

Hudson Insurance Group

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 _____

Hudson Insurance Group

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 _____

Hudson Insurance Group

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."

Hudson Insurance Group

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.