



[Professional Liability Application]
TATTOOS & PIERCINGS APPLICATION

TATTOO & PIERCINGS APPLICATION

PART 1

GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Operating Name: _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Name of Principal(s): _____

Website Address: _____ Email Address: _____

Number of years in business: _____ Years of related experience: _____

Desired Effective Date: (MM/DD/YYYY) _____ Desired Expiry Date: (MM/DD/YYYY) _____

Previous Insurer: _____

Has any Insurer cancelled, declined, or refused you coverage? Yes No If Yes, explain, please explain below: _____

Business structure: Corporation LLC Employee Sole Proprietorship Partnership Other: _____

Working as: Tattoo & Piercing Business Individual Operator Other (describe): _____

Do you operate a retail sales business? Yes No No. of locations: _____

Are you compliant with all City and Provincial ordinances and work in a business shop? Yes No

Have you had formal instruction in body piercing? Yes No Tattooing? Yes No

Please state your revenues received in respect of the following years (in CAD):

	Last Complete Financial Year	Estimate for Current Financial Year	Estimate for Next Financial Year
Canadian Revenue:			
USA Revenue:			
Other Territory Revenue:			
Total Revenue:			
Profit/Loss:			

Date of Financial Year End (DD/MM/YYYY): _____

PART 2

INFORMATION ON YOUR PROFESSION

Do you use a client release form on everyone? Yes No If Yes, please attach a copy for all services

Do you use an after-care form on everyone? Yes No If Yes, please attach a copy

Do you ever tattoo minors (under 18 years of age) Yes No

Do you ever perform piercings on minors? Yes No If Yes, under what circumstances? (Please describe below):

Do you have an apprentice program? Yes No

How do you sterilize equipment and materials prior to use? (Please describe in detail below):

Are there autoclaves on the premises? Yes No If "Yes", how many?

Do you have hot and cold running water on site? Yes No

Do you wear a new pair of gloves with each procedure? Yes No

PART 3 EQUIPMENT AND PROCEDURES

Piercing:

How do you sterilize jewelry prior to insertion?

Do you use sterile needles with each individual piercing? Yes No

Is all the jewelry you use from: Canadian / USA/ or European Other:

What is the jewelry you use made of?

How are hard surfaces disinfected?

How is the body area prepared before piercing?

Tattooing:

Are all pigments from Canadian and/or USA Manufacturers? Yes No

Do you ever re-use needles? Yes No

PART 4 COVERAGE REQUIREMENTS

	Limit Required	Deductible Required
Limit of Liability:	\$	\$
Tenants Legal Liability	\$	\$

PART 5 ARTIST(S) / PIERCER(S) TO BE INSURED

Name of Shop: _____

Owner(s) of Shop: _____

Artist(s) / Piercer(s) to list on policy: *(Please note years of experience next to services you would like covered)*

Name	# Yrs	# Yrs	# Yrs
1. _____	<input type="checkbox"/> Tattoo: _____	<input type="checkbox"/> Piercing: _____	<input type="checkbox"/> Anchor Surface / Master Piercer: _____
2. _____	<input type="checkbox"/> Tattoo: _____	<input type="checkbox"/> Piercing: _____	<input type="checkbox"/> Anchor Surface / Master Piercer: _____
3. _____	<input type="checkbox"/> Tattoo: _____	<input type="checkbox"/> Piercing: _____	<input type="checkbox"/> Anchor Surface / Master Piercer: _____
4. _____	<input type="checkbox"/> Tattoo: _____	<input type="checkbox"/> Piercing: _____	<input type="checkbox"/> Anchor Surface / Master Piercer: _____
5. _____	<input type="checkbox"/> Tattoo: _____	<input type="checkbox"/> Piercing: _____	<input type="checkbox"/> Anchor Surface / Master Piercer: _____
6. _____	<input type="checkbox"/> Tattoo: _____	<input type="checkbox"/> Piercing: _____	<input type="checkbox"/> Anchor Surface / Master Piercer: _____
7. _____	<input type="checkbox"/> Tattoo: _____	<input type="checkbox"/> Piercing: _____	<input type="checkbox"/> Anchor Surface / Master Piercer: _____
8. _____	<input type="checkbox"/> Tattoo: _____	<input type="checkbox"/> Piercing: _____	<input type="checkbox"/> Anchor Surface / Master Piercer: _____
9. _____	<input type="checkbox"/> Tattoo: _____	<input type="checkbox"/> Piercing: _____	<input type="checkbox"/> Anchor Surface / Master Piercer: _____
10. _____	<input type="checkbox"/> Tattoo: _____	<input type="checkbox"/> Piercing: _____	<input type="checkbox"/> Anchor Surface / Master Piercer: _____

PART 6 LOSS HISTORY

Check here if there were NO LOSSES IN THE PAST 5 YEARS under any coverage line applied for herein, otherwise DETAIL ALL LOSSES below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

Please attach any available insurance company loss reports with this application

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature:

Position:

Please print name:

Date:

BROKER DECLARATION

How long have you known this applicant?

Is this account new or renewal to you?

Have you personally viewed the applicant's operations?

What is the condition of facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this applicant?

Broker's Signature:

Position:

Please print name:

Date:

ACCEPTABLE PIERCINGS & PROCEDURES

1 OR MORE YEARS EXPERIENCE	MASTER PIERCER (3 OR MORE YEARS EXPERIENCE)
	Master Piercer coverage includes all of the noted Piercings, plus Surface Piercing/Dermal Anchoring, plus "O" or "Chamfer" needles in this table, plus the following additional Piercings:
Ears (Lobes, Inner / Outer cartilage):	Nose & Nose Area, Eye Area:
<input type="checkbox"/> Lobe <input type="checkbox"/> Helix, Upper Helix, Forward <input type="checkbox"/> Helix, Conch, Snug <input type="checkbox"/> Industrial <input type="checkbox"/> Rook, Daith <input type="checkbox"/> Transverse of Vertical Lobe	<input type="checkbox"/> Anti-Brow <input type="checkbox"/> Vertical Bridge Lips / Mouth / Face: <input type="checkbox"/> Tongue / Webbing / Tongue Frenulum <input type="checkbox"/> Smiley / Scrumper <input type="checkbox"/> Dimple <input type="checkbox"/> Lowbret
Nose & Nose Area, Eye Area:	Male Genitalia:
<input type="checkbox"/> Nostril, High Nostril, Septum <input type="checkbox"/> Bridge <input type="checkbox"/> Monroe <input type="checkbox"/> Horizontal Eyebrow	<input type="checkbox"/> Ampallang <input type="checkbox"/> Apadravya <input type="checkbox"/> Dydoe
Body:	Female Genitalia:
<input type="checkbox"/> Nipple <input type="checkbox"/> Navel	<input type="checkbox"/> Triangle <input type="checkbox"/> Christina
Lips and Mouth:	LESS THAN ONE YEAR EXPERIENCE
<input type="checkbox"/> Philtrum <input type="checkbox"/> Labret, Vertical Labret <input type="checkbox"/> Jestrum, Vertical Philtrum <input type="checkbox"/> Tongue (midline only, away from main veins)	<input type="checkbox"/> Eyebrow, Earlobe, Outer Rim Ear Cartilage, Lower Lip-Sides and Centre, Nostrils-Thin or Hyaline Cartilage Only, Naval, Nipples <p style="text-align: center;">Note: Scarification and other practices not listed on this table are specifically excluded</p>
Male Genitalia:	
<input type="checkbox"/> Frenum or Frenulum, Lorum <input type="checkbox"/> Foreskin <input type="checkbox"/> Scrotal Piercing / Halfada <input type="checkbox"/> Prince Albert, Dolphin <input type="checkbox"/> Guiche	
Female Genitalia:	
<input type="checkbox"/> Inner / Outer Labia <input type="checkbox"/> Vertical, Horizontal Hood <input type="checkbox"/> Fourchette	
Stretching (Ear Lobes Only):	
<input type="checkbox"/> Surface Bars: Nape, sideburn, eyebrow-horizontal, anti-eyebrow, third eye, chest/sternum, lower navel-horizontal, hips, Christina <input type="checkbox"/> Anchors: Nape, neck, forehead, third eye, eyebrow, cheekbone, sideburn, chest, stomach, hips, pubic area (faux Christina), forearm, back	