

## 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? \$\_\_\_\_\_

**Limited Intellectual Property Rights Infringement Coverage Buyback Option**

Coverage may be available for the infringement of intellectual property rights, which includes, but is not limited to, the infringement of copyrights, trademarks, trade secrets, trade dress, trade names, titles or slogans. If you would like to purchase this coverage, check the box next to the limit in the table below. .

**LIMITED INTELLECTUAL PROPERTY RIGHTS INFRINGEMENT COVERAGE**

\$25,000 Any One Person Or Organization / \$50,000 Aggregate

Have any Intellectual Property Rights Infringement claims been filed against you in the last three (3) years?.....  Yes  No

If yes, explain: \_\_\_\_\_

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

#### **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**

##### **To Insureds in the States of:**

**Alabama, Alaska, Arizona, California, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:**

**NOTICE:** In some states, any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states. Penalties may include imprisonment, fines, or a denial of insurance benefits.

##### **Arkansas**

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.

##### **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 claiming 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.

##### **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 insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

##### **Kentucky**

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.

##### **Louisiana**

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.

**New Jersey**

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 commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

**Ohio**

Any person who, with intent to defraud or knowing that he/she 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.

**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 act, which is a crime, and subjects such person to criminal and civil penalties.

**Rhode Island**

**NOTICE:** Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime in many states.

**Virginia**

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.

**Washington**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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Producer's Signature	Date	Applicant's Signature	Date
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