



# Tattoo & Piercing Program Liability Insurance Application

## Insured Information

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-Mail \_\_\_\_\_ Web: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Entity:  Corporation  Partnership  Individual  LLC  Independent Contractor  Other: \_\_\_\_\_

Number of Yrs. In Business: \_\_\_\_\_ Number of Yrs. Experience In Piercing Trade: \_\_\_\_\_

Number of Yrs. Experience in Tattoo Trade: \_\_\_\_\_ *If less than 5 years, please provide a resume on all owners/artists.*

Are you a member of any trade organizations? Y  N  *If so, which one:* \_\_\_\_\_

Do you operate any retail stores that do not have tattoo or piercing operations? Y  N

How did you hear about the program?  NTA  APT  APP  Flyer  Other: \_\_\_\_\_

## Underwriting Information

Is a release/waiver form signed by everyone? Y  N  *If yes, please attach copies for all services provided.*

Do you provide an aftercare form to each client? Y  N  *If Yes, please provide a copy.*

How do you sterilize equipment and material prior to use? \_\_\_\_\_

Do you use an autoclave? Y  N  *If no, please provide your method of sterilization* \_\_\_\_\_

Is spore testing done? Y  N  *If so, how often?* \_\_\_\_\_ Who conducts the testing? \_\_\_\_\_

Type and Manufacturer of your sterilization equipment? \_\_\_\_\_

Do you have hot & cold running water on site? Y  N  Do you wear new gloves with each procedure? Y  N

Are you in compliance with all city, county, state ordinances? Y  N  Do you work out of your home? Y  N

In the next 12 months, how many convention/trade shows will you attend as a vendor/demonstrator? \_\_\_\_ How many total days per year? \_\_\_\_

Have you had an apprenticeship in tattooing? Y  N  Have you had formal instruction in Body Piercing? Y  N

Have you had formal training in the application of permanent cosmetics/makeup?  Yes  No

Please attach all certificates of completed training or provide a description of your training and experience: \_\_\_\_\_

## Policy Limits

Requested Effective Date: \_\_\_\_\_ Retro-Date: \_\_\_\_\_ Requested Policy Liability Limits:  \$500,000  \$1,000,000

Do you want to include Professional Liability Coverage for your artists, piercers & apprentices?  Yes  No

Do you want "Defense Costs":  Included within the liability policy limits, or  in addition to your liability policy limit?

## Piercing Procedures

Do you ever pierce minors? Y  N  Is written parental consent required? Y  N  *Please attach a copy of consent form*

Do you require parent to be present during piercing of minors? Y  N  *If no, please explain why* \_\_\_\_\_

**Piercing Procedures Continued**

What percent of your gross sales are from piercing of minors? \_\_\_\_\_% List all equipment used to pierce: \_\_\_\_\_

Do you use a piercing gun? Y  N  If yes, under what circumstances? \_\_\_\_\_

How is the body prepared before piercing? \_\_\_\_\_

Do you use sterile needles with each individual piercing? Y  N

Are your piercing procedures limited to eyebrow, nose, lip, ear, nipple and navel?  Yes  No

How are hard surfaces disinfected? \_\_\_\_\_

The jewelry you use/sell is made of what materials? \_\_\_\_\_

Is all jewelry used manufactured in the U.S. or from Cold Steel/Wild Cat in the UK? Y  N

How do you sterilize the jewelry prior to insertion? \_\_\_\_\_

How many body piercings have you performed in the past 12 months, excluding micro-dermal anchors? \_\_\_\_\_

Do you do micro-dermal/surface anchors procedures?  Yes  No If so, how do you create the opening? \_\_\_\_\_

How many micro-dermal/surface anchors have you performed in the last 12 months? \_\_\_\_\_

Do you ever remove the anchors?  Yes  No If so, how are they removed? \_\_\_\_\_

**Tattooing Procedures**

Are all pigments used from US manufacturers? Y  N  If no, explain \_\_\_\_\_

Do you dispose of pigments after each client? Y  N  Do you ever re-use needles? Y  N

Do you apply temporary or sticker tattoos? Y  N  If yes, are the temporary tattoos made in the US? Y  N

Do you do apply permanent makeup? Y  N  If so, what type: \_\_\_\_\_

**Schedule of Locations, Artist(s) and Piercer(s) to be Covered**

Covered Locations:

#	Address	City	State	Zip

Please List All Artists, Piercers & Apprentices, Incl. Owners:

*Independent Contractors are not covered unless specifically listed below*

Name	License #	Artist	Piercer	Apprentice	Yrs. Experience*	Position/Title
		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Artist ___ Piercer ___	
		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Artist ___ Piercer ___	
		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Artist ___ Piercer ___	
		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Artist ___ Piercer ___	
		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Artist ___ Piercer ___	
		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Artist ___ Piercer ___	
		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Artist ___ Piercer ___	
		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Artist ___ Piercer ___	

\* Please describe training for anyone listed above with less than 3 years of experience. If an apprenticeship has been completed, please include a copy of the apprenticeship agreement and/or proof of completion.

Do any of the listed individuals above own any other business or sell products in their name? Y  N  If yes, please list those individuals and the business and/or products: \_\_\_\_\_

**Additional Insureds**

Name	Address	City	State	Zip	Relationship (Landlord, Lienholder, Etc.)

**Insurance & Claim History**

Do you currently have general liability insurance? Y  N  Do you carry professional liability insurance? Y  N

If so, please provide the following information:

Insurance Company	Policy #	Expiration Date	Liability Limit	Annual Premium

In the last 5 years, have you had any claims arising from any body piercing, tattooing or any other professional activities? Y  N

If so, please provide claim details:

Date of Claim	Description of Incident	Nature of Injury	Equipment Involved	Amount of Settlement

Do you have any knowledge of an event, circumstance or occurrence (not listed above) that has occurred prior to the effective date of this policy, or do you foresee that a claim may be brought as a result of said event, circumstance or occurrence? Y  N

If so, please provide details: \_\_\_\_\_

I understand and agree that 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 claim under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activity of my business including authorization to every person or entity, public or private, to release 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 declarations page issued with the policy or when 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 may not be subject to all the insurance laws and rules in my state and that risk is not protected by the State Insurance Insolvency Fund.

**SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY. THIS APPLICATION MUST BE SIGNED BY THE APPLICANT WITHIN 30 DAYS OF BINDING.**

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Producer Information:**

Agency: \_\_\_\_\_

Producer: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please return application and all supporting documents to:**

Stratus Insurance Services

Chris Van Leeuwen, CIC

[chrisvl@stratusins.com](mailto:chrisvl@stratusins.com)

F: (801) 763-1374

O: (866) 395-1308

[www.stratusins.com](http://www.stratusins.com)