



Submissions:  
Info@Inksurancepro.com

**Tattoo & Body Piercing Supplemental Application**

Name \_\_\_\_\_ Effective Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Location Address \_\_\_\_\_

Website \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Main Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Title \_\_\_\_\_ Type of Entity \_\_\_\_\_ Years In Business \_\_\_\_\_

Current Expiration Date \_\_\_\_\_ Expiring Carrier \_\_\_\_\_ Expiring Premium \_\_\_\_\_

Need by Date \_\_\_\_\_

Locations				
Location #	Address	City	State	Zip Code
1				
2				
3				

If you need to add more locations, please use a separate sheet.

Loss History	
Have there been any gaps in coverage in the last three years?	
Please Explain:	
Have there been any losses in the last three years?	
Please Explain:	

Services			
Tattooing	Piercing	Cosmetic Tattooing	Saline Removal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revenue:	Revenue:	Revenue:	Revenue:

General Liability	
Each Occurrence	
General Aggregate	\$2,000,000
Products and Completed Operations	\$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 premises rented to can be raised to up to \$1m, if required by written contract

Communicable Disease	\$25,000/\$25,000
Assault & Battery	\$25,000/\$25,000
Sexual Abuse & Molestation	\$25,000/\$25,000
Worldwide Coverage Endorsement (\$50 per artist using that coverage)	Artists





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Please indicate what body parts are performed on:	
Do you have any other operations besides tattoo and body piercing?	
Please explain:	

Property						
Location #	Coverage	Limit	Form	Coinsurance	Construction	PC Class
	Building		Special X theft	80%	Frame	1
	BPP		Special X theft	80%	Frame	1
	B.I. W EE		Special X theft	80%	Frame	1
	Glass		Special X theft	80%	Frame	1
Deductible						\$1,000

\*There may be a separate W/H Deductible based on location. Additional locations may be submitted on a separate sheet.

Building #	Year Built	Roof year	HVAC year	Plumbing year	Electrical year	# of Stories

Is the building owned or leased?	
Sprinklered?	
Fire Alarm?	
Video Cameras?	
Central Station burglar alarm?	
Distance to Nearest Hydrant	
Distance to Nearest Fire Department	
Have you or anyone with a financial interest in the property been convicted of arson, fraud, or other crime related to the loss of property owned now or during the past five years?	

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND COMPLETE.

Any individual who, intending to deceive or with the knowledge that they are aiding in an act of fraud against an insurance company, submits an application or files a claim containing false or misleading statements may be held liable for insurance fraud, leading to potential fines and/or imprisonment.

Signature of Applicant	Title	Date
Signature of Producing Agent	Date	
Agent Name and Address		



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Additional Interest	
	Interest

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

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

Street

City

State

Zip