



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2853 • Fax 877-585-2854
quotes@primeis.com

BODY PIERCING

This Questionnaire is designed to be used in conjunction with the Tattoo and Body Piercing Application. No coverage will be bound unless both

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

1. Club or Association Name: _____

2. Purpose of Club or Association: _____

3. Name of Officer or Representative: _____

Business Telephone Number: () _____ Fax: () _____

E-Mail: _____

4. Physical Address: _____

City: _____ State: _____ Zip: _____

5. Description of Premises: _____

6. Do club-sponsored activities, competitive events, activities, or services involve non members? Yes No

7. List all land or premises owned, leased, rented or used, for which premises liability protection is to be provided under the coverage issued. (Use separate sheet if necessary.) If your club or association owns, leases, or otherwise operates a shooting range, a separate shooting range supplement must also be completed.

A. Location: _____ Use: _____

B. Location: _____ Use: _____

C. Location: _____ Use: _____

D. Location: _____ Use: _____

8. Attach a list of scheduled Club or Association Meetings, gatherings, planned events, and other activities that take place during the year, for which insurance coverage issued is to apply. (Use separate sheet).

9. Provide a list of the directors and officers of the club or association:

10. Membership is comprised of: Individuals Business Other: _____

11. Number of members: _____ Associate: _____ Individual: _____ Family: _____ Other: _____

12. What are the Annual Dues: \$ _____ Associate: _____ Individual: _____ Family: _____

Other: _____

13. Total receipts received from membership dues: \$ _____

From all other services, fees, sales, etc. \$ _____

14. Total Annual Gross receipts from ALL operations and services. \$ _____

15. How many years has the Club or Association been organized? _____

16. Does the Club or Association sell or provide liquor at any activities or events? Yes No
If yes, explain: _____

17. Please provide the names of all state and national associations your group belongs to: _____

18. Describe mobile equipment operated by the Club or Association: _____

19. Are there any vehicles or mobile equipment used or furnished for use on premises which are unlicensed? Yes No
If yes, provide list of unlicensed vehicles and mobile equipment. _____

Special Note: Licensed vehicles and equipment, for over the road use, must be insured under a separate automobile coverage contract.

20. Are investigators, guests, or potential members permitted to participate in any Club or Association sponsored events or activities prior to joining? Yes No
If yes, explain: _____

21. Do you have any grandstands, temporary seating, or special areas designated for spectators only? Yes No
If yes, explain: _____

* Club Liability coverage provides protection for Club activities and includes Club members as Additional Insureds against third party claims. Cross liability claims, between one member and against another member, or a member against the Club or Association, are excluded.

*** Special events, or activities, including non-members and/or spectators, must be added separately. To add this coverage, first submit a Special Events application for consideration. Certain events or scheduled activities are often added at no additional cost.