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| **GENERAL INFORMATION ON APPLICANT** | | | | | | | | | | | | |
| Legal Name of Business (Applicant): | | | | | | | | | | | | |
| Address: | | | City: | | | | | Province: | | Postal Code: | | |
| Operating as:  Corporation  Partnership  Individual # of Locations:       Business License No. | | | | | | | | | | | | |
| Contact Person: | Tel: | | | | | | Email: | | | | | |
| Expiry Date of Policy: | | Current Insurance Company: | | | | | | | | | | |
| Target Premium: $ | | Date operation established: | | | | | | | | | | |
| Are you in compliance with all city,provincial ordinances?  YES  NO | | | | | | | | | | | | |
| How long have you been in the business of Piercing? | | | | | Tattooing? | | | | | | | |
| How many Piercing procedures have you performed in the past 12 months? | | | | | |  | | | | | | |
| How many Tattoo procedures have you performed in the past 12 months? | | | | | |  | | | | | | |
| **DESCRIPTION OF ALL SERVICES PROVIDED** | | | | | | | | | | | | |
| Please check those that apply : | | | | **Gross Receipts** | | | | | **YES** | | **NO** | |
| Tattooing, Camouflage Tattoo and Permanent Cosmetics | | | |  | | | | |  | |  | |
| Teaching/Apprenticeship school | | | |  | | | | |  | |  | |
| Minor Piercing (15-18) with parental consent \*\* | | | |  | | | | |  | |  | |
| Minors Tattooing (15-18) with parental consent\*\* | | | |  | | | | |  | |  | |
| Surface Anchoring | | | |  | | | | |  | |  | |
| Surface Piercing | | | |  | | | | |  | |  | |
| Tattoo Lightening and Removal | | | |  | | | | |  | |  | |
| Ampallang /Apadravya | | | |  | | | | |  | |  | |
| Do you have any Retail sales, please describe list of merchandise and total gross receipts for each item sold : | | | |  | | | | |  | |  | |
| Other services (please describe): | | | |  | | | | |  | |  | |
| **GENERAL PROCEDURES & PROTOCOLS** | | | | | | | | | | | | |
| Do you provide aftercare instructions for all patrons after ‘all services’ performed? Please provide a copy | | | | | | | | | | | | YES NO |
| Do you provide a cooling down period after every treatment? Please provide a copy of your procedures | | | | | | | | | | | | YES NO |
| Do you have written sanitation and sterilization procedures? Please provide a copy | | | | | | | | | | | | YES NO |
| Do you keep copies of all client service records? | | | | | | | | | | | | YES NO |
| How many years are service records kept on file?       years | | | | | | | | | | | |  |
| Are waivers signed, dated and kept on record? (please attach a copy) | | | | | | | | | | | | YES NO |
| How many years are waivers kept on file?       years | | | | | | | | | | | |  |
| **\*\*MINORS (15-18YRS) INFORMATION** | | | | | | | | | | | | |
| Do you validate Minors age and obtain proof of ID before ‘any service’ is performed? Please provide copy of your current guidelines. | | | | | | | | | | | | YES NO |
| Do you require that the parent be present when performing ‘all services’ on Minors? Please provide details. | | | | | | | | | | | | YES NO |
|  | | | | | | | | | | | | |
| Do you require signed parental consent forms for all Minors (15-18yrs)? Please provide a copy of your guidelines and forms. | | | | | | | | | | | | YES NO |
| Do you provide ear piercing services on youth under the age of 15 years old? Please provide details. | | | | | | | | | | | | YES NO |
|  | | | | | | | | | | | | |
| **ARTISTS INFORMATION** | | | | | | | | | | | | |
| Have you and all relevant artists had formal training in body piercing?  (provide confirmation training / qualifications / experience) | | | | | | | | | | | | YES NO |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you and all your artists had formal training in tattooing? | | | YES NO |
| (provide confirmation training / qualifications / experience) | | |  |
| # of Full-time Artists: | # of Part-time Artists: | # of Students/Artists in Training: | |

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| **TATTOOING PROCEDURES** | | | | | | |
| Are all inks/pigments from US or Canadian manufacturers? | | | | | | YES NO |
| Do you sell any inks/pigments? | | | | | | YES NO |
| Do you relabel or repackage any products? | | | | | | YES NO |
| Do you insist that all patrons have a min 24hour cooling off period after receiving a consultation for obtaining a tattoo and prior to the tattoo procedure? | | | | | | YES NO |
| Do you insist that the patron sit for a cooling down period after a tattoo procedure? | | | | | | YES NO |
| Do you ever re-use needles? | | | | | | YES NO |
| Do you dispose of your pigments after each client? | | | | | | YES NO |
| Will you tattoo a person with a medical concern such as heart disease, seizure, diabetes, skin disorder, blood disorder? | | | | | | YES NO |
| **OPTIONAL COVERAGE – ENDORSEMENT FOR TATTOO REMOVAL AND LIGHTENING OPERATIONS** | | | | | | |
| Do you require coverage for Tattoo Removal and Lightening? | | | | | | YES NO |
| Total number of artists providing these services at your studio? | | | | | | YES NO |
| # of Full-time Artists: | # of Part-time Artists: | | | # of Student/Artists in Training: | | |
| 1. Please circle what skin types you provide services on for the laser treatments:  As per the Fitzpatrick Scale: 1  2  3  4  5  6 | | | | | |  |
| 2. Do you complete a skin patch test prior to laser treatments? | | | | | | YES NO |
| 3. How long do you wait after the patch test to perform laser treatment? | | | | | | |
| 4. Do you wear surgical gloves when providing laser services to clients? | | | | | | YES NO |
| 5. Does your client wear protective eyewear during laser services? | | | | | | YES NO |
| 6. Do you keep copies of all client service records? | | | | | | YES NO |
| 7. How many years is service records kept on file?       years | | | | | |  |
| 8. Is a waiver signed, dated and kept on record? (please attach a copy) | | | | | | YES NO |
| 9. How many years are waivers kept on file?       years | | | | | |  |
| 10. Do you explain to the client what steps to take prior to any laser treatment? | | | | | | YES NO |
| Please describe: | | | | | | |
| 11. Do you explain to the client what steps to take after any laser treatment? | | | | | | YES NO |
| Please describe: | | | | | | |
| **TYPE OF LASER MACHINES USED** | | **MODEL** | **AGE** | | **CURRENT REPLACEMENT COST IN CAD $$** | |
|  | |  | Yrs | |  | |
|  | |  | Yrs | |  | |
|  | |  | Yrs | |  | |
|  | |  | Yrs | |  | |
| 12. How often do you calibrate your machines: | | | | | | |
| **PIERCING PROCEDURES** | | | | | | |
| Do you use sterile needles with each individual piercing? | | | | | | YES NO |
| Where do you purchase your jewelry from: | | | | | |  |
| Suppliers in the United States and/or Canada  Supplier in the UK | | | | | | |
| Other  Explain: | | | | | | |
| What is the jewelry made of? | | | | | | |
| How much jewelry is sold annually? | | | | | | |
| How are hard surfaces disinfected? | | | | | | |
| How is the body area prepared before piercing? | | | | | | |
| Do you use new pair of gloves with each procedure? | | | | | | YES NO |

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| List all equipment you use to pierce: | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Make** | | | | | **Model** | | | | | **Description** | | | | | | | | | | | | | | |
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| Do you use a piercing gun? | | | | | | | | | | | | | | | | | | | | | | | YES  NO | |
| If yes, under what circumstances? | | | | | | | | | | | | | | | | | | | | | | | | |
| **CLAIMS HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you or any of your artists had any claims against you/them in the last 5 years? | | | | | | | | | | | | | | | | | | | | | | | YES  NO | |
| If yes, please explain: | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you or any of your artists (including contract staff) had any sanitation penalties imposed in last 5 years? | | | | | | | | | | | | | | | | | | | | | | | YES  NO | |
| If yes, please explain: | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **Professional Liability** | | | | | | | | | | | | | | | | | | | | | | | | |
| In the past, has the Applicant/Company or any of his/her artists ever been the recipient of any allegations of professional negligence in writing or verbally? | | | | | | | | | | | | | | | | | | | | | | | YES  NO | |
| Is the Applicant/Company/its Partners/its Directors or any of his/her artists aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above? If yes, please attach details. | | | | | | | | | | | | | | | | | | | | | | | YES  NO | |
| Has the Applicant/Company/its Partners/its artists ever brought a suit against another party?  If yes, please describe and or | | | | | | | | | | | | | | | | | | | | | | | YES  NO | |
| Please attach a list of all claims disputes, suits, allegations of non-performance made during the past 5 years against the Applicant/Company/its Partners and or any of his or her employees. | | | | | | | | | | | | | | | | | | | | | | | | |
| Without limitation of any other remedy available to the insurer, it is agreed that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom is excluded from coverage under the proposed insurance. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Commercial General Liability** | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you or any of your artists had any claims against you/them in the last 5 years? | | | | | | | | | | | | | | | | | | | | | | | YES  NO | |
| If yes, please explain: | | | | | | | | | | | | | | | | | | | | | | | | |
| Detail all liability claims or potential claims that have come to the Applicant’s attention during the past 5 years. For each incident, detail the date of the loss, nature and cause of the claim, amount claimed, costs actually incurred (claim investigation, defense costs and damages), and status of the claim. Please use a separate sheet of paper. | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRIOR INSURANCE** | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the Applicant/Company carried Professional Liability Insurance in the past? | | | | | | | | | | | | | | | | | | | | | | | YES  NO | |
| **INSURER** | | | | **TERM** | | | **LIMIT** | | | | | | **PREMIUM** | | | | **RETROACTIVE DATE** | | | | | | | |
|  | | | |  | | | $ | | | | | | $ | | | |  | | | | | | | |
|  | | | |  | | | $ | | | | | | $ | | | |  | | | | | | | |
|  | | | |  | | | $ | | | | | | $ | | | |  | | | | | | | |
| Has the Applicant ever had insurance refused or cancelled for this Company? | | | | | | | | | | | | | | | | | | | | | | | YES  NO | |
| If yes please explain: | | | | | | | | | | | | | | | | | | | | | | | | |
| **COVERAGE REQUIREMENTS** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Coverage** | | | | | | | | **Deductible** | | | | | | **Limit of Coverage** | | | | | | | | **Target Premium** | | |
| PROFESSIONAL LIABILITY  (claims made form, costs inclusive)  Wording includes sublimits for Sexual Abuse $10,000 & Communicable Disease $10,000 | | | | | | | | $1,000  $2,500  $5,000 | | | | | | $1,000,000/$1,000,000  $2,000,000/$1,000,000  $2,000,000/$2,000,000 | | | | | | | |  | | |
| OPTIONAL COVERAGE ENDORSEMENT - TATTOO LIGHTENING AND REMOVAL OPERATIONS | | | | | | | | $2,500min | | | | | | Included in above limits | | | | | | | |  | | |
| COMMERCIAL GENERAL LIABILITY | | | | | | | | $1,000  $2,500  $5,000 | | | | | | $1,000,000/$1,000,000  $2,000,000/$2,000,000 | | | | | | | |  | | |
| **OPTIONAL COVERAGE - PROPERTY** | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe your location (Two stories, strip plaza, shopping mall, etc.): | | | | | | | | | | | | | | | | | | No. of Stories: | | | | | | |
| Do you own the building?  YES  NO | | | | | | | | | Total Area of your Facility:       ft | | | | | | | | | | | | | | | |
| Age of Building? | | Latest Update: Roof | | | | | | | Heat | | | | | | Plumbing | | | | | | Electric | | | |
| Fire Hydrants within 500ft? | | YES  NO | | | | Restaurant within  2 adjacent units: | | | | | | YES  NO | | | | Building Sprinklered? | | | | | | | | YES  NO |
| Monitored Alarm System? | | YES  NO | | | | Local Alarm System? | | | | | | YES  NO | | | | Fire Alarm? | | | | | | | | YES  NO |
| Surveillance System? | | YES  NO | | | | # Of Fire Extinguishers? | | | | | |  | | | | | | | | | | | | |
| Doors have deadbolts? | | YES  NO | | | | Bars on Doors/Windows? | | | | | | YES  NO | | | | | | | | | | | | |
| What is at – | | Front: | | | | Back: | | | | | | Left: | | | | | | | Right: | | | | | |
| Construction of Building: | | | | | | | | | | | | | | | | | | | | | | | | |
| Loss Payee Information: (ie. Bank financing, equipment leases, etc.) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **“PROPERTY VALUES” (if you had to replace the following items today)** | | | | | | | | | | | | | | | | | | | | | | | | |
| Building: $ | | | Equipment: $ | | | | | | Leasehold Improvements: $ | | | | | | | | | | | Stock: $ | | | | |
|  | | |  | | | | | |  | | | | | | | | | | |  | | | | |
| For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd’s Underwriters’ insurance business in Canada.  Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured’s right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.  I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker’s or insurance company’s policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant’s Name:** |  | | | | | | | | | | **Position Held:** | | | | |  | | | | | | | | |
| **Applicant’s Signature:** |  | | | | | | | | | | **Date:** | | | | |  | | | | | | | | |
| **Broker Email:** |  | | | | | | | | | | **Broker Name/Phone:** | | | | |  | | | | | | | | |