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TATTOO AND BODY PIERCING

General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations to be Insured:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____

Producer No.: _____ Producer's Name: _____

Producer's E-mail: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Applicant is: Individual Corporation Partnership Joint Venture

Other (please describe): _____

Annual Payroll: \$ _____

Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: () _____

Fax: () _____ Years with Company: _____

Employee's Responsibilities: _____

1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No

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

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

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

If the standard markets are declining placement, please explain why: _____

2. Desired Insurance

Limits:

Limit of Liability:

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

3. Business Activities

1. Have you had formal instruction in the application of: Tattoos Yes No Piercing Yes No
If yes, please attach all certificates of training. If no, please attach a description of training and experience.

2. What are your average gross receipts per year? \$ _____ Estimated for next year: \$ _____

3. Number of Tattoo Artists and/or Piercers on site: _____
If more than one Tattoo Artist, please list all artists:

4. Do you tattoo only? Yes No
If no, and you also do piercing, please complete the Body Piercing section below.

5. Number of tattoos or piercings done in the past twelve months: Tattoos: _____ Piercings: _____

6. Are any of the following procedures performed by you or any of your employees? Yes No
Eyeliner: _____ Eyebrows: _____ Lipliner: _____ Lips: _____ Cheek Blush: _____

Skin Repigmentation / Camouflage: _____

Note: These procedures are not covered.

7. Do you tattoo minors? (Tattooing of minors is not covered) Yes No
If yes, do you always obtain written consent from a parent or guardian? Yes No
If yes, please attach a copy of the consent form.
8. Do you pierce minors? Yes No
If yes, do you always obtain written consent from a parent or guardian? Yes No
If yes, please attach a copy of the consent form.
Note: Only specific types of piercing are covered for minors, and only with parental consent.
9. Do you require a medical history / client information form on all clients? Yes No
If yes, please attach a copy of the form.
10. Do you require a hold harmless or informed consent form for all clients? (required) Yes No
If yes, please attach a copy of the form.
11. Do you schedule a follow-up appointment after the procedures? Yes No
If yes, under what circumstances? _____
12. Do you ever reuse needles? Yes No
13. Indicate your method of sterilization, type, and make of sterilizer: _____

14. Is all your equipment in proper running order? Yes No
15. Do you wear a new pair of gloves with each procedure? Yes No
16. Do you change glove during each produre? Yes No
if so, how often during each procedure do you change gloves? _____
17. Do you have hot and cold running water on site? Yes No
18. Do you dispose of your pigments after each client? Yes No
19. Please provide the following information on all equipment:
Manufacturer: _____ Purchase Date: _____
Manufacturer: _____ Purchase Date: _____
20. Is your office maintained in a sanitary manner, including physical cleanliness and antiseptic precautions? Yes No
21. Have you participated in an OSHA consultation in your shop? Yes No

4. Body Piercing

22. How many body piercing procedures have you performed in the past twelve months? _____
23. Is all the jewelry you use from US manufacturers? Yes No
24. Indicate type and make of sterilizer: _____
25. How do you sterilize equipment and materials prior to use? _____
26. How are hard surfaces disinfected? _____
27. How is the body area prepared before piercing? _____
28. Do you wear a new pair of gloves with each procedure? Yes No
29. List all the equipment you use to pierce: _____

NOTE: Please review the attached list of covered piercings. Any piercings not on the list will not be covered.

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

APPROVED PIERCINGS

1. Face:
 - a. Cheeks
 - b. *Eyebrows: through eyebrow skin
 - c. *Earlobe and outer rim of ear cartilage
 - d. Full ears, including cartilage
 - e. Lips/Labret (not through oral labia)
 - f. *Lower lip: sides and center
 - g. Nose: *nostrils-thin or hyaline cartilage only
 - h. Tongue: through the medial sulca (center line), only away from main veins
2. Body
 - a. *Navel
 - b. *Nipples
 - c. Female Genital Area (except clitoris and triangle): inner and outer labia, clit hood, fourchette
 - d. Male Genital Area: frenum, guiche (perineum), scrotum, foreskin
3. Surface Piercing
 - a. Subject to an approved disclaimer, but specifically excluding areas below the ankles and wrists, nape and sides of the neck, and the bridge of the nose between the eyes.
4. Piercing of Minors
 - a. Must be 16 years of age or older
 - b. Must have parental consent
 - c. Parent must be present and ID's must be verified for both minor and parent
 - d. Piercings covered for minors: eyebrow, earlobe and outer rim of ear cartilage, lips/labret (not through oral labia), nose, and navel

* These piercings are the only ones covered for piercers with less than one year experience.