

Agency Name:
 Address:
 Contact Name:
 Phone:
 Fax:
 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? \$ _____

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: _____

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

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, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: 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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: 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.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully 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 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.

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.

Producer's Signature

Date

Applicant's Signature

Date