



#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604) 888-0050 FAX: (604) 888-1008

TATTOO ARTIST & BODY PIERCING APPLICATION

Brokerage: _____ Contact Person: _____ Email: _____

Name of Insured: _____

Mailing Address: _____

Location Address: (if different from mailing): _____

Telephone: (____) _____ Website: _____

Operating as a: Proprietorship Partnership Corporation

Previous Insurer: _____ Renewal being offered: _____

Has the insured ever been their insurance refused or cancelled before: _____

Are you compliant with all city & provincial ordinances? Yes No

Total Receipts: \$ _____ Years in business: _____ Number of locations: _____

How long have you been in business of: Piercing? _____ Tattooing? _____

How many procedures have you preformed in the past 12 months: Piercing? _____ Tattooing? _____

Services Offered *(fill out for all that apply)*

Service	Gross Receipts	# of Full Time Artists	# of Part Time Artists
Tattooing, Camouflage Tattoo & Permanent Make-up			
Teaching/Apprenticeship school			
Minor Piercing (under 18) w/ Parent consent			
Minor Tattooing (under 18) w/ Parent consent			
Surface Anchoring			
Surface Piercing			
Tattoo Lightening & Removal			
Ampallang/Apadravya			
Retail Sales (describe)			
Other services (describe)			

- Do you have aftercare instructions for all patrons after 'all services' performed? Yes No
- Do you provide a cooling down period after every treatment? (please provide copy of procedures) Yes No
- Do you have written sanitation and sterilization procedures? (please provide copy) Yes No
- Do you keep copies of all client service records? How many years?_____ Yes No
- Are waivers signed by all clients? How long are waivers kept on file?_____ Yes No
- Do you validate minors age and obtain proof of ID before any service is performed?
(please provide current guidelines) Yes No
- Do you require that the parent be present when the service is being done on minors? Yes No
- Do you require signed parental consent forms for all minors? Yes No
- Do you provide ear piercing services on youth under the age of 15 years old? Yes No

Artist Information (fill out all that apply)

Name of Artist	Qualifications/Training (specify if student)	# of Yrs Piercing	# of Yrs Tattooing

- Are all inks/pigments from US or Canadian Manufacturers? Yes No
- Do you sell any inks/pigments? Yes No
- Do you re-label or repackage any products?
(Please describe if yes)_____ Yes No
- Do you insist that all patrons have a min 24hr cooling off period after receiving a consultation for obtaining a tattoo and prior to the tattoo procedure? Yes No
- Do you insist that the patron sit for a cooling down period after a tattoo procedure? Yes No
- Do you ever re-use needles? Yes No
- Do you dispose of you pigments after each client? Yes No
- Will you tattoo a person with a medical concern?
(e.g. heart disease, seizure, diabetes, skin disorder, blood disorder) Yes No
- Do you use sterile needles with each individual piercing? Yes No
- Where do you purchase your jewelry from? US/Canada UK Other

What is the jewelry made of? _____

How much jewelry is sold annually? _____

How are the hard surfaces disinfected? _____

How is the body area prepared before piercing? _____

Do you use new pair of gloves with each procedure? Yes No

Do you use a piercing gun? Yes No

List all piercing equipment used:

Make	Model	Description

Claims History

Have you or any of your artists had any claims/losses in the past 5 years? _____

Have you or any of your staff/artists had any sanitation penalties imposed in the last 5 years? _____

Please attach a list of all claims disputes, suits, allegations of non-performance made during the past 5 years against the applicant/company and/or any employees:

Coverage Required

Professional Liability/ Med Mal: \$1,000,000 \$2,000,000 \$5,000,000
(claims made form)

Commercial General Liability: \$1,000,000 \$2,000,000 \$5,000,000

Property Coverage

Construction: _____ Year Built: _____ Any Upgrades: _____

#of Stories: _____ Sprinklered: _____ Alarmed? Local: _____ Monitored: _____ None: _____

Square Footage: _____ Other Occupancies: _____

Any additional information: _____

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	
Equipment (Including Tenants Improvements)	
Stock	
Business Interruption (Profits, Monthly Earnings, Gross Earnings)	
Rent or Rental Value	
Extra Expense	
Office Contents	
Computer (Hardware/Software)	
Miscellaneous Property Floater	
Other:	
CRIME COVERAGES	AMOUNT OF INSURANCE
Inside and Outside Robbery	
Broad Form Money & Securities	
Commercial Blanket Bond (FORM A)	

OPTIONAL COVERAGES: (Select any of the following optional coverages you require)

- Sewer Back-up Replacement Cost Property Extension End't
- Flood Stated Amount Co-Insurance Comprehensive Property Extension
- Earthquake By-Laws

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

Applicant's Signature: _____ Date: _____