

Agency Name:
 Address:
 Contact Name:
 Phone:
 Email:

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 ACORD Application or its equivalent

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:

EXPLAIN ALL "NO" RESPONSES AND PROVIDE INFORMATION WHERE REQUIRED

1. Years in business:
 If less than three (3) years, provide prior experience below:

2. List all professional organizations where you are a current member, or check if NONE NONE

3. Operating Hours: Monday through Friday: From to
 Saturday: From to
 Sunday: From to
 Other ____: From to
4. Business Operations:

| Description of Services | Gross Sales by type of Service | Number of Employed Artists | Number of Apprentice Artists | Number of Contract or Guest Artists | Square Foot Area occupied by Contract/ Guest Artists | Do Contract/ Guest Artists Carry Insurance (Y/N) |
|--------------------------------|--------------------------------|----------------------------|------------------------------|-------------------------------------|--|--|
| Tattooing | | | | | | |
| Piercing | | | | | | |
| Other (describe below) | | | | | | |
| | | | | | | |
| | | | | | | |
| Product sold under your label: | | Describe: | | | | |
| Retail sale of other products: | | Describe: | | | | |

5. Do your services include any of the following: Check all that apply or check if NONE NONE
- "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.
 - Eye or eyelid piercing, tattooing or implants
 - "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.(medical hairline tattoo)
 - "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.
 - Stretch mark (striae atrophica) services/camouflage
 - "Subdermal implants" means an object placed entirely below the skin to form a ridge, pattern or bump in the skin.
 - Tattoo removal service or procedures
 - Tongue splitting or any similar amputation
 - Tooth piercing or implants
 - "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 micro dermal implants.

6. Do you have entertainment on premises including dancing, promoters, live music or similar activities: Yes No

7. Do you and all artist have the authority to refuse service to anyone who:
- Appear intoxicated or under the influence of narcotics or pharmaceuticals? Yes No
 - Show evidence of intravenous drug use? Yes No
 - is pregnant? Yes No

8. If you perform services on minors answer the questions below or check N/A: N/A
- Do you comply with city, county and state ordinances and laws regarding minors? Yes No
 - Is a parent or legal guardian required to be present? Yes No
 - Do you require a properly signed and executed informed consent, including parental or legal guardian consent? Yes No
 - Do you refuse tattoos or piercings (other than ear) on minors under fourteen (14)? Yes No
 - 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)? Yes No
- (This question does not apply to navel piercings)

Describe below any other requirements or limitation placed on services provided to minors:

9. Do you comply with all city, county and state ordinances statutes, regulations or laws including licensing? Yes No
 NOTE: This includes any inspections or approval of your practices by a medical professional where required

10. Has your license ever been suspended or revoked? Yes No

11. Do you have mobile or off-site operations? (If yes, answer the questions below): 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?) _____

SAFETY AND SANITATION PROCEDURES

- 1. Do you have a written sanitation, sterilization and safety standard? Yes No
- 2. Are all hard surfaces (e.g., counter tops, drawer pulls, parlor chair components (head/arm rests)) sanitized between each customer? Yes No
- 3. Are you in compliance with all State sterilization procedures? Yes No
- 4. Are all items which contact the client or are exposed to blood borne pathogens "sterilized" before each use? Yes No
Note: This includes initial jewelry, needles, and reusable items such as forceps, other tools and setup trays
- 5. What type of sterilization equipment do you use on heat stable non-disposable tools or reusable equipment?
 - Autoclave Gas ethylene oxide/hydrogen peroxide gas plasma
 - Chemical Sterilization*
 - Pressure Cooker
 - Dry Heat Other: _____
- 6. How often is your equipment inspected? Monthly Quarterly Other: _____
- 7. Is spore testing done at least monthly? Yes No N/A
- 8. Do you have sharps containers for used needles? Yes No
- 9. Do artists wash hands before and after each procedure? Yes No
- 10. Do artists always wear disposable single use gloves on both hands during a procedure? Yes No

DOCUMENTATION AND RECORDKEEPING:

- 1. Do you verify the age of all clients using valid identification (e.g., driver's license)? Yes No
- 2. Are clients required to read and sign an agreement of service or informed consent form? Yes No
- 3. Do your consent forms contain a clause that state the risks have been explained? Yes No N/A
- 4. Do clients records contain date of birth, properly signed and executed informed consent forms, and for minors, the signed parental or legal guardian consent form? Yes No
Do you inquire about medical conditions which may impede healing or safety for the customer? Yes No
- 5. Note: This may include pregnancy, medications such as blood thinning agents or anticoagulants, history of herpes, diabetes, allergic reactions to latex, hemophilia, other bleeding disorders or cardio vascular disease. Some inquires may be limited by law
- 6. Are after care procedures provided to all clients? Yes No
- 7. Do you keep information gathered on clients that is personal medical information in accordance with the Health Insurance Portability and Accountability Act of 1996? Yes No
- 8. Do you keep customers records for at least three (3) years? Yes No

TRAINING AND APPRENTICES:

- 1. Do artists take bloodborne pathogen training at least annually? Yes No
- 2. What other formal training or certification is required? N/A

- 3. Do you have a curriculum planned for apprentices? Yes No N/A
- 4. What percentage of your artists are apprentices? _____

TATTOO OPERATIONS:

- 1. Are new single use, disposable ink caps used? (If no, describe below) Yes No

- 2. Is left over ink discarded with containers? Yes No
- 3. Do you only use "sterile" water to dilute inks? (Note: filtered water is not "sterile") Yes No
- 4. Do you only use "sterile" inks that are made specifically for tattooing? Yes No
- 5. Do you keep records of purchased inks including delivery date and batch number: Yes No
- 6. Do you use only your own original designs, or designs of others only with permission? Yes No

PIERCING OPERATIONS:

Do you perform any piercing services? (check all that apply, or N/A) N/A

1. Facial Piercing: N/A

Bridge of nose between the eyes: Yes No

Minimum years' experience of artists performing bridge piercings?.....

How many bridge piercings does your shop perform monthly?.....

Eyebrow: Nose:

Earlobe: Near the eye:

Ear (other than earlobe) : Eyebrow/Anti-eyebrow:

Other (describe) _____

2. Oral Piercings: N/A

Tongue

Dorsoventral (vertical piercing near the midline):

Dorsolateral (lateral piercing):

Other (describe) _____

What is the minimum years of experience for artists performing tongue piercings? _____

How many tongue piercings are performed monthly? _____

Uvula (back of the throat) :

Cheeks:

Upper or lower lip frenulum (ridge of tissue between the upper or lower lip and gum):

3. Body Piercings – or: N/A

Below the genitals, including legs, knees, ankles and feet :

On or below the wrists or hands:

On the nape (back) or side of the neck:

4. Genital Piercings – or: N/A

Minimum years' experience of artists performing genital piercings?..... _____

How many genital piercings does your shop perform monthly?..... _____

Type of Piercings Performed: _____

WOMEN:

Clitoris – direct (this does not apply to, Vertical Clitoral Hood piercings, or piercings of the Labia)):

Triangle or any piercings under or behind the clitoris):

Other (describe) _____

MEN

Glans Penis: Any piercing which penetrates the glans (head) of the penis including ampallang, apadravya, dydoe, reverse Prince Albert, or any similar piercings):

Shaft: Any piercing which transverses the shaft of the penis such as a shaft or deep apadravya:

Other (describe) _____

5. MISCELLANEOUS:

Do you perform any experimental or unusual piercings: Yes No

Do you perform any piercings (including surface) longer than 1.5 inches: Yes No

Do you offer microdermal, surface, anchor, or single point temporary piercings (similar to transdermal implants that do not require medical tools or anesthesia): Yes No

Describe Yes response _____

Do you place surface anchors near joints? Yes No

Do you perform flesh plating or stapling? Yes No

PIERCING SAFETY AND SANITATION PROCEDURES

1. Do you use metals with nickel, nickel-cobalt, silver or gold plated jewelry for initial piercings? Yes No
Note: The Association of Professional Piercers posts a useful minimum standard for initial piercings

2. Do you have mill test certificates on jewelry available? Yes No

3. Do you use a piercing gun? Yes No

OPTIONAL COVERAGE:

1. Do you wish to purchase Abuse or Molestation Limited Liability Coverage: Yes No
Select Limit of Insurance Desired:

\$25,000 Each Event/\$50,000 Aggregate

\$50,000 Each Event/\$100,000 Aggregate

\$100,000 Each Event / \$300,000 Aggregate

Do you screen all employees for criminal records: Yes No

Have you ever employed an individual who has been convicted of a crime: Yes No

Has there ever been any claim or allegation of sexual or physical abuse against you or any employee: Yes No

2. Do you wish to purchase Limited Intellectual Property Rights Infringement Coverage:..... Yes No

Coverage may be available for the infringement of intellectual property rights, which includes, but is not limited to, the infringement of copyrights, trademarks, trade secrets, trade dress, trade names, titles or slogans.

Available Limits: \$25,000 Any One Person Or Organization / \$50,000 Aggregate

Have any Intellectual Property Rights Infringement claims been filed against you in the last three (3) years? Yes No

If yes, explain: _____

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

The application must be signed and dated by the Insured in order to bind coverage.

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, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*), fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

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.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Application Forms: 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.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: 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.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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.

Producer's Signature

Date

Applicant's Signature

Date