**TATTOO & PIERCING ARTIST’S –** 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.**

**Instead of completing this application form, consider trying *JET*, our self-serve platform.**

***JET* is the quickest path to quotes and policy issuance. A modern way FORWARD.**

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| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | |
| Applicant(s):  *Include all subsidiaries* | | | |  | | | | | | | | | | | |
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| Contact Name/Individual completing application on behalf of applicant: | | | |  | | | | | | | | | | | |
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| Contact Email Address:  *(Required for e-signatures)* | | | |  | | | | | | | | | | | |
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| Mailing address: | |  | |  | | | | | | | | | | |
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| Year Established: | | | |  | | Years of Experience: | | | | | |  |  | | |
|  | | | |  | |  | | | | | |  |  | | |
| Total Number of Artists (F/T, P/T, Temp) | | | |  | | Gross Revenues – Next 12 months | | | | | | $ |  | | |
|  | | | |  | |  |  | |  | | |  |  | | |
| **RISK INFORMATION** | | | | | | | | | | | | | | | |
| Risk location: |  | | | | | | | | |
| Is this a home studio? | | | No  Yes | | | | |  | | | | | |
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| **UNDERWRITING INFO** | | | | | | | | | | | | | | | |
| Does the Applicant: | | | | | | | | | | | | | | | |
| * carry all licenses and permits required by law? | | | | | | | | | | | No  Yes | | | | |
| * follow all health authority rules and regulations? | | | | | | | | | | | No  Yes | | | | |
| * verify customer identification prior to any services? | | | | | | | | | | | No  Yes | | | | |
| * obtain signed and dated consent and waiver forms? | | | | | | | | | | | No  Yes | | | | |
| * obtain written preservice medical history if the client has a skin condition that could be affected by tattooing? | | | | | | | | | | | No  Yes | | | | |
| * require signed parental consent for minors? (where required by law) | | | | | | | | | | | No  Yes | | | | |
| * provide written aftercare instructions to all customers? | | | | | | | | | | | No  Yes | | | | |
| * have documented sanitation and sterilization procedures? | | | | | | | | | | | No  Yes | | | | |
| * sterilize service station surfaces after each customer? | | | | | | | | | | | No  Yes | | | | |
| * keep client documentation and waivers on file? | | | | | | | | | | | No  Yes | | | | |
| * ensure all artists have training in the services provided? | | | | | | | | | | | No  Yes | | | | |
| * use only new, sterile needles with each service? | | | | | | | | | | | No  Yes | | | | |
| * use only new, sterile gloves with each service? | | | | | | | | | | | No  Yes | | | | |
| * dispose of all single use supplies in accordance with law? | | | | | | | | | | | No  Yes | | | | |
|  | | | | | | | | | | |  | | | | |
| **Check the boxes that apply to the services provided by the Applicant and complete all questions applicable.** | | | | | | | | | | | | | | | |
| Please refer to Professional Liability Policy Form for list of Approved Services and various exclusions, conditions and limitations. Regardless of the information declared on this form, coverage is only granted pursuant to the policy documents. PLEASE READ PROPOSED POLICY FORM CAREFULLY. | | | | | | | | | | | | | | | |
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| **TATTOO REMOVAL AND/OR LIGHTENING SERICES:** | | | | | | | | | |  | |  |  | | |
| Does the Applicant provide tattoo removal and/or lightening services? | | | | | | | | | | | | No  Yes | | | |
|  | | | | | | | | | | | |  | | | |
| Does the Applicant: | | | | | | | | | | | |  | | | |
| * use laser/IPL units? | | | | | | | | | | | | No  Yes | | | |
| * use only new, sterile gloves with each service? | | | | | | | | | | | | No  Yes | | | |
| * recalibrate equipment in accordance with manufacturers’ guidelines? | | | | | | | | | | | | No  Yes | | | |
| * been certified to remove tattoos by laser/IPL? | | | | | | | | | | | | No  Yes | | | |
| * perform skin patch tests prior to offering services? (refer to policy endorsement) | | | | | | | | | | | | No  Yes | | | |
| * ensure eye protection is worn during services? | | | | | | | | | | | | No  Yes | | | |
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| **PIERCING, SURFACE ANCHORING:** | | | | | | | | | |  | |  |  | | |
| Does the Applicant provide piercing or surface anchoring services? | | | | | | | | | | | | No  Yes | | | |
|  | | | | | | | | | | | |  | | | |
| Does the applicant: | | | | | | | | | | | |  | | | |
| * use only new, sterile gloves with each service? | | | | | | | | | | | | No  Yes | | | |
| * sterilize the body part being pierced prior to piercing? | | | | | | | | | | | | No  Yes | | | |
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| **TOOTH GEMS:** | | | | | | | | | |  | |  |  | | |
| Does the Applicant provide services involving tooth gems? | | | | | | | | | | | | No  Yes | | | |
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| Does the Applicant: | | | | | | | | | | | |  | | | |
| * do any grinding or filing of the teeth? | | | | | | | | | | | | No  Yes | | | |
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| **TEACHING AND APPRENTICESHIPS:** | | | | | | | | | |  | |  |  | | |
| Does the applicant teach students or provide apprenticeships? | | | | | | | | | | | | No  Yes | | | |
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| Does the Applicant: | | | | | | | | | | | |  | | | |
| * obtain a signed waiver from patrons acknowledging service provided by a student? | | | | | | | | | | | | No  Yes | | | |
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| **RETAIL SALES:** | | | | | | | | | |  | |  |  | | |
| Does the Applicant sell retail products? | | | | | | No  Yes | | | |  | |  |  | | |
| Sales, next 12 months **$** | | | | | |  | | | |  | |  |  | | |
| Please list merchandise sold: | | | | | | | | | | | | | | | |
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| **BASIC BEAUTY OPERATIONS:** | | | | | | | | | | | | | | | |
| Does the Applicant perform any basic beauty services (cosmetic make up, eyebrow lamination, eyelash extensions, dipping or tinting, facials, hair styling or extensions, or manicures and pedicures).  No  Yes | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Sales, next 12 months **$** | | | | | | | | | | | | | | | |
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| **LOSS HISTORY** | | | | | | | | | | | | | | |  |
| Has the applicant had any claims in the last 5 years? If so, please provide details. (Date, Details, Loss Paid, etc.) | | | | | | | | | | | | | | | No  Yes |
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| Is the applicant aware of any circumstances that may give rise to a claim? | | | | | | | | | | | | | | | No  Yes |
| Has the applicant or any artist had any penalties imposed for health & safety violations in the past 5 years? | | | | | | | | | | | | | | | No  Yes |
| Has the applicant or any artist been subject to any allegations of misconduct or professional negligence? | | | | | | | | | | | | | | | No  Yes |
| *If yes to any of the above, please provide full details:* | | | | | | |  | | | | | | | | |
| **PRIOR INSURANCE** | | | | | | | | | | |  | | | | |
| Does the applicant currently carry Commercial General Liability coverage? | | | | | | | | | | | No  Yes | | | | |
|  | | | | | | | | | | | | | | | |
| Insurer:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:      \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
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| Does the applicant currently carry Professional Liability coverage? | | | | | | | | | | | No  Yes | | | | |
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| Insurer:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:      \_\_\_\_\_\_\_\_\_\_\_\_\_ Retroactive Date:      \_\_\_\_\_ | | | | | | | | | | | | | | | |
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| Has the applicant ever had insurance cancelled, declined or refused? | | | | | | | | | | | No  Yes | | | | |
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| If yes, please describe: | | | | |  | | | | | | | | |  | | |
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| **REQUESTED LIMITS** | |  | | | | | |  | | | | | | | |
|  | $1,000,000 Commercial General Liability  $1,000,000 Professional Liability | | | | | | |  | $2,000,000 Commercial General Liability  $2,000,000 Professional Liability | | | | | | |
|  | $2,000,000 Commercial General Liability  $1,000,000 Professional Liability | | | | | | |  | $5,000,000 Commercial General Liability  $2,000,000 Professional Liability | | | | | | |
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| **Optional Increased Coverages** | | | | | | | | | | | | | | | |

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| Tenants Legal Liability | $500,000 |  |  | | |  | |
|  | $1,000,000 |  |  | | |  | |
|  | $2,000,000 |  |  | | |  | |
|  |  |  |  | | |  | |
| Employer’s Liability | $1,000,000 | | |  |  | |  | |
|  | $2,000,000 | | |  |  | |  | |
|  | Not Required | | |  |  | |  | |

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| **PROPERTY COVERAGE** | | | | | | Is property coverage required? | | | | | | | | | | | | | |  |  | | --- | --- | | Yes  No | No | | | | | | | | | | |  | | | |  | | | | | | | |
| **COPE DETAILS** | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | |  | | | | | | | |
| Year built: | |  | | | | | |  | | | | | | |  | | | | | | | | | | | | |  | | |  | | | | | | |
| Building Construction: | | | | | | Frame | | | | | | | | Fire Resistive | | | | | | | Non-Combustible | | | | | | | | | | | Other: | | | | | | | | |
| Roof Construction: | | | | | | Wood Joist | | | | | | | | Steel Deck | | | | | | | Concrete | | | | | | | | | | | Other: | | | | | | | | |
| Heating: | | | | | | Natural Gas | | | | | | | | Oil | | | | | | | Boiler | | | | | | | | | | | Other: | | | | | | | | |
| Electrical: | | | | | | Copper | | | | | | | | Aluminum | | | | | | | Other: | | | | | | | | | | |  | | | | | | | | |
| Year of upgrades: | | | | | Roof: | | | |  | | | | Heating: | | |  | | Plumbing: | | | |  | | | Electrical: | | | |  | | | | | | | | | | | | | | |
| Hydrant: | | | Within 300m | | | | | | | Other: | | | | | | | | | Fire Hall: | | | | | Within 8 km | | | | | Other: | | | | | |  | | | |
| Centrally Monitored Alarm: | | | | | | | | | Yes | | | No | | | | | Sprinkler System: | | | | | | | Yes | | | No | | |  | | |
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| **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 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant’s Signature:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Brokerage:** | | | | |  | | | | | | | | | | | | | | | | | | | **Date:** | | |  | | | | | | | | | | | | | | | | |
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| **Broker Email:** | | | | |  | | | | | | | | | | | | | | | | | | | **Broker ID:** | | |  | | | | | | | | | | | | | | | | |
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