



Salt Lake City Area Office  
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 P.O. Box 4439 Sandy, UT 84091  
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Chicago Office  
 303 W. Madison Street Suite 2075  
 Chicago, IL 60606  
 800-456-4576 • Fax 312-408-8081

**TATTOO AND BODY  
 PIERCING**

**General Information**

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

Other Locations to be Insured:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Producer No.: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Producer's E-mail: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

Is this a new business?  Yes  No If no, how many years have you been in business? \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture

Other (please describe): \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

**1. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

- Has the Applicant or any predecessor or related person or entity ever had a claim?  Yes  No  
 Completed Claims and Loss History form attached (REQUIRED)?  Yes  No  
 Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

**2. Desired Insurance**

**Limits:**

**Limit of Liability:**

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="radio"/>	\$50,000/\$100,000	<input type="radio"/>	\$25,000/\$50,000/\$100,000
<input type="radio"/>	\$150,000/\$300,000	<input type="radio"/>	\$75,000/\$150,000/\$300,000
<input type="radio"/>	\$250,000/\$1,000,000	<input type="radio"/>	\$100,000/\$250,000/\$1,000,000
<input type="radio"/>	\$500,000/\$1,000,000	<input type="radio"/>	\$250,000/\$500,000/\$1,000,000
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____

**Self-Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**3. Business Activities**

- Have you had formal instruction in the application of: Tattoos  Yes  No Piercing  Yes  No  
If yes, please attach all certificates of training. If no, please attach a description of training and experience.
- What are your average gross receipts per year? \$\_\_\_\_\_ Estimated for next year: \$\_\_\_\_\_
- Number of Tattoo Artists and/or Piercers on site: \_\_\_\_\_  
If more than one Tattoo Artist, please list all artists:  
\_\_\_\_\_  
\_\_\_\_\_
- Do you tattoo only?  Yes  No  
If no, and you also do piercing, please complete the Body Piercing section below.
- Number of tattoos or piercings done in the past twelve months: Tattoos: \_\_\_\_ Piercings: \_\_\_\_
- Are any of the following procedures performed by you or any of your employees?  Yes  No  
Eyeliner: \_\_\_\_\_ Eyebrows: \_\_\_\_\_ Lipliner: \_\_\_\_\_ Lips: \_\_\_\_\_ Cheek Blush: \_\_\_\_\_  
Skin Repigmentation / Camouflage: \_\_\_\_\_  
**Note: These procedures are not covered.**
- Do you tattoo minors? (Tattooing of minors is not covered)  Yes  No  
If yes, do you always obtain written consent from a parent or guardian?  Yes  No  
If yes, please attach a copy of the consent form.

8. Do you pierce minors?  Yes  No  
 If yes, do you always obtain written consent from a parent or guardian?  Yes  No  
 If yes, please attach a copy of the consent form.  
 Note: Only specific types of piercing are covered for minors, and only with parental consent.
9. Do you require a medical history / client information form on all clients?  Yes  No  
 If yes, please attach a copy of the form.
10. Do you require a hold harmless or informed consent form for all clients? (required)  Yes  No  
 If yes, please attach a copy of the form.
11. Do you schedule a follow-up appointment after the procedures?  Yes  No  
 If yes, under what circumstances? \_\_\_\_\_
12. Do you ever reuse needles?  Yes  No
13. Indicate your method of sterilization, type, and make of sterilizer: \_\_\_\_\_  
 \_\_\_\_\_
14. Is all your equipment in proper running order?  Yes  No
15. Do you wear a new pair of gloves with each procedure?  Yes  No  
 Additionally, how often during each procedure do you change gloves? \_\_\_\_\_
16. Do you have hot and cold running water on site?  Yes  No
17. Do you dispose of your pigments after each client?  Yes  No
18. Please provide the following information on all equipment:  
 Manufacturer: \_\_\_\_\_ Purchase Date: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_ Purchase Date: \_\_\_\_\_
19. Is your office maintained in a sanitary manner, including physical cleanliness and antiseptic precautions?  
 Yes  No
20. Have you participated in an OSHA consultation in your shop?  Yes  No

**4. Body Piercing**

21. How many body piercing procedures have you performed in the past twelve months? \_\_\_\_\_
22. Is all the jewelry you use from US manufacturers?  Yes  No
23. Indicate type and make of sterilizer: \_\_\_\_\_
24. How do you sterilize equipment and materials prior to use? \_\_\_\_\_
25. How are hard surfaces disinfected? \_\_\_\_\_
26. How is the body area prepared before piercing? \_\_\_\_\_
27. Do you wear a new pair of gloves with each procedure?  Yes  No
28. List all the equipment you use to pierce: \_\_\_\_\_  
 \_\_\_\_\_

**NOTE: Please review the attached list of covered piercings. Any piercings not on the list will not be covered.**

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any

premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Applicant: \_\_\_\_\_ Agent/Broker: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

## APPROVED PIERCINGS

1. Face:
  - a. Cheeks
  - b. \*Eyebrows: through eyebrow skin
  - c. \*Earlobe and outer rim of ear cartilage
  - d. Full ears, including cartilage
  - e. Lips/Labret (not through oral labia)
  - f. \*Lower lip: sides and center
  - g. Nose: \*nostrils-thin or hyaline cartilage only
  - h. Tongue: through the medial sulca (center line), only away from main veins
2. Body
  - a. \*Navel
  - b. \*Nipples
  - c. Female Genital Area (except clitoris and triangle): inner and outer labia, clit hood, fourchette
  - d. Male Genital Area: frenum, guiche (perineum), scrotum, foreskin
3. Surface Piercing
  - a. Subject to an approved disclaimer, but specifically excluding areas below the ankles and wrists, nape and sides of the neck, and the bridge of the nose between the eyes.
4. Piercing of Minors
  - a. Must be 16 years of age or older
  - b. Must have parental consent
  - c. Parent must be present and ID's must be verified for both minor and parent
  - d. Piercings covered for minors: eyebrow, earlobe and outer rim of ear cartilage, lips/labret (not through oral labia), nose, and navel

\* These piercings are the only ones covered for piercers with less than one year experience.