

BODY PIERCING & TATTOO LIABILITY INSURANCE APPLICATION

- 1.1 Business Name: _____ Phone _____
Applicant Name(s): _____
Mailing Address: _____
Business Address: _____
- 1.2 Operating as: Corporation _____ Partnership _____ Individual _____ Independent contractor _____
- 1.3 Working as: Tattoo and/or Piercing Business ___ Ind. Operator ___ Number locs: ___ Other, describe _____
- 1.4 Do you operate a retail sales business grossing over \$5000? _____ Do you have other insurance for it? _____
- 1.5 Are you in compliance with all city, county, state ordinances and work in a business shop? _____
- 1.6 How long in the business of body piercing? _____ tattooing? _____
- 1.7 Have you had formal instruction in body piercing? (attach description of training) _____ Yes _____ No
Have you had an apprenticeship in tattooing? _____ If no, how trained? _____
- 1.8 How many body piercing procedures have you performed in the past 12 months? _____ Tattoo procedures? _____

PART II. GENERAL INFORMATION ON YOUR PROFESSION

- 2.1 Do you use a release/client info. form on everyone? If yes, attach a copy for all services. _____ Yes _____ No
- 2.2 Do you use an aftercare form on everyone? If yes, attach a copy for piercing _____ Yes _____ No
- 2.3 Do you ever pierce minors? _____ If yes, under what circumstances? _____
- 2.4 Do you want to cover ear, nose and navel piercings for minors? _____ Written parental consent is required + add'l charge
Do you want to cover tongue & eyebrows for age 16 & 17? _____ Parent must be present & sign consent + add'l charge
- 2.5 Indicate type and make of sterilizer: _____
- 2.6 How do you sterilize equipment and materials prior to use? _____
- 2.7 Do you have hot and cold running water on site? _____ Yes _____ No
- 2.8 Do you wear a new pair of gloves with each procedure? _____ Yes _____ No

PART IIIa. EQUIPMENT AND PROCEDURES - PIERCING

- 3.1 How do you sterilize jewelry prior to insertion? _____
- 3.2 Do you use sterile needles with each individual piercing? _____ Yes _____ No
- 3.3 Is all jewelry you use from US manufacturers or from Cold Steel/Wild Cat in UK? _____ Yes _____ No
What is the jewelry you use made of? _____
- 3.4 How are hard surfaces disinfected? _____
- 3.5 How is the body area prepared before piercing? _____
- 3.6 List all equipment you use to pierce: _____
Do you use a piercing gun? _____ If yes, under what circumstances? _____

PART IIIb. EQUIPMENT AND PROCEDURES - TATTOOING

- 3.7 Are all pigments from US Manufacturers? _____ Yes _____ No
- 3.8 Do you ever re-use needles? _____ Yes _____ No
- 3.9 Do you dispose of your pigments after each client? _____ Yes _____ No

PART IV. HISTORY

NOTE: All questions must be answered. **Failure to disclose claims history could invalidate coverage.**

4.1 Do you currently have insurance coverage? ___ Yes ___ No If yes, indicate the following:
Insurer Policy# Exp. Date Liability Limits Premium

If claims made, most recent retroactive date: _____

4.2 List liability claims history arising from any body piercing, tattoo, permanent makeup or other professional activity, whether or not insured: If none, state so _____
YR/Claim Nature of injuries, Details Equip. Involved Amt. if settled

4.3 Do you have knowledge of an event, circumstance or occurrence (other than listed in 4.2 above) prior to the effective date of the proposed policy, or do you foresee that a claim may be brought as a result of said event, circumstance or occurrence?
_____ Yes _____ No. If yes, describe details of the event:

I understand and agree this Application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release all Lloyd's of London participating syndicates, any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Furthermore, I understand that the policy applied for will apply only to CLAIMS FIRST MADE AND REPORTED to the Company in writing within the period of coverage shown on the certificate of insurance issued with the policy or certificate on the date the policy is canceled or terminated, whichever comes first or as otherwise provided by the policy.

I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY

SIGNATURE TITLE # OF TATTOOERS/PIERCERS

TODAY'S DATE REQUESTED EFFECTIVE DATE LIABILITY LIMIT REQUESTED

One box below must be checked:

I ELECT TO PURCHASE TERRORISM COVERAGE AT A 10% ADDITIONAL PREMIUM

I DO NOT ELECT TO PURCHASE TERRORISM COVERAGE AT A 10% ADDITIONAL PREMIUM

ADDITIONAL INSURED: @ \$30 Certificate Holder (Landlord or Lessor) If necessary, add other names on separate paper.
NAME: _____
ADDRESS: _____
Relationship to your business (Landlord, lienholder): _____

ADDITIONAL ARTIST(S)/PIERCER(S) SUPPLEMENT

To be used for more than one artist, piercer and/or location

A. Name of Shop: _____

B. Owner(s) of shop: _____

C. ARTISTS TO BE INSURED, INCL. OWNERS:	YRS OF EXPERIENCE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

D. PIERCERS TO BE INSURED, INCL. OWNERS	YRS OF EXPERIENCE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

If piercing to be covered, I elect one of the following options:

- Minor Piercing Ltd.: coverage for ears, nose, & navel (15-17 years) with written parental consent.
- Minor Piercing Plus: coverage for ears, nose, & navel (15-17 years), eyebrows & tongue (16-17 years) with a parent present.
- I do not want Minor Piercing coverage at this time

E. ADDRESS OF LOCATIONS TO BE INSURED (indicated business name if different from that listed above)

1. _____
2. _____
3. _____
4. _____

I, the owner of the above indicated business, hereby warrant and confirm each tattooer and/or piercer listed above for coverage, while operating under my business, will follow the guidelines and procedures that I indicate I follow on the insurance application, including use of proper sterilization on all equipment, no reuse of needles, registration of clients and providing each client instructions on how to care for their tattoo and/or piercing.

Signed: _____ Date: _____

ACCEPTABLE PIERCINGS

I. FACE

Cheeks

*Eyebrow: Through eyebrow skin

*Earlobe and outer rim of ear cartilage

Full Ears, including cartilage

Lips/Labret Piercing (not through oral labia)

*Lower lip, sides and center.

Nose - *Nostrils, Thin or hyaline cartilage only

Tongue - through the medial sulca (center line) only away from main veins

II. BODY

*Navel

*Nipples

Female Genital Area Except: Clitoris and Triangle

Inner and outer Labia

Clit hood - Skin above the Clitoris

Fourchette - Area pierced between vagina and anus

Male Genital Area

Prince Albert - From skin on bottom of penis-frenulum-through and out urethra

Frenum - Through thin skin on bottom of penis

Guiche - Skin area pierced between scrotum and anus

Scrotum - Through skin on scrotum

Foreskin - Through foreskin

III. SURFACE PIERCING

Subject to an approved disclaimer but specifically excluding areas below the ankles and wrists, nape and sides of the neck, and at the bridge of the nose between the eyes.

*** Items are only piercings covered for new piercers-
those with less than one year experience**

TATTOO & BODY PIERCING COVERAGES

LIABILITY LIMITS:	\$100,000	\$300,000	\$500,000	\$1,000,000
1st BODY PIERCER	\$670	\$797	\$880	\$1,027
This is the minimum premium if piercing covered. <u>(Must use piercing rates only, if one operator does both tattoo & piercing)</u>				
1st TATTOOER (IF NO PIERCER)	\$620	\$715	\$845	\$997
This is the minimum premium for one operator if body piercing is <u>not</u> covered on the policy. <u>(Call for pricing if doing cosmetic tattooing)</u>				
ADD'L PIERCERS	\$319	\$379	\$419	\$491
Rate for people who pierce only, pierce/tattoo, or blanket guest piercer/tattooer. <u>(Must call for details before blanket guest piercer/artist is added)</u>				
ADD'L TATTOO ARTISTS	\$235	\$272	\$320	\$378
Rate for all operators that tattoo only, if piercing is covered on policy.				
MINOR PIERCING	\$319	\$379	\$419	\$491
Piercing coverage for ears, nose, & navel (15-17 years) on minors with written parental consent.				
MINOR PIERCING PLUS	\$479	\$567	\$629	\$737
Piercing coverage for ears, nose, & navel (15-17 years), PLUS eyebrows and tongue (16-17 years) on minors with a parent present.				
RETAIL PREMISES	\$206	\$238	\$269	\$302
Required charge if total annual receipts from retail sales are more than \$5,000.				
ADDITIONAL PREMISES	\$295	\$340	\$404	\$454
Required charge per location if less than two operators at each location.				

I. LIABILITY: TATTOO ARTISTS, BODY PIERCING **PREMIUM**
Premises & Professional Liability Limit *(All insureds must have same limit):* _____

1 st BODY PIERCER (BP) or BP/TATTOOER:	_____ X RATE: _____	_____
1 ST TATTOOER (if NO piercer):	_____ X RATE: _____	_____
NUMBER OF ADD'L BP or BP/TATTOOERS:	_____ X RATE: _____	_____
NUMBER OF ADD'L ARTISTS:	_____ X RATE: _____	_____
MINOR PIERCING or MINOR PIERCING PLUS:		_____
ADDITIONAL INSURED @ \$30 EACH	_____ X RATE: <u>\$30</u>	_____
RETAIL PREMISES:		_____
ADDITIONAL PREMISES:	_____ X RATE: _____	_____
\$2,000,000 AGGREGATE - Surcharge @ 20% of total liability premium _____		

TOTAL LIABILITY PREMIUM: _____

II. PROPERTY INSURANCE, All Risk, Replacement Cost, \$1,000 Deductible
 \$250 minimum premium. Coverage is available in most states. Over \$10,000 requires central station alarm.

	LIMIT		PREMIUM
BUSINESS PROP. INCL. THEFT:	\$ _____ x	Rate: \$2.00/\$100 Limit	_____
BUSINESS PROP. EXCL. THEFT:	\$ _____ x	Rate: \$1.25/\$100 Limit	_____
EARNINGS INSURANCE:	\$ _____ x	Rate: \$1.50/\$100 Limit	_____
GLASS: (\$100 Deductible)	<u>\$ 2,500 Limit</u> x	Rate: \$125 FLAT	_____
SIGNS: (\$100 Deductible)	\$ _____ x	Rate: 1.50/\$100 Limit	_____

TOTAL PROPERTY PREMIUM: _____

III. TOTAL PREMIUM

DISCOUNT (If Applicable)	_____
TAXES AT <u>3</u> %	_____
BROKER FEE	\$200
FACE & BODY PROFESSIONALS, INC.	\$0
TOTAL POLICY COSTS	_____

DOWN TO FINANCE: _____

SIGNED: _____ **DATE:** _____

7/28/2006

TATTOO & BODY PIERCING INDUSTRY PROGRAM

PROPERTY INSURANCE

BUSINESS PROPERTY <i>* Includes Theft *</i>	<u>\$2.00/\$100 Coverage</u> All Risk Replacement Cost, \$1000 Deductible Smoke Shop Contents, <u>\$3.00/\$100</u> , All Risk, Replacement Cost
BUSINESS PROPERTY <i>* Excludes Theft *</i>	<u>\$1.25/\$100 Coverage</u> , All Risk, Excluding theft , \$1000 Deductible
EARNINGS INSURANCE	<u>\$1.50/100 Coverage</u> , All Risk per above
GLASS	<u>\$125 FLAT Charge</u> , \$100 Deductible Limit of Coverage: \$2500
SIGN	<u>\$1.50/\$100 Of Value</u> , \$100 Deductible

MINIMUM PROPERTY PREMIUM: \$250
(Coverage only provided in conjunction with liability)

- **Inspections required for risks with a Total Insured Value greater than \$150,000 (\$125 inspection fee per location)**

Property Underwriting & Forms:

1. 100% Coinsurance required.
2. Maximum limit of coverage available: \$300,000
(For higher limits up to \$500,000 we must get company approval)
3. Standard form carries \$2500 flash coverage - higher limits can be endorsed on.
4. \$2500 limit applies to jewelry worth over \$100 per item.
5. To get more than \$10,000 theft coverage for a tattoo and/or piercing shop, a central station alarm is required. If no alarm, can get \$10,000 theft as a sub-limit.
6. Subject to standard exclusions including earthquake and flood
7. All of Florida and in Coastal counties from Texas to Alabama, and from Georgia to Maryland (Baltimore ok) & Delaware there will be a wind, hurricane and resulting water damage exclusion. If coverage is desired for this exclusion, contact our office.

ADDITIONAL COSTS:

Non-refundable fee if property coverage is needed as follows:

- NM Property - \$50 flat, Filing Fee
- PA Property - \$15 flat, Stamping Fee
- OK Property - \$100 Filing Fee
- SC Property - \$25 Filing Fee

Prices are subject to change without notice

PROPERTY APPLICATION

GENERAL INFORMATION

- 1.1 Applicant legal business name: _____ Phone: _____
Mailing Address: _____
Business Address: _____ County: _____
- 1.2 Number of years at this location: _____
- 1.3 Name & address of loss payee: _____

PROPERTY SECTION

MUST INSURE FOR 100% OF THE REPLACEMENT COST

- 2.1 Age of building: _____ Construction: _____ Number of stories: _____
- 2.2 If building is over 20 years old, when were the following upgraded? (*required)
*Roof: _____ *Plumbing: _____ *Wiring: _____ Sprinklered: _____
- 2.3 Square Footage of business: _____ Central Station Burglar alarm? _____
- 2.4 Other Occupancies in building? (Describe) _____
- 2.5 Adjoining Occupancies - LEFT: _____ RIGHT: _____
- 2.6 Approximate distance from fire station: _____ Distance from fire hydrant: _____
- 2.7 Do you sell clothing? Yes No If yes, Inventory Value: \$ _____
- 2.8 Do you sell smoke shop items such as water pipes? Yes No If yes, Inventory Value: \$ _____
- 2.9 Do you sell or use jewelry? Yes No If yes, Jewelry Value: \$ _____

COVERAGE DESIRED

CONTENTS - Limit needed: _____ DEDUCTIBLE \$1,000.

Tattoo and/or Piercing shop: Theft coverage? Yes No

Flash Limit over \$2500? Yes No If yes, Total limit: _____

EARNINGS - Limit needed: _____ For what period? _____

GLASS - Yes No Maximum Limit \$2,500 - DEDUCTIBLE \$100.

SIGN - Limit needed: _____ DEDUCTIBLE \$100.

CLAIMS

- 3.1 List all property claims in the past 5 years, whether or not insured: _____

- 3.2 Current property insurance carrier, policy number: _____

SIGNED: _____ **DATE:** _____

11/27/2006

NOTICE

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF OREGON. THESE COMPANIES ARE CALLED “NON-ADMITTED” OR “SURPLUS LINE” INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO OREGON LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY OREGON LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.

DATE

INSURED