

## Supplemental Application – Tattoo Parlors

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**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 \_\_\_\_\_

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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?

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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?

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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 \_\_\_\_\_

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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?

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

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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: \_\_\_\_\_