**TATTOO & PIERCING ARTISTS –** APPLICATION FOR INSURANCE

The following underwriting information has been provided by you or on your behalf. It is understood that the Insurer(s) has relied upon this information for risk acceptance to provide quote and coverage acceptability. Any misrepresentation or omission will render an insurance policy null and void from inception. **PLEASE READ CAREFULLY.**

|  |
| --- |
| **APPLICANT INFORMATION** |
| Applicant’s Email Address for E-Signature\*: |       |
| Applicant Name (Legal Name): |       |
| Province (Mailing Address): |       |
| Year Established: |       | Years of Experience: |       | Total Number of Artists (Full-time, part-time, or contract): |       |
| Gross Revenues - next 12 months: | $      |  |
|  |  |  |
|  |  |  |
| **RISK INFORMATION** |
| Risk address: |       |  |
| Is this a home studio?  | [ ]  Yes [ ]  No |  |
|  |  |  |
|  |  |  |
| **Underwriting Info – Loss Control** |
| Does the applicant carry all licenses and permits required by law? | [ ]  Yes [ ]  No |
| Does the applicant follow all health authority rules and regulations? | [ ]  Yes [ ]  No |
| Does the applicant verify customer identification prior to any services? | [ ]  Yes [ ]  No |
| Does the applicant obtain signed and dated consent and waiver forms? | [ ]  Yes [ ]  No |
| Does the applicant obtain written preservice medical history if the client has a skin condition that could be affected by tattooing? | [ ]  Yes [ ]  No |
| Does the applicant require signed parental consent for minors? (where required by law) | [ ]  Yes [ ]  No |
| Does the applicant provide written aftercare instructions to all customers? | [ ]  Yes [ ]  No |
| Does the applicant have documented sanitation and sterilization procedures? | [ ]  Yes [ ]  No |
| Does the applicant sterilize service station surfaces after each customer? | [ ]  Yes [ ]  No |
| Does the applicant keep client documentation and waivers on file? | [ ]  Yes [ ]  No |
| Does the applicant ensure all artists have training in the services provided? | [ ]  Yes [ ]  No |
| Does the applicant use only new, sterile needles with each service? | [ ]  Yes [ ]  No |
| Does the applicant use only new, sterile gloves with each service? | [ ]  Yes [ ]  No |
| Does the applicant dispose of all single use supplies in accordance with law? | [ ]  Yes [ ]  No |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Services Offered** |  |
| Does the applicant offer Tattoo Removal and/or lightening services? | [ ]  Yes\* [ ]  No |
|  | \*If yes, does the applicant use laser/IPL units? | [ ]  Yes\* [ ]  No |
|  | \*If yes, does the applicant recalibrate equipment in accordance with manufacturers’ guidelines? | [ ]  Yes [ ]  No |
|  | Has the applicant been certified to remove tattoos by laser/IPL? | [ ]  Yes [ ]  No |
|  | Does the applicant perform skin patch tests prior to offering services? | [ ]  Yes [ ]  No |
|  | Does the applicant ensure eye protection is worn during services? | [ ]  Yes [ ]  No |
| Does the applicant offer Piercing, surface anchoring? | [ ]  Yes\* [ ]  No |
|  | \*If yes, does the applicant sterilize the body part being pierced prior to piercing? | [ ]  Yes [ ]  No |
| Does the applicant offer Tooth Gems? | [ ]  Yes\* [ ]  No |
|  | \*If yes, does the applicant do any grinding or filing of the teeth? | [ ]  Yes [ ]  No |
| Does the applicant offer Teaching and Apprenticeships? | [ ]  Yes\* [ ]  No |
|  | \*If yes, does the applicant obtain a signed waiver from patrons acknowledging service provided by a student? | [ ]  Yes [ ]  No |
| Does the applicant have Retail Sales of products? | [ ]  Yes\* [ ]  No |
|  | \*If yes, please indicate merchandise sold – select all that apply: |  |
|  | [ ]  Clothing | [ ]  Jewelry | [ ]  After-care products |
|  | [ ]  Artwork | [ ]  Cannabis Products | [ ]  Tobacco, E-cig, Vape |
|  | [ ]  Other: |       |  |  |
|  | Merchandise sales for the next 12 months: | $      |  |
| Does the applicant do cosmetic make up, eyebrow lamination, eyelash extensions, eyelash dipping, eyelash tinting, facials, hair stylist (excluding extensions), manicures, or pedicures? | [ ]  Yes\* [ ]  No |
|  | \*If yes, sales of operations emanating from Cosmetology for the next 12 months: | $      |
|  |  |
|  |  |
| **LOSS HISTORY** |
| Has the applicant had any claims in the last 5 years? | [ ]  Yes\* [ ]  No |
|  | \*If yes, please provide details: |  |
|  | Date of Claim: |       | Nature of Claim: |       | Loss/Expenses Paid: | $      |
| Is the applicant aware of any circumstances that may give rise to a claim? | [ ]  Yes\* [ ]  No |
|  | \*If yes, please provide full details: |       |
| Has the applicant or any artist been subject to any allegations of misconduct or professional negligence? | [ ]  Yes\* [ ]  No |
|  | \*If yes, please provide full details: |       |
| Has the applicant or any artist had any penalties imposed for health & safety violations in the past 5 years? | [ ]  Yes\* [ ]  No |
|  | \*If yes, please provide full details: |       |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **PRIOR INSURANCE** |
| Does the applicant currently carry Commercial General Liability coverage? | [ ]  Yes\* [ ]  No |
|  | \*If yes, Insurer: |       | Policy Number: |       |  |
| Does the applicant currently carry Professional Liability coverage? | [ ]  Yes\* [ ]  No |
|  | \*If yes, Insurer: |       | Policy Number: |       | Retroactive Date: |       |
| Has the applicant ever had insurance cancelled, declined or refused? | [ ]  Yes\* [ ]  No |
|  | \*If yes, please describe: |       |
|  |
| **COVERAGES** |
| [ ]  $1,000,000 CGL; $1,000,000 Professional Liability | [ ]  $2,000,000 CGL; $2,000,000 Professional Liability |
| [ ]  $2,000,000 CGL; $1,000,000 Professional Liability | [ ]  $5,000,000 CGL; $2,000,000 Professional Liability |
|  |
|  |
| **Optional Increased Coverages** |
| Tenants Legal Liability: | [ ]  $500,000 | Employer's Liability: | [ ]  $1,000,000 |
|  | [ ]  $1,000,000 |  | [ ]  $2,000,000 |
|  | [ ]  $2,000,000 |  | [ ]  Not Required |
|  |  |  |  |
|  |  |  |  |
| **Optional Property Coverage** |
| Is property coverage required? | [ ]  Yes\* [ ]  No |
|  | \*If yes, is Miscellaneous Articles Floater requested? | [ ]  Yes [ ]  No |
|  | **COPE Details** |  |
|  | Year Built of the Building where Business is Located: |       |  |
|  | Construction of the Building where Business is Located: | [ ]  Frame | [ ]  Fire Resistive | [ ]  Non-Combustible |  |
|  |  | [ ]  Other:  |       |  |
|  | Hydrant within 300 metres? | [ ]  Yes [ ]  No |
|  | Fire Hall within 8 kms? | [ ]  Yes [ ]  No |
|  | Roof Construction: | [ ]  Wood Joist | [ ]  Steel Deck | [ ]  Concrete | [ ]  Other |
|  | Year of latest roof upgrade: |       |  |  |  |
|  | Heating: | [ ]  Forced Air-Gas | [ ]  Wood burning | [ ]  Oil |
|  |  | [ ]  Boiler | [ ]  Other: |       |  |
|  | Year of latest upgrade to heating: |       |  |
|  | Electrical: | [ ]  Copper | [ ]  Aluminum | [ ]  Other: |       |  |
|  | Year of latest electrical upgrade: |       |  |
|  | Sprinklered? | [ ]  Yes [ ]  No | Centrally Monitored Alarm? | [ ]  Yes [ ]  No |
|  | Bars/Security Film on all doors and windows? | [ ]  Yes [ ]  No |
|  |
|  |
|  |

|  |
| --- |
| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception. The Applicant understands that if the Insured fails to inform the Insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation. The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.**NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AT FORWARD INSURANCE MANAGERS LTD. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document. |
|  |
|  |
|  |  |  |  |
| **Signature of Applicant(s):** |       | **Date:** |       |
| **Brokerage:** |       | **Broker ID#:** |       |
| **Broker Email:** |       | **Phone:** |       |

**Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to *JET*.**