

Submissions: Info@Inksurancepro.com

Tattoo & Body Piercing Supplemental Application

Name	Effective Date								
Mailing Address									
Location Address									
Website		Phone			I				
Main Contact					nail				
					Years In Business				
					Expiring Premium				
Need by Date						P			
riced by Bute		_							
Locations									
Location #		Address	.		City		State	Zip Code	
1									
2									
3 If you need to add more local	tions nleas	e use a senarate sheet							
	tions, picus	ic use a separate sneet.							
Loss History									
		Have th	nere beer	n any gaps in cov	erage in the l	ast thre	e years?		
Please Explain:			Have	there been any	laccac in tha l	act thro	o voors?		
Please Explain:			паче	there been any	losses in the i	ast trire	e years r		
riedse Explaini									
Services									
Tattooing		Piercing		Cosmetic Tatto	ooing		Saline Re	moval	
Revenue:		Revenue:	R	evenue:		Reven	ue:		
General Liability		Each Occ	urronco						
		General Ag		\$2,000,000					
	Prod	ucts and Completed Ope		\$1,000,000					
Personal and Advertising Injury Limit				\$1,000,000					
Damage to Premises Rented to you				\$300,000					
Medical Expense Limit				\$5,000					
Professional Liability				\$1,000,000					
*Standard damage to premis	ses rented t	o can be raised to up to \$1m, if re	equired by w	ritten contract					
				Communic	able Disease	\$25,0	000/\$25,	000	
				Assault & Battery \$25,000/\$25,000					
				Sexual Abuse &	Molestation	\$25,0	000/\$25,	000	
		Worldwide Coverage En	ndorsem	ent (\$50 per artist usi	ing that coverage)			Artis	



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Personnel	Tattoo Artist	Piercing	Cosmetic Tattooing		
Full Time					
Part-time					
Apprentice					
Total					
All Total					
Do you require Independent Contractors to keep their own insurance policy?					

^{*}Independent Contractors are excluded unless named below

Scheduled Artists								
Full Name	Length of Employment	Years of Experience						

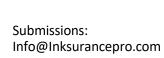
^{*}If there are more than 12 artists, please add an additional page with artist information

Additional Questions		
	Is there a weapon kept on the premises	
	What are the minimum years of experience for an artist to come to work for you?	
	Are all artists required to maintain the relevant licenses and/or certifications?	
	Are you licensed by the state or city and meet all city or state regulations?	
	Do you have blood-borne pathogen training?	
	Do you have written sterilization, sanitation, and safety standards?	
	Are new disposable needles/supplies used for each new client?	
	Do you verify the age of clients prior to providing services?	
	Do you require waivers from your clients prior to providing services?	
	Do you provide written instructions for care/maintenance to all clients?	
	Are pre-employment background checks performed on all employees?	
	Do you Tattoo Minors with parental consent?	
	If yes, do you follow all rules and regulations around tattooing minors?	
	Do you tattoo eyeballs or other sensitive areas?	
What areas?	·	
	Do you have rules or guidelines related to services provided to intoxicated persons?	
Explanation:		
	Do you perform body piercing?	
	Do you pierce minors with parental consent?	
Explanation:	·	



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Please indic	ate what body pa	arts are	e performed on:								
			Do you have	any othei	r operati	ons besid	es tatto	and b	ody piercin	g?	
Please expla	ain:										
Property											
Location #	Coverage		Limit		Form Coinsurar		ırance	ce Constructio		PC Class	
	Building				Special X theft		80%		Frame		1
	BPP					cial X theft	80		Frame		1
	B.I. W EE					cial X theft	80		Frame		1
	Glass					ial X theft	80		Frame		1
	Ciass				Spec	iai X tricit		,,,,	Deductibl		\$1,000
*There may be a s	eparate W/H Deductib	le based	on location. Additional	locations ma	v be submit	tted on a sena	arate sheet		Deductibl	<u>.</u>	71,000
mere may be a c	eparate 11,112 caucila	.c basea			, 20 300	icea on a sept					
Building #	t Year Bui	lt	Roof year	HVAC	year	Plumbir	ng year	Electr	ical year	l year # of Stor	
	•					,			•		
						Is the b	uilding o	wned c	r leased?		
								Spr	inklered?		
Fire Alarm?											
Video Cameras?						Cameras?					
Central Station burglar alarm?											
									t Hydrant		
					Dis	tance to I			•		
Have you c	r anyone with a financi	al interes	st in the property been	convicted of							
						owned	now or dur	ing the pa	st five years?		
Any individual w	I CER ho, intending to deceive		T THE INFORMATION P							n annli	cation or files a
•	aim containing false or		_		-	_		-	•		
Signature of	Applicant			Title	Title		Date				
Signature of Producing Agent			Dat	Date							
Agent Name	and Address										



INKSURANCE

Additional Interest				
		Interest		
Name:				
Address:				
Street	City	State	Zip	