



## Tattoo and Piercing Supplemental Application

All questions must be answered in full. Missing or incomplete information may disqualify the submission.  
Application must be signed and dated by the applicant. Complete the submission with an Accord.

Applicant Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant Phone Number \_\_\_\_\_

Web Address \_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

**General Operations:**

Years in business: \_\_\_\_\_ For less than 3 years in business, prior experience (describe): \_\_\_\_\_

*New ventures are acceptable, but the insured must have at least 3 years of experience.*

Which professional organizations do you belong to (if any): \_\_\_\_\_

*There are several professional organizations the insured may belong to. We provide credits for membership within the Association of Professional Piercers (APP) due to the requirements they place on individuals to obtain membership.*

- *For APP membership a 10% credit may be applied. Please confirm membership. The APP provides a list of members on their website at: <http://www.safepiercing.org/get-involved/locate-a-member/searchable-member-database/>*

Hours of operation: \_\_\_\_\_

*Submit any hours of operation after 10:00 PM. Late hours of operation may be more likely to attract individuals who are inebriated, or who may not take appropriate care after their procedure. Confirm the risk is not associated with, or part of, a bar or similar. Additional exclusions may be appropriate depending upon the situation, such as A&B, professional exclusion, as well as increased pricing.*

Please provide sales and number of artists performing each:

Description of Operations	Gross Sales	Number of Artists	Number of Apprentice Artists	Contract or Guest Artists	Square Footage Occupied by Contract or Guest Artists
Tattoo					
Piercing					
Retail Sales		(N / A)	(N / A)	(N / A)	(N / A)
Other (describe):					
Other (describe):					

For Contract or Guest Artists do you have a written lease agreement, and a certificate of insurance with additional insured status? .....  Yes  No

*Contract or guest artists that have a written lease agreement and a certificate of insurance, rate as Lessor's Risk Only using square footage. Without a lease and certificate of insurance contract or guest artists should be treated as employees and included in the artists as employees.*

1. Do you perform any of the following: (Check all that apply) *All are prohibited and excluded from coverage*
  - "Body lacing or corset piercing"** means multiple body piercings which can be connected with a ribbon to give the appearance of laces on a corset.
  - "Human suspension"** means hanging of the human body from, or partially from, hooks pierced through the flesh in various places around the body.
  - "Permanent cosmetics"** means permanent cosmetic administration, application or tattooing of cheek blush, under eye concealer, eyeliner, eyebrow, eye shadow or lip color. "Permanent cosmetics" also includes micropigmentation.
  - "Scarification"** means any process of intentionally creating scars on the body for cosmetic purposes. This may be done by a number of methods including, but not limited to, branding, cutting, burning, scraping or freezing. Scarification may include materials being added to the open scars to form ridges or the addition of colors.
  - "Subdermal implants"** means an object placed entirely below the skin to form a ridge, pattern or bump in the skin.
  - "Transdermal implants"** means an object placed partially below and above the skin. Transdermal implants, as used in this definition, require surgical tools such as a scalpel and do not include microdermal implants.

**General Operations (Continued)**

Do you perform any of the following: (Check all that apply) (Continued) *All are prohibited and excluded from coverage*

- Amputation, tongue splitting or any similar
- Eye or eyelid piercing, tattooing, or implants
- Stretch mark (striae atrophica) services including camouflage
- Tattoo removal services or procedures
- Tooth piercing or implants

2. Do you have entertainment on premises including dancing, promoters, live music, or similar? *Prohibited*..  Yes  No

3. Do you refuse service to anyone who:

Appears intoxicated or under the influence of pharmaceuticals? *Required* .....  Yes  No

Shows evidence of intravenous drug use? *Required* .....  Yes  No

Is pregnant or planning to become pregnant? *Required* .....  Yes  No

*It is generally inadvisable to pierce a woman who is pregnant. We apply the same logic to tattoo shops. Aside from obvious risk of disease transmission, there is infection risk and other risks depending on the type of piercing (especially nipple / genital).*

4. Do you perform services on minors? (If yes, answer the questions below).....  Yes  No

Do you comply with city, county and state ordinances and laws regarding minors? *Required* .....  Yes  No

Is a parent or legal guardian required to be present? *Required* .....  Yes  No

Do you require a properly signed and executed informed consent, including parental or legal guardian consent? *Required* .....  Yes  No

Do you refuse tattoos or piercings (other than ear) on minors under fourteen (14)? *Required* .....  Yes  No  
*The minor should be old enough to understand the risks, the permanence, and should be able to care for the treated area on their own. A responsible shop should be concerned with the maturity of the child, and not just the age.*

Do you refuse services for a minor on a private area (breast, buttocks, or any area of the front, sides or back of the body between the navel and mid-thigh, including pubic region and genitals)? This question does not apply to navel piercings. *Required* .....  Yes  No

Please describe any additional requirements or limitations placed on services provided on minors: \_\_\_\_\_

**Note:** Service on minors is excluded unless a properly signed and executed informed consent, including parental or legal guardian consent, has been obtained. *There are many state laws that regulate tattoo and piercing operations on minors. Some states prohibit service for minors completely. For a summary of laws regarding tattoos and body piercings on minors, refer to: [Tattooing and Body Piercing | State Laws, Statutes and Regulations](#)*

5. Do you comply with all city, county, and state ordinances, statutes, regulations, or laws including license requirements? *Required* .....  Yes  No

**Note:** This includes any inspections or approval of your practices by a medical professional where required.

6. Has your license ever been suspended or revoked? *Prohibited* .....  Yes  No

7. Do you have mobile or off-site operations? (If yes, answer the questions below) *Submit* .....  Yes  No  
How often? \_\_\_\_\_

Where are these operations conducted? \_\_\_\_\_

How are operations conducted in a sanitary way (hot water for washing hands, sterilized equipment, clean and sanitary work environment)? \_\_\_\_\_

**Submit any mobile or off-site operations.** *Off-site risks introduce new risks. Keeping equipment sanitary can be problematic. Do they have hot water for washing hands? How will they sterilize equipment? The insured needs to have all sanitation and documentation processes fully in place, along with proper lighting and a clean environment. Another exposure is the conduct of the clients off premises. For example, operations in a bar setting could have clients that are drunk (or soon to be). They may leave the procedure sober, then undertake activities that are not recommended (dancing for example). The setting may pressure individuals to get art that they might think better of the next morning. There may be occasions where off-site work is acceptable, but bars, concerts, festivals, and similar environments should be avoided. To consider this exposure we need to understand where the insured will be performing and how conditions are maintained.*

**Safety and Sanitation Procedures**

8. Do you have a written sanitation, sterilization and safety standard? *Required* .....  Yes  No

9. Are all items which contact the client or are exposed to bloodborne pathogens "**sterile**" before use? *Required*  Yes  No

**Note:** This includes initial jewelry, needles, and reusable items such as forceps, other tools and setup trays.

10. Do you have a steam autoclave? *Required* .....  Yes  No  
*The insured may have other equipment to help clean tools. They should have hot and cold running water. They may have an ultrasonic cleaner and/or an automated instrument washer. These can help to clean, but do not "sterilize." For "sterilization," an autoclave is most likely and preferred. The use of a dry heat sterilization is not as practical for most shops, may damage some equipment and may not be as effective. As a result, there are few acceptable alternatives to having an autoclave.*
11. Is spore testing done at least monthly? *Required* .....  Yes  No  
*The autoclave reservoir can become a place for bacteria to grow. Autoclaves require monthly testing, but some shops may perform this testing even more often.*
12. Do you have sharps containers for used needles? *Required* .....  Yes  No
13. Do artists wash hands before and after each procedure? *Required* .....  Yes  No
14. Do artists always wear disposable single use gloves on both hands during a procedure? *Required* .....  Yes  No  
**"Sterile/Sterilized"** means free from living germs or microorganisms. This includes bacteria and bacterial spores. Spraying and wiping with disinfectants does not sterilize.

**Documentation and Recordkeeping:**

15. Do you verify the age of all clients using valid identification (for example, driver's license)? *Required* .....  Yes  No
16. Are clients required to read and sign an agreement of service or informed consent form? *Required* .....  Yes  No  
**A copy of your agreement of service or informed consent form is required.**  
*A copy of the informed consent forms is required to prove they have one. We do not approve the specific wording.*
17. Do your consent forms contain a clause that states the risks have been explained? *Required* .....  Yes  No
18. Do client records contain date of birth, properly signed and executed informed consent forms, and, for minors, the signed parental or legal guardian consent form? *Required* .....  Yes  No
19. Do you inquire about medical conditions which may impede healing or safety for the customer? *Required*  Yes  No  
**Note:** This includes, pregnancy, medications such as blood thinning agents or anticoagulants, history of herpes, diabetes, allergic reactions to latex, hemophilia, other bleeding disorders, or cardiac valve disease.  
**Note:** Some inquires may be limited by law.
20. Are after care procedures provided to all clients? *Required* .....  Yes  No
21. Do you keep information gathered on clients that is personal medical information in accordance with the Health Insurance Portability and Accountability Act of 1996? *Required* .....  Yes  No
22. Do you keep these records for at least 3 years? *Required* .....  Yes  No

**Training and Apprentices:**

23. Do artists take bloodborne pathogen training at least annually? *Required* .....  Yes  No  
*This is a requirement by OSHA and also mandated by some states.*
24. Other formal training or certification required: \_\_\_\_\_  
*We have no other specific requirements, but other items that may be seen could include First Aid (required by many states), or other specific industry classes.*
25. Do you have a curriculum planned for apprentices? *Required or N/A* .....  Yes  No  Not applicable
26. What percentage of your artists are apprentices? \_\_\_\_\_ %  
*No more than a 40% ratio of apprentices is permitted.*  
*The underwriting of apprentices is difficult because each shop with apprentices will have a different approach to training and apprentices will learn at different paces. Some shops may have more time to dedicate to teaching and instruction than others. Some shops may specialize in certain things, allowing their apprentices to accumulate experience quickly for those arts.*  
*We look for two items in particular: 1. A curriculum, and 2. A ratio of experienced artists. We recognize the requirement for a curriculum (any curriculum) is somewhat vague. We want to see the insured has a plan for what education will be given and that they know what experience apprentices must have before they can start performing. Having an adequate ratio helps to ensure that there is always someone experienced who can help and supervise an apprentice.*

**Tattoo Operations:**

27. Are new, single use, disposable ink caps used? (If no, describe below) .....  Yes  No  
 \_\_\_\_\_

Generally required, but there may be reasonable exceptions. For example NYC has a requirement to use single serve ink packs, not disposable caps which is still sanitary. We require a sanitary process. (For example, reusing their ink caps would not be sanitary.)

- 28. Is left over ink discarded with containers? *Required* .....  Yes  No
- 29. Do you only use “sterile” water to dilute inks? (Note: Filtered water is not “sterile.”) *Required* .....  Yes  No
- 30. Do you only use “sterile” inks that are made specifically for tattooing? *Required*.....  Yes  No
- 31. Do you keep records of purchased inks including delivery date and batch number? *Required*.....  Yes  No
- 32. Do you use only your own original designs, or designs of others only with permission? *Required*.....  Yes  No

**Piercing Operations:**

33. Do you pierce in the following areas? (Mark all that apply)

Facial Piercings:

- Bridge of nose, between the eyes *Acceptable for experienced piercers*  
If yes, what is the minimum years of experience for artists performing bridge piercings? \_\_\_\_\_  
How many bridge piercings does your shop perform monthly? \_\_\_\_\_  
*Acceptable facial piercings may include eyebrow, earlobe, ear (other than the earlobe), nose, near the eye, eyebrow or anti-eyebrow.*  
**Submit <1 year experience for bridge of nose piercings.** We seek enough performed to show they have expertise. Occasional work of this sort is insufficient to be proficient.

Oral Piercings:

- Tongue:  Dorsoventral (vertical piercing near the midline) *Okay*  Dorsolateral (lateral piercing) *Prohibited*
- Other, Describe: \_\_\_\_\_  
**Submit any other types of tongue piercings.** Dorsoventral piercings are the most common and acceptable. Any lateral or horizontal piercing is unacceptable. Some of the common names of prohibited tongue piercings include Snake Eyes, Venom Piercing, Double Tongue, Frog Eyes, Venom Bite piercings.  
What is the minimum years of experience for artists performing tongue piercings? \_\_\_\_\_  
How many tongue piercings are performed monthly? \_\_\_\_\_  
*The tongue has many veins and the jewelry must be positioned properly or it could lead to damaged teeth. Properly sized jewelry is also important as the tongue may swell. These should be done by an experienced piercer only, and with enough frequency to be proficient.*  
**Submit <1 year experience.** We seek enough performed to show they have expertise. Occasional work of this sort is insufficient to be proficient.
- Uvula (back of throat) *Prohibited*
- Cheeks *Prohibited*
- Upper or lower lip frenulum (the ridge of tissue between the upper or lower lip and gum.) *Prohibited*  
*There are many acceptable oral piercings. The tongue (dorsoventral only) is acceptable, but so are many of the lip piercings. Concern should be shown for piercings that are likely to have continual contact with teeth.*

Body Piercings:

- Below the genitals, including legs, knees, ankles and feet *Prohibited and excluded*
- On or below the wrists or hands *Prohibited and excluded*
- On the nape (back) or side of the neck *Prohibited and excluded*  
*These are prohibited due to a lot of movement in these areas. They are easy to catch on clothing or other items, and more difficult to keep clean.*

Genital Piercings:

- Do you do perform any piercings on genitals? .....  Yes  No
- If yes, please describe the minimum years of experience of any piercers who do this work: \_\_\_\_\_
- How many genital piercings are performed monthly? \_\_\_\_\_  
**Submit < 1 year experience.** We seek enough performed to show they have expertise. Occasional work of this sort is insufficient to be proficient.
- Type of piercings performed:

**Women:**

- Clitoris – direct (this does not apply to, Vertical Clitoral Hood piercings, or piercings of the Labia) *Prohibited*
- Triangle or any piercings under or behind the clitoris *Prohibited*  
*Vertical clitoral hood and labia are the two most common piercing types and are acceptable when done by experienced piercers. Direct piercing of the clitoris can be done for certain anatomically correct women, but is very rare, and painful if not done correctly. Triangle piercings are done at the base of the hood where the nerve bundle must be avoided. This makes these piercings higher risk and prohibited.*

**Men:**

- Glans Penis: Any piercing which penetrates the glans (head) of the penis including ampallang, apadravya, dydoe, reverse Prince Albert, or any similar piercings. *Prohibited*
- Shaft: Any piercing which transverses the shaft of the penis such as a shaft or deep apadravya. *Prohibited*  
*Generally the concern for male piercings is for the blood vessels. We avoid any piercing through the glans penis (head) and shaft due to the veins and sensitive nature. Acceptable piercings include Prince Albert (most common piercing), Guiche, and Foreskin.*

Miscellaneous:

- Do you do any experimental or unusual piercings? *Prohibited* .....  Yes  No
- Do you do any piercings (including surface) longer than 1.5 inch? *Prohibited* .....  Yes  No  
*Longer piercings will take longer to heal making them higher risk.*

34. Do you offer: (Check all that apply)

- Microdermal, surface anchor, or single point temporary piercings. (These piercings are similar to transdermal implants, but can be completed with tools usual to a piercing shop and do not require medical tools or anesthesia.)  
*Acceptable*  
Do you place surface anchors near joints? *Prohibited* .....  Yes  No
- Flesh plating or stapling *Prohibited*

35. For initial piercings, do you use metals without nickel, nickel-cobalt, silver or gold plated jewelry?.....  Yes  No

Note: The Association of Professional Piercers posts a useful minimum standard for initial piercings.  
*Initial jewelry is important as many people have allergic reactions to nickel and other items. Nickel is found in many different metals which limits what jewelry should be used.*

36. Do you have mill test certificates on jewelry available? (Optional).....  Yes  No

*A mill test certificate gives evidence of a specific grade of metal with an ASTM or ISO code designation. We do not require copies of the mill test for our records and it is not required that they have them, but a piercer with this information is more likely to be a professional shop, and more likely to use quality jewelry in initial piercings. If the shop does not provide this information, the underwriter may want to ask the inspector to inquire about the types of jewelry permitted for initial placement to confirm no nickel.*

37. Do you use a piercing gun? *Prohibited* .....  Yes  No

*Piercing guns are not able to be "sterilized." Some countries have outlawed them completely. The manufacturers almost always limit use to strictly the ear lobe, but often these are misused and performed on other areas.*

**Optional Coverages:**

Abuse or Molestation Limited Liability Coverage

Available Limits (Each Event / Aggregate):

- Excluded       \$25,000 / \$50,000       \$50,000 / \$100,000       \$100,000 / \$300,000

38. Are employees screened for prior criminal records? *Required* .....  Yes  No

39. Do you have any employees with a felony record? *Prohibited* .....  Yes  No

40. Have you had any claims or allegations of sexual or physical abuse? *Prohibited* .....  Yes  No

**NOTICE TO APPLICANT – PLEASE READ CAREFULLY AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

The information contained in and submitted with this application is on file with the company and is considered physically attached to this application. This application and such information will become part of, and be considered physically attached to, any policy issued as a result of this application. If, as a result of this application, a policy is issued, the company will have relied upon this application and on such attachments.

If the statements in this application or in any attachment change materially before the effective date of any proposed policy, the applicant must notify the company, and the company may modify or withdraw any quotation.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT FOR THE STATE(S) OF:**

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky, Ohio, Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine, Tennessee, Virginia, Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**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 such violation.

**Oklahoma WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date