



# InkShop Guard

Submissions:  
[nate@inkshopguard.com](mailto:nate@inkshopguard.com)

## Tattoo & Body Piercing Supplemental Application

Name \_\_\_\_\_ Effective Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Location Address \_\_\_\_\_

Website \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Main Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Title \_\_\_\_\_ Type of Entity \_\_\_\_\_ Years In Business \_\_\_\_\_

Current Expiration Date \_\_\_\_\_ Expiring Carrier \_\_\_\_\_ Expiring Premium \_\_\_\_\_

Need by Date \_\_\_\_\_ Retail Agency \_\_\_\_\_ Producer \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Locations				
Location #	Address	City	State	Zip Code
1				
2				
3				

If you need to add more locations, please use a separate sheet.

Loss History	
Have there been any gaps in coverage in the last three years?	
Please Explain:	
Have there been any losses in the last three years?	
Please Explain:	

Services			
Tattooing	Piercing	Cosmetic Tattooing	Saline Removal
Revenue:	Revenue:	Revenue:	Revenue:

General Liability	
Each Occurrence	\$1,000,000
General Aggregate	\$2,000,000
Products and Completed Operations	\$1,000,000
Personal and Advertising Injury Limit	\$1,000,000
Damage to Premises Rented to you	\$300,000
Medical Expense Limit	\$5,000
Professional Liability	\$1,000,000

\*Standard damage to premises rented to can be raised to up to \$1m, if required by written contract



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Communicable Disease	
Assault & Battery	
Sexual Abuse & Molestation	
Worldwide Coverage Endorsement (\$50 per artist using that coverage)	Artists

Personnel	Tattoo Artist	Piercing	Cosmetic Tattooing
Full Time			
Part-time			
Apprentice			
Total			
			All Total
Do you require Independent Contractors to keep their own insurance policy?			

\*Independent Contractors are excluded unless named below

Scheduled Artists		
Full Name	Length of Employment	Years of Experience

\*If there are more than 12 artists, please add an additional page with artist information

Additional Questions	
Is there a weapon kept on the premises	
What are the minimum years of experience for an artist to come to work for you?	
Are all artists required to maintain the relevant licenses and/or certifications?	
Are you licensed by the state or city and meet all city or state regulations?	
Do you have blood-borne pathogen training?	
Do you have written sterilization, sanitation, and safety standards?	
Are new disposable needles/supplies used for each new client?	
Do you use an Autoclave?	
Are all Flammable items stored properly?	
How long do you maintain Client Files?	
How many off-site conventions do you go to a year?	
Do you verify the age of clients prior to providing services?	
Do you require waivers from your clients prior to providing services?	
Do you provide written instructions for care/maintenance to all clients?	



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Are pre-employment background checks performed on all employees?	
Do you Tattoo Minors with parental consent?	
If yes, do you follow all rules and regulations around tattooing minors?	
Do you tattoo eyeballs or other sensitive areas?	
What areas?	
Do you have rules or guidelines related to services provided to intoxicated persons?	
Explanation:	
Do you perform body piercing?	
Do you pierce minors with parental consent?	
Explanation:	
Please indicate what body parts are performed on:	
Do you have any other operations besides tattoo and body piercing?	
Please explain:	

Property						
Location #	Coverage	Limit	Form	Coinsurance	Construction	PC Class
				80%		
				80%		
				80%		
				80%		
					Deductible	\$1,000

\*There may be a separate W/H Deductible based on location. Additional locations may be submitted on a separate sheet.

Building #	Year Built	Roof Year	HVAC Year	Plumbing Year	Electrical Year	# of Stories

Is the building owned or leased?	
Sprinklered?	
Fire Alarm?	
Video Cameras?	
Central Station burglar alarm?	
Distance to Nearest Hydrant	
Distance to Nearest Fire Department	
Have you or anyone with a financial interest in the property been convicted of arson, fraud, or other crime related to the loss of property owned now or during the past five years?	



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I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND COMPLETE.

Any individual who, intending to deceive or with the knowledge that they are aiding in an act of fraud against an insurance company, submits an application or files a claim containing false or misleading statements may be held liable for insurance fraud, leading to potential fines and/or imprisonment.

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Signature of Applicant

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Title

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Date

---

Signature of Producing Agent

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Date

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Agent Name and Address

Additional Interest	
	Interest

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip