



InkShop Guard

Submissions:
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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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.

Signature of Applicant

Title

Date

Signature of Producing Agent

Date

Agent Name and Address

Additional Interest	
	Interest

Name: _____

Address: _____

Street

City

State

Zip