

**TATTOO AND BODY PIERCING SUPPLEMENTAL APPLICATION**

(Complete in addition to the ACORD Application)

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE”

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Web site Address: \_\_\_\_\_

Business Location (if different than the above mailing address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_ Proposed Expiration Date: \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS COMPLETELY.**

**GENERAL INFORMATION**

1. Location of property to be insured (If more than one location attach separate sheet): \_\_\_\_\_  
\_\_\_\_\_

2. Years in business: \_\_\_\_\_ Prior years experience in this type of work? \_\_\_\_\_  
How long in business at this location? \_\_\_\_\_

3. Building is:  Owner Occupied  Tenant Occupied

4. Additional Insureds? .....  Yes  No

If yes, explain relationship to your business and provide name and address: \_\_\_\_\_  
\_\_\_\_\_

5. Area (sq. ft.) Total: \_\_\_\_\_ Insured occupies \_\_\_\_\_ % of Total

6. Is risk licensed by State? .....  Yes  No

If yes, State License number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you in compliance with all city, county and/or state ordinances? .....  Yes  No

If no, explain: \_\_\_\_\_

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7. Please provide the following information for each artist.

Artist Name	Type of Service* T, P or B	Years of Experience	Status* O, P, E or I	License Number (include copy of license)

\* T=Tattoo only    P=Pierce only    B=Both Tattoo and Pierce

\*\* O=Owner    P=Partner    E=Employee    I=Independent Contractor

**NOTE: Please notify us of any changes, additions or deletions to staff.**

8. Provide the total gross receipts for:

Past twelve (12) months: \$ \_\_\_\_\_ Anticipated next twelve (12) months: \$ \_\_\_\_\_

9. Do you have hot and cold running water on site? .....  Yes  No

10. Do all artists use a new pair of gloves with each procedure? .....  Yes  No

11. Have all artists had formal instruction for their area of expertise? .....  Yes  No

12. Do you use a client information form for all clients? .....  Yes  No

*Attach a copy of all information forms obtained.*

a. Does this form include medical history? .....  Yes  No

b. Does this form include a hold harmless clause? .....  Yes  No

c. Does this form include an informed consent clause? .....  Yes  No

13. Do you use a release and aftercare form for all clients? .....  Yes  No

*Attach a copy of this form.*

14. Do you ever tattoo or pierce minors? .....  Yes  No

If yes, do you always obtain written consent from a parent or guardian? .....  Yes  No

*Attach a copy of the consent form.*

15. Do you schedule a follow-up appointment after the procedure? .....  Yes  No

Explain: \_\_\_\_\_

**PLEASE ANSWER QUESTIONS 16.-22. IF YOU PROVIDE TATTOOING SERVICES.**

16. Total number of Tattoos done in the past twelve (12) months: \_\_\_\_\_

17. Do you use an autoclave? .....  Yes  No

Indicate make: \_\_\_\_\_

18. How do you sterilize materials and equipment prior to use? \_\_\_\_\_

19. Do you use disposable needles? .....  Yes  No

Do you ever re-use needles? .....  Yes  No

20. Are all pigments from U.S. manufacturers? .....  Yes  No

If no, explain: \_\_\_\_\_

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21. Are pigments disposed of after each use?.....  Yes  No  
If no, explain: \_\_\_\_\_
22. Do you or any of your employees or independent contractors provide any of the following procedures:  
Permanent cosmetics (NOTE: This procedure is not covered)?.....  Yes  No  
Skin re-pigmentation or camouflage tattoos?.....  Yes  No

**PLEASE ANSWER QUESTIONS 23.-32. IF YOU PROVIDE BODY PIERCING SERVICES.**

23. Total number of body piercing done in the past twelve (12) months: \_\_\_\_\_
24. How is the body prepared before piercing? \_\_\_\_\_  
\_\_\_\_\_
25. Do you sterilize needles with each individual piercing?.....  Yes  No
26. How do you sterilize equipment and materials prior to use? \_\_\_\_\_
27. What is the jewelry generally made of? \_\_\_\_\_
28. Is the jewelry you use from U.S. manufacturers?.....  Yes  No
29. How do you sterilize jewelry prior to insertion? \_\_\_\_\_  
\_\_\_\_\_
30. How are hard surfaces sterilized? \_\_\_\_\_
31. Indicate make and type of equipment and/or jewelry sterilizer used: \_\_\_\_\_
32. Do you use a piercing gun?.....  Yes  No  
List all equipment used to pierce: \_\_\_\_\_  
\_\_\_\_\_

APPLICANT'S NAME/TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or officer)

AGENT'S NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_  
\_\_\_\_\_

**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.

**Please fax or email completed application to:  
Steven Wasykiw  
(619) 593-2008 • Steven@CIDInsurance.com**