

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. Are any of the following services offered?

- | | |
|---------------------------------------|--|
| Tattooing? Yes _____ No _____ | Piercing? Yes _____ No _____ |
| Scarification? Yes _____ No _____ | Human branding ? Yes _____ No _____ |
| Body implantation? Yes _____ No _____ | Tattoo removal? Yes _____ No _____ |
| Permanent makeup? Yes _____ No _____ | Genitalia piercing? Yes _____ No _____ |

Describe any other services offered not mentioned above

- 5. Do you sell any products sold or re-packaged under your own label? Yes _____ No _____
If yes, please list.

- 6. Do you verify the ages of all customers? Yes _____ No _____ What form of ID do you require? _____

- 7. Do you perform any procedures of minors? Yes _____ No _____

- 8. Do you confirm that all customers are in good health, have not communicable diseases or infections prior to performing any procedures? Yes _____ No _____

- 9. Do you have a policy for handling persons who are under the influence or alcohol or drugs?
Yes _____ No _____

- 10. Do you use single-use disposable needles for each client? Yes _____ No _____

- 11. Do you use new single-use disposable gloves for each client? Yes _____ No _____

- 12. Do you use single-use disposable ink caps and fresh ink for each client? Yes _____ No _____

- 13. Do you have sharp containers for needles? Yes _____ No _____

Supplemental Application – Tattoo Parlors

14. Do you have bio-hazard containers for objects that have come in contact with blood or other bodily fluids?
Yes _____ No _____
15. Do you have a contract in place with a bio-waste disposal company? Yes _____ No _____
16. Do you use disinfectants to clean and sanitize all surfaces after each client? Yes _____ No _____
17. What are your procedures for cleaning/sterilizing all non-single-use or non-disposable instruments?

18. Do you provide Blood Borne Pathogen training for all of your employees? Yes _____ No _____
19. Are employees trained in CPR and First Aid? Yes _____ No _____
20. Are you in compliance with all city, county, state laws? Yes _____ No _____
21. Are all operators licensed in accordance with state regulations? Yes _____ No _____
22. Has anyone ever claimed to have contracted HIV, AIDS, hepatitis, or any other blood disease from you , any of your employees or anyone who leases space from you? Yes _____ No _____
23. Have you had any prior Professional Liability losses in the past 5 years? Yes _____ No _____ If yes, please provide details?

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

25. 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: _____

FRAUD WARNINGS

Supplemental Application – Tattoo Parlors

To All Prospective Insureds: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

To Prospective Insureds in:

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: "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."

Florida and Oklahoma: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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 \$5,000 and the stated value of the claim for each such violation.

New York (Fire insurance applications): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

New York (Automobile): Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

Pennsylvania (Automobile): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.