select Limits \$25,000/\$25,000 \$50,000/\$50,000 \$100,000/\$100,000

Limits Requested: Each Claim/Aggregate

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.



Penn-America Group

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APPLICABLE IN THE STATE OF NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

Applicant Name (Print)

Producer Name

Applicant Signature & Date

Producer Address