

Submission Requirements:

1. Completed ACORD Applications 2. Loss Runs

General Information

1. First Named Insured: _____
2. Type of Entity: Individual Partnership Corporation Other (describe): _____
3. Other Insureds: _____
 - Relationship to the First Named Insured: _____
4. Mailing Address: _____
 City: _____ County: _____ State: _____ Zip: _____
5. Contact Name: _____
 Phone Number: _____ Fax Number: _____
 Insured Email Address: _____ Website Address: _____
 Current Expiration Date: _____ Bind Date Requested: _____ Need Quote By: _____

6. Location Information:

| Loc. No | Street Address | City | County | State | Zip Code |
|---------|----------------|------|--------|-------|----------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

*If there are more than 3 locations, please add an additional page to the application with the list of those addresses.

7. Have there been any gaps in coverage in the past three years? Yes* No
 ◦ If yes, please explain: _____

8. Have there been any losses in the last three years? Yes* No
 ◦ If yes, please explain:

9. General Liability Requested Limits:

| Limits | |
|---|----|
| General Aggregate | \$ |
| Products-Completed Operations Aggregate | \$ |
| Personal and Advertising Injury Limit | \$ |
| Each Occurrence Limit | \$ |
| Damage to Premises Rented to You | \$ |
| Medical Expense Limit | \$ |

- 10. Hired and Non-Owned Liability: Exclude Include
- 11. Employee Benefits Liability: Exclude Include* ◦ Number of Employees: _____
- 12. Assault & Battery (\$100K/\$300K): Exclude Include
- 13. Abuse & Molestation (\$100K/\$300K): Exclude Include

14. Property (A schedule of buildings may be attached in lieu of completing the schedule below)

| Loc. No | Bldg. No | Coverage | Limit of Insurance | ACV, RC or Agreed | Co-Insurance | Constr. Class | PC |
|---------|----------|----------|--------------------|-------------------|--------------|---------------|----|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

*This section MUST be fully completed if they require any property coverage, including BPP.

- Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000

15. Property Coverage Extension Endorsement? Yes No

Building Underwriting Information (only if Property Cov is requested)

16. Indicate year of updates – attach a separate sheet if necessary

| Bldg. No | Year built | Roof | HVAC | Plumbing | Electrical | No. of Floors | Sprinklered | Fire Alarm (Indicate L, P, or CS) |
|----------|------------|------|------|----------|------------|---------------|-------------|---|
| 1 | | | | | | | | <input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS |
| 2 | | | | | | | | <input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS |
| 3 | | | | | | | | <input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS |

*This section MUST be fully completed if they require any property coverage, including BPP.

17. Distance to nearest fire hydrant? _____ Distance to nearest Fire Department? _____

18. If you own your building, do you lease space to others? Yes* No

- If yes, to whom: _____ Square feet leased: _____

19. Do you have 24-hour video surveillance in use on the premises? Yes* No

- If yes, how many cameras: _____ Do they have night vision? Yes No

20. Do you have a central control station burglar alarm? Yes No

21. Have you or anyone with a financial interest in the property been convicted of arson, fraud, or other crime related to loss of property owned now or during the past five years? Yes No

General Business and Staff Information

22. Operation Profile:

| | | | |
|---------------|----------|-----------------------------|----------------|
| Total Sales | \$ _____ | Years in Business | _____ Years |
| Jewelry Sales | \$ _____ | Hours Open | _____ to _____ |
| Payroll | \$ _____ | # of Years Records Retained | _____ Years |

23. Staffing and Revenue:

| Personnel | Number of | Number of Tattoo Artists | Number of Piercing Artists |
|--------------------------------------|-----------|-----------------------------|-------------------------------|
| Full-Time Artists | | | |
| Part-Time Artists | | | |
| Permanent Make-Up Artist – Full-Time | | | |
| Permanent Make-Up Artist – Part-Time | | | |
| Apprentice (Not included above) | | | |
| TOTAL | | | |

24. Are Independent Contractors included in list of Named Artists on question #23? Yes No*

o If no, please provide copies of Additional Insured Certificates naming other insured(s) on the policy. ****Independent Contractors are excluded if not added as a Named Artist***

25. Are you a member of a State or National Tattoo or Body Piercing Association? Yes* No

o If yes, which association: _____

26. Are you licensed by the state or city and meet all city or state regulations? Yes No

27. Do you perform body piercing or tattooing on minors? Yes* No

o If yes, what is the minimum age for: Body Piercing: _____ Tattooing: _____

- Do you require parental consent with ID? Yes* No

- Please provide areas of body piercing and/or tattoos on minors: _____

- What is the approximate percentage of business from minors? _____ %

28. Do you validate the age of all clients? Yes No

o If yes, how do you validate: _____

29. Do you require waivers on all of your clients and maintain copies on file? Yes No

30. Do you perform tattoo or body piercing work away from your studio? Yes* No

o If yes, please describe: _____

31. Do you employ apprentices? Yes* No

o If yes, please attach a detailed description of the training program.

32. Do you purchase ink supplies from overseas suppliers or distributors? Yes No

33. Are pre-employment background checks performed on all employees? Yes No

34. Is there a weapon kept on premises? Yes No

Assault and Battery Exclusion applicable if weapon on premises.

Tattoo, Piercing and Other Services Information

35. Do you perform body piercings? Yes* No

o Please indicate which body parts piercings are performed on:

Ears Lips Tongue Naval Nipples Genitals

Eyebrows Nose Hand Axilla Feet Surface Piercings

Dermal Anchors Eyes Other: _____

- 36. Do you perform any services as part of a medical procedure? Yes No
- 37. Do you do any "Areola Pigmentation"? Yes* No
 - If yes, please complete and submit the Consent Form for Areola Pigmentation.
- 38. Do you do any tattooing of the eyeball? Yes No
- 39. Do you offer any type of branding or scarification services? Yes No
- 40. Do you offer micro-needling services? Yes No
- 41. Do you have any other operations beside Tattooing and Body Piercing? Yes* No
 - If yes, please describe: _____
- 42. Do you perform any Tattoo Removals? Yes No

Safety and Sterilization Information

- 43. Do you have written sterilization, sanitation and safety standards? Yes No
- 44. Do you use new needles for each new client? Yes No
- 45. Do you use new gloves for each new client? Yes No
- 46. Do you have Blood Borne Pathogen Training? Yes No
- 47. Do you have an Autoclave System? Yes No
- 48. Are you contracted with a bio waste disposal firm? Yes No
- 49. Are sharp waste containers used in your studio? Yes* No
 - If yes, how disposed: _____
- 50. Do you provide clients with materials on aftercare of tattoos and/or body piercings? Yes No
- 51. Do you videotape procedures for documentation procedures? Yes No
- 52. Do you have a policy for handling intoxicated persons? Yes No
 - If no, do you ever allow intoxicated persons to have tattoos or piercings? Yes No*
- 53. Do you have a private piercing room? Yes No

Additional Interest/Certificate Recipient

Interest #1: Additional Insured Loss Payee Mortgagee
 Lienholder Other: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Certificate Required

◦ Interest in Item Number: Location #: _____ Building #: _____

Interest #2: Additional Insured Loss Payee Mortgagee
 Lienholder Other: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Certificate Required

◦ Interest in Item Number: Location #: _____ Building #: _____

If the additional insured information is the same as on the current policy, please write "same." If there are any changes or additions to the additional insured information, please list them: _____

DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an Insurer, submits an application or files a claim containing false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

Signature of Applicant: _____ **Title:** _____ **Date:** _____

Signature of Producing Agent: _____ **Date:** _____

Agent Name and Address: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY

FRAUD STATEMENT

NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING:

V032021

Applicable in AZ - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in AR - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly pre-presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in AL, LA, MD, RI and WV - Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CA - For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Applicable in DC - WARNING: It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in ID - Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Applicable in FL - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in IN - Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Applicable in KS - Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY & NY - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

FRAUD STATEMENT (Continued)**NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING:**

V032021

Applicable in ME - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Applicable in MN - Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NH - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable in NJ - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NM - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in OH - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in OK - WARNING - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in OR - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Applicable in PA - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicable in VA & TN - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT (All other states) - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly pre-presents false information in an application for insurance is guilty of a crime and may be subject to fines and confine-confinement in prison.