

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	No. of Artists		
		Full Time	Part Time	
Tattooing, Camouflage Tattoo and Permanent Cosmetics				<input type="checkbox"/> YES <input type="checkbox"/> NO
Teaching/Apprenticeship school				<input type="checkbox"/> YES <input type="checkbox"/> NO
Minor Piercing (15-18) with parental consent **				<input type="checkbox"/> YES <input type="checkbox"/> NO
Minors Tattooing (15-18) with parental consent**				<input type="checkbox"/> YES <input type="checkbox"/> NO
Surface Anchoring				<input type="checkbox"/> YES <input type="checkbox"/> NO
Surface Piercing				<input type="checkbox"/> YES <input type="checkbox"/> NO
Tattoo Lightening and Removal				<input type="checkbox"/> YES <input type="checkbox"/> NO
Ampallang /Apadravya				<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any Retail sales, please describe list of merchandise and total gross receipts for each item sold :				<input type="checkbox"/> YES <input type="checkbox"/> NO
Other services (please describe):				<input type="checkbox"/> YES <input type="checkbox"/> NO

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? YES NO
 (provide confirmation training / qualifications / experience)

Have you and all your artists had formal training in tattooing? YES NO
 (provide confirmation training / qualifications / experience)
 How many students/artists in training at any given time? _____

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

List all equipment you use to pierce:

Make	Model	Description

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: _____

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? YES NO

If yes, please describe and or _____

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	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> \$1,000,000/\$1,000,000 <input type="checkbox"/> \$2,000,000/\$1,000,000 <input type="checkbox"/> \$2,000,000/\$2,000,000	
OPTIONAL COVERAGE ENDORSEMENT - TATTOO LIGHTENING AND REMOVAL OPERATIONS	<input type="checkbox"/> \$2,500min	Included in above limits	
COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> \$1,000,000/\$1,000,000 <input type="checkbox"/> \$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 YES NO Building YES NO
2 adjacent units: Sprinklered?

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 YES NO
Doors/Windows? _____

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:** _____

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