

Agency Name:  
 Address:  
 Contact Name:  
 Phone:  
 Email:

## TATTOO PARLORS SUPPLEMENTAL APPLICATION

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)  
 All questions must be answered in full. Application must be signed and dated by the applicant.  
 (If additional space is needed to answer any question, attach a separate narrative response)

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_  
 \_\_\_\_\_  
 Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_  
 \_\_\_\_\_ Web Address \_\_\_\_\_  
 \_\_\_\_\_ Inspection Contact \_\_\_\_\_

### UNDERWRITING INFORMATION

1. Do you perform any of the following services
  - a. Tattooing.....  Yes  No
  - b. Skin Piercing .....  Yes  No
  - c. Scarification .....  Yes  No
  - d. Human Branding.....  Yes  No
  - e. Body Implantation (insertion of objects under the skin).....  Yes  No
  - f. Tattoo Removal .....  Yes  No
  - g. Permanent Makeup .....  Yes  No

Describe any additional services provided not mentioned above \_\_\_\_\_

2. Do you sell any products? .....  Yes  No
  - a. If yes, are any products manufactured outside of the U.S.?.....  Yes  No
  - b. If yes, are any products sold, or re-packaged and sold, under your own label? .....  Yes  No
  - c. List all products sold and indicate if re-packaged under your own label (if more space is needed attach a separate list):

Product Name	Gross Annual Sales	Intended Use	Country Where Manufactured	Re-Packaged Under Your Label
	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Do you verify the age of all customers? .....  Yes  No
4. What form of ID do you require? \_\_\_\_\_
5. Do you perform any procedures on minors? .....  Yes  No  
 If yes, explain: \_\_\_\_\_

**UNDERWRITING INFORMATION (Continued)**

6. Are aftercare instructions provided to all customers? .....  Yes  No  
*If yes, please provide a copy.*
7. Do you confirm the customer is in good health, has no communicable diseases or infections prior to performing any procedures? .....  Yes  No  
If no, explain: \_\_\_\_\_
8. Do you have a policy for handling persons who are under the influence of alcohol or drugs? .....  Yes  No  
If no, do you ever allow persons who are under the influence of alcohol or drugs to get tattoos? .....  Yes  No
9. Do you use new single-use disposable needles for each client? .....  Yes  No  
If no, explain: \_\_\_\_\_
10. Is a permanent record kept on each customer? .....  Yes  No  
If yes, does it include the following:
- a. Client Name .....  Yes  No
  - b. Client Address .....  Yes  No
  - c. Client Date of Birth .....  Yes  No
  - d. Name of Tattoo Artists .....  Yes  No
  - e. Detailed account of what was done .....  Yes  No
  - f. Copy of the design .....  Yes  No
  - g. Where procedure(s) is/are located on the body of the client .....  Yes  No
  - h. Photo of finished procedure(s) .....  Yes  No
  - i. Video of entire procedure(s) .....  Yes  No
  - j. Signed consent form .....  Yes  No  
*If yes, please provide a copy:*
  - k. If client is a minor, proof of parental or guardian consent, where allowed .....  NA  Yes  No  
Explain any "No" answers: \_\_\_\_\_
11. Do you have bio-hazard containers for objects that have come into contact with blood or bodily fluids? .....  Yes  No  
If yes, are you contracted with a bio waste disposal firm? .....  Yes  No
12. Do you have sharps containers for used needles? .....  Yes  No
13. Do you use an autoclave for sterilizing tools? .....  Yes  No  
If no, what method of sterilization is used? \_\_\_\_\_  
Is spore testing done?  Yes  No If so, how often and who conducts the testing? \_\_\_\_\_  
Type and Manufacturer of your sterilization equipment? \_\_\_\_\_
14. Do you use new single-use disposable gloves for each client? .....  Yes  No  
If no, explain: \_\_\_\_\_
15. Do you have hot and cold running water? .....  Yes  No  
If no, explain: \_\_\_\_\_
16. Do you use single-use disposable ink caps and fresh ink for each client? .....  Yes  No  
If no, explain: \_\_\_\_\_
17. Are all pigments used from U.S. manufacturers? .....  Yes  No  
If no, explain: \_\_\_\_\_

**UNDERWRITING INFORMATION (Continued)**

18. Do you apply temporary or sticker tattoos? .....  Yes  No  
If yes, where are the stickers manufactured? \_\_\_\_\_
19. Do you use acetate stencils? .....  Yes  No  
If yes, describe how they are cleaned and sanitized prior to each use: \_\_\_\_\_
20. Do you use paper stencils? .....  Yes  No  
If yes, do you discard after a single use? .....  Yes  No
21. Do you draw the design directly onto the skin? .....  Yes  No  
If yes, what do you do with the article used to draw the design after the design is drawn? \_\_\_\_\_
22. Do you use disinfectants to clean and sanitize all surfaces after each client? .....  Yes  No
23. What are your procedures for cleaning/sterilizing all non-single-use, non-disposable instruments? \_\_\_\_\_
24. Does everyone who works out of your shop have Blood Borne Pathogen training? .....  Yes  No
25. Has anyone ever claimed to have contracted HIV, Herpes or AIDS from you, any of your employees or anyone who leases space from you? .....  Yes  No
26. Are you in compliance with all city, county, state laws or ordinances? .....  Yes  No
27. In the next 12 months, how many convention/trade shows will you attend as a vendor/demonstrator? \_\_\_\_\_ How many total days per year? \_\_\_\_\_
28. Are artists trained in CPR and First Aid? .....  Yes  No
29. Are all operators licensed according to state regulations? .....  Yes  No  
If no, explain: \_\_\_\_\_
30. How many employees do you have? \_\_\_\_\_ Full Time \_\_\_\_\_ Part-Time
31. Do you lease space to others? .....  Yes  No  
a. If yes, are certificates of insurance required of lessees? .....  Yes  No  
b. Are lessees required to name you as Additional Insured on their policies? .....  Yes  No
32. What were your gross sales last year? \$ \_\_\_\_\_
33. What are your estimated gross sales for the coming year? \$ \_\_\_\_\_

**NOTICE TO APPLICANT – PLEASE READ CAREFULLY AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

The application must be signed and dated by the Insured in order to bind coverage.

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

## FRAUD STATEMENT – FOR THE STATE(S) OF:

### **Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:**

**NOTICE:** Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution,*) fines and confinement in prison (For Alabama add: *or any combination thereof*).

### **Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

### **Arizona**

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.

### **California**

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **Colorado**

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:**

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 fines and confinement in prison.

### **Delaware, Idaho:**

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

### **District of Columbia**

**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.

### **Florida**

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.

### **Indiana**

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.

### **Kansas**

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

### **Kentucky**

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

### **Maine, Tennessee, Virginia, Washington:**

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.

### **Massachusetts, Nebraska, Vermont:**

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

### **Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **New Hampshire**

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 NH Rev. Stat. § 638:20.

### **New Jersey**

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **New Mexico**

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.

### **New York**

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

### **Ohio**

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.

### **Oklahoma**

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.

### **Oregon**

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. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania**

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.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date