



7300 Metro Blvd
 Suite 355
 Minneapolis, MN 55439
 Phone (952) 938-0655
 Fax (952) 938-0701

TATTOO AND BODY PIERCING APPLICATION

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Name of Applicant: _____

Mailing Address: _____

Contact Name: _____ Contact Phone: _____

Business Phone: _____ Business Fax: _____

E-mail: _____ Web site Address: _____

Business Location (if different than the above mailing address): _____

City: _____ State: _____ Zip: _____

Form of business: Individual Partnership Corporation Other: _____

Proposed Effective Date: _____ Proposed Expiration Date: _____

Coverage Requested:

Professional and General Liability Limits Desired:

\$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

The Professional Liability limit will match the occurrence and aggregate limit chosen for General Liability. Separate limits apply to each coverage.

Property Coverage (must be written in conjunction with Premises and Professional Liability):

Building Limit: \$_____ (must insure to a minimum of 80% of the value)

Business Personal Property Limit: \$_____ (must insure to a minimum of 80% of the value)

Business Income and Extra Expense Limit: \$_____

Property Deductible: \$250 \$500 \$1,000 (must choose one)

Property Enhancement Endorsement Desired? Yes No

NOTE: A minimum deductible of \$500 applies to this coverage. This endorsement provides additional limits of insurance as follows:

Accounts Receivable—\$25,000

Computer Equipment—\$25,000

Outside Signs—\$10,000

Spoilage—\$25,000

Valuable Papers—\$25,000

Fine Arts—\$15,000

Money & Securities—\$25,000

Employee Dishonesty—\$10,000

Property of Others—\$10,000

Back-up of Sewer & Drains—\$15,000

Outdoor Property—\$10,000

Property in Transit—\$15,000

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

GENERAL INFORMATION

1. Location of property to be insured (If more than one location attach separate sheet): _____

2. Years in business: _____ Prior years experience in this type of work? _____
 How long in business at this location? _____

3. Building is: Owner Occupied Tenant Occupied

4. Additional Insureds?..... Yes No
 If yes, explain relationship to your business and provide name and address: _____

5. Area (sq. ft.) Total: _____ Insured occupies _____ % of Total

6. Is risk licensed by State?..... Yes No
 If yes, State License number: _____ Expiration Date: _____

Are you in compliance with all city, county and/or state ordinances?..... Yes No
 If no, explain: _____

7. Please provide the following information for each artist.

| Artist Name | Type of Service* T, P or B | Years of Experience | Status* O, P, E or I | License Number (include copy of license) |
|-------------|-------------------------------|---------------------|-------------------------|---|
| | | | | |
| | | | | |
| | | | | |

* T=Tattoo only P=Pierce only B=Both Tattoo and Pierce

** O=Owner P=Partner E=Employee I=Independent Contractor

NOTE: Please notify us of any changes, additions or deletions to staff.

8. Provide the total gross receipts for:
 Past twelve (12) months: \$ _____ Anticipated next twelve (12) months: \$ _____

9. Do you have hot and cold running water on site?..... Yes No

10. Do all artists use a new pair of gloves with each procedure? Yes No

11. Have all artists had formal instruction for their area of expertise?..... Yes No

12. Do you use a client information form for all clients? Yes No

Attach a copy of all information forms obtained.

a. Does this form include medical history? Yes No

b. Does this form include a hold harmless clause? Yes No

c. Does this form include an informed consent clause? Yes No

13. Do you use a release and aftercare form for all clients?..... Yes No

Attach a copy of this form.

14. Do you ever tattoo or pierce minors?..... Yes No

If yes, do you always obtain written consent from a parent or guardian? Yes No

Attach a copy of the consent form.

15. Do you schedule a follow-up appointment after the procedure? Yes No

Explain: _____

PLEASE ANSWER QUESTIONS 16.-22. IF YOU PROVIDE TATTOOING SERVICES.

16. Total number of Tattoos done in the past twelve (12) months: _____

17. Do you use an autoclave?..... Yes No
 Indicate make: _____
18. How do you sterilize materials and equipment prior to use? _____

19. Do you use disposable needles?..... Yes No
 Do you ever re-use needles? Yes No
20. Are all pigments from U.S. manufacturers? Yes No
 If no, explain: _____
21. Are pigments disposed of after each use? Yes No
 If no, explain: _____
22. Do you or any of your employees or independent contractors provide any of the following procedures:
 Permanent cosmetics (*NOTE: This procedure is not covered*)? Yes No
 Skin re-pigmentation or camouflage tattoos? Yes No

PLEASE ANSWER QUESTIONS 23.-32. IF YOU PROVIDE BODY PIERCING SERVICES.

23. Total number of body piercing done in the past twelve (12) months: _____
24. How is the body prepared before piercing? _____

25. Do you sterilize needles with each individual piercing? Yes No
26. How do you sterilize equipment and materials prior to use? _____
27. What is the jewelry generally made of? _____
28. Is the jewelry you use from U.S. manufacturers? Yes No
29. How do you sterilize jewelry prior to insertion? _____

30. How are hard surfaces sterilized? _____
31. Indicate make and type of equipment and/or jewelry sterilizer used: _____
32. Do you use a piercing gun? Yes No
 List all equipment used to pierce: _____

| PRIOR CARRIER INFORMATION | | | | | |
|---------------------------|-------|-------|-------|-------|-------|
| | Year: | Year: | Year: | Year: | Year: |
| Carrier | | | | | |
| Policy Number | | | | | |
| Type of Coverage | | | | | |
| Total Premium | | | | | |

LOSS HISTORY—FIVE YEAR PERIOD

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years.

| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
|--------------|---------------------|-------------|-----------------|-------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

33. Do you have knowledge of any event, circumstance or occurrence (other than listed above in the loss history table) that may result in a claim or do you foresee that a claim made be brought as a result of said event, circumstance or occurrence? Yes No
 If yes, explain: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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 subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (Applicable in Tennessee, Virginia and Washington): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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 five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only.)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

MAIL THE COMPLETED AND SIGNED APPLICATION INCLUDING ANY APPLICABLE SUPPLEMENTS AND ALL CONSENT, RELEASE AND AFTER CARE FORMS ALONG WITH PREMIUM PAYMENT OR DEPOSIT TO:

ROBERT A. SCHNEIDER AGENCY
A Division of Risk Placement Services
7300 Metro Blvd., Suite 355
Minneapolis, MN 55439
Phone: (952) 938-0655 • Fax: (952) 938-0701
EMAIL: mail@rasinc.com