

General Information

*All tattoos must be done at a Tattoo Parlor for coverage to apply

1. Applicant's Name: _____ Date: _____
2. DBA: _____
3. Applicant Business Name (if different): _____
4. Applicant's Mailing Address: _____
City: _____ State: _____ Zip: _____
E-Mail: _____ Fax: _____
Daytime Phone Number: _____ Evening Phone Number: _____
5. Please provide detailed description of all activities you are applying for: _____

6. Please list all names and locations where work is performed:

Business Location

- (1)
- (2)
- (3)

*If there are additional locations please an attachment with details

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7. Do all listed business(es) carry general liability, premises coverage or any form of liability insurance?
 Yes No

If no, please provide details (provide additional page(s) if necessary): _____

Insurance History (REQUIRED- Attach a five year loss/claims history, including details.)

8. Who is your current insurance carrier (or your last if no current provider)? _____
9. Have you been non-renewed or cancelled by another carrier? Yes No
If yes, explain which carriers, when and why (please provide an additional page if necessary): _____

10. Have you had any incident, event, occurrence, loss, or wrongful act which might give rise to a claim, lawsuit or loss? Yes No
If yes, please explain (provide an additional page if necessary): _____

11. Has the Applicant or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

12. If the standard markets are declining placement, please explain which carriers and why: _____

Desired Insurance – Personal Liability Limits

Note: This coverage is for Tattoo Parlors.

- \$25,000 per person / \$50,000 per accident / \$100,000 aggregate
- \$50,000 per person / \$100,000 per accident / \$200,000 aggregate
- \$100,000 per person / \$200,000 per accident / \$400,000 aggregate

Would you like professional liability included? (25% surcharge) Yes No

Tattoo Artist Information:

16. State the number of tattoos you do annually _____, daily: _____, and weekly: _____

17. Annual gross receipts: _____

20. Do you require all of your clients to sign a waiver? Yes No

If yes, please include a copy with your application

21. Do you perform an oral and/or written briefing or tattooing? Yes No

22. Do you provide piercing? Yes No

23. Do you meet and exceed all Tattoo industry standards (safety rules, proper sanitizing, etc.) Yes No

24. How many years of experience do you have? (include a resume if you would like) _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name