



CID Insurance Services

THE BROKERS PREFERRED WHOLESALE SOLUTION

Tattoo & Body Piercing Shops Product

For a complete submission, please include the following information:

- ACORD Applications 125, 126, & 140
- Supplemental Application

If you don't see what you need or have any questions, please email your underwriter: michelle@cidinsurance.com

CID Insurance Programs Inc. DBA CID Insurance Services

TATTOO AND BODY PIERCING SUPPLEMENTAL APPLICATION

(Complete in addition to the ACORD Application)

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

Name of Applicant: _____

Mailing Address: _____

Web site Address: _____

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

City: _____ State: _____ Zip: _____

Proposed Effective Date: _____ Proposed Expiration Date: _____

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: _____

APPLICANT'S NAME/TITLE: _____

APPLICANT'S SIGNATURE: _____  DATE: _____
(Must be signed by an active owner, partner or officer)

AGENT'S NAME: _____ AGENT LICENSE NUMBER: _____

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.