



## Supplemental Application – Tattoo Parlors

**The ACORD 125 – Commercial Insurance Application must be completed in addition to this Supplement.**

1. Named Insured: \_\_\_\_\_
2. Named Insured Mailing Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Premises Address: \_\_\_\_\_
4. Annual Gross Sales: \$\_\_\_\_\_ Annual Payroll: \$\_\_\_\_\_
5. Work performed is: \_\_\_\_\_ Business Owner \_\_\_\_\_ Independent Operator
6. Years of experience? \_\_\_\_\_
7. Are independent artists required to carry their own insurance with at least equal limits naming you as an Additional Insured on their policies? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Do you sell products other than body piercing jewelry or aftercare items?  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you have operations or services other than tattooing or body piercing? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details.  
\_\_\_\_\_  
\_\_\_\_\_
10. Is all jewelry made of 14kt gold or better grade of gold or surgical steel? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Do you provide tattooing services for minors? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Do you verify the ages of all customers? Yes \_\_\_\_\_ No \_\_\_\_\_ What form of ID do you require? \_\_\_\_\_
13. Do you use a release/client information form for everyone? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Do you provide aftercare instructions? Yes \_\_\_\_\_ No \_\_\_\_\_
15. Do you sterilize all equipment and supplies prior to use? Yes \_\_\_\_\_ No \_\_\_\_\_
16. Do you use bio-hazard containers for object that have come into contact with blood or bodily fluids?  
Yes \_\_\_\_\_ No \_\_\_\_\_
17. Do you ever re-use needles? Yes \_\_\_\_\_ No \_\_\_\_\_
18. Do you use single-use disposable ink caps and fresh ink for each client? Yes \_\_\_\_\_ No \_\_\_\_\_

## Supplemental Application – Tattoo Parlors

19. Do you use new single-use disposable gloves for each client? Yes \_\_\_\_\_ No \_\_\_\_\_
20. Do you have sharp containers for needles? Yes \_\_\_\_\_ No \_\_\_\_\_
21. Do you have a contract in place with a bio-waste disposal company? Yes \_\_\_\_\_ No \_\_\_\_\_
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 or non-disposable instruments?

---



---



---

24. Has anyone ever claimed to have contracted HIV, Herpes, AIDS or any other communicable disease from you, any of your employees or anyone who leases space from you? Yes \_\_\_\_\_ No \_\_\_\_\_
25. Does everyone who works out of your shop have Blood Borne Pathogen, CPR and First Aid training?  
Yes \_\_\_\_\_ No \_\_\_\_\_
26. In the next 12 months, how many conventions, trade shows, etc. will you attend as a vendor or demonstrator?

---

27. Indicate if any of the following services are offered:

Type of Service	Yes	No
Permanent Makeup		
Eyeball Tattooing		
Eyeball jewelry implants		
Scarification		
Subdermal or Transdermal Implants		
Tongue Splitting		
Saline injections		
Ear Shaping		
Teeth Filing		
Tattoo Removal		

28. Do you confirm that all customers are in good health and have not communicable diseases or infections prior to performing any procedures? Yes \_\_\_\_\_ No \_\_\_\_\_



## Supplemental Application – Tattoo Parlors

29. Do you have a policy for handling persons who are under the influence of alcohol or drugs?

Yes \_\_\_\_\_ No \_\_\_\_\_

30. Are you in compliance with all city, county, state laws? Yes \_\_\_\_\_ No \_\_\_\_\_

31. Are all operators licensed in accordance with state regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

32. Have you had any prior Professional Liability losses in the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

33. During the policy term, how many trade shows or conventions with you attend as a vendor/demonstrator?

\_\_\_\_\_  
\_\_\_\_\_

34. Do you lease space to others? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, are certificates of insurance obtained? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you named as an Additional insured on their policies? Yes \_\_\_\_\_ No \_\_\_\_\_

Named Insured Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FRAUD WARNINGS

**To All Prospective Insureds:** 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 and subjects such person to criminal and civil penalties in many states.

#### To Prospective Insureds in:

**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:** “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.”

## Supplemental Application – Tattoo Parlors

---

**Florida and Oklahoma:** 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.

**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 \$5,000 and the stated value of the claim for each such violation.

**New York (Fire insurance applications):** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

**New York (Automobile):** Any person who 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 \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

**Pennsylvania (Automobile):** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.