

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 _____

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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?

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 _____

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29. Do you have a policy for handling persons who are under the influence or 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: _____