



# BODY PIERCING & TATTOO LIABILITY INSURANCE APPLICATION

PLEASE ANSWER ALL QUESTIONS  
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. a) Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Name(s): \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

b) Operating as:  Corporation  Partnership  Individual  Independent Contractor

c) Working as:  Tattoo and/or Piercing Business  Ind. Operator # of Locations: \_\_\_\_\_

d) Any operations not related to body piercing and tattooing?  Yes  No

Do you have other insurance for the business?  Yes  No

What type? \_\_\_\_\_ Carrier? \_\_\_\_\_

e) Are you in compliance with city, county, provincial ordinances?  Yes  No

Business license No.: \_\_\_\_\_

Last Health Dep't Inspection Date: \_\_\_\_\_ Pass?  Yes  No

f) How long in the business of body piercing? \_\_\_\_\_ Tattooing? \_\_\_\_\_

g) Have you had formal instruction in body piercing?  Yes  No  
(attach a description of training)

Have you had an apprenticeship in tattooing?  Yes  No  
If No, how were you trained? \_\_\_\_\_

Are you a member of any related Associations?  Yes  No

h) How many body piercing procedures have you performed in the past 12 months? \_\_\_\_\_  
How many tattoo procedures have you performed in the past 12 months? \_\_\_\_\_

i) Total Revenue:  
Last Year: \_\_\_\_\_ This Year: \_\_\_\_\_ Anticipated  
Next Year: \_\_\_\_\_

2. **GENERAL INFORMATION ON YOUR PROFESSION**

a) Do you use a release/client information form on everyone?  Yes  No  
**If Yes, attach a copy for all services.**

b) Do you use an aftercare form on everyone?  Yes  No  
**If Yes, attach a copy.**

FOR RENEWALS – Please advise if there have been any changes to your  
release/consent forms and aftercare procedures, provided to Markel.  Yes  No  
**If Yes, please attach a copy of the revised forms and aftercare procedures.**

c) Do you ever pierce minors?  Yes  No  
**Written parental consent is required**  
**Please attach a copy of consent form.**

f) How do you sterilize equipment and materials prior to use? \_\_\_\_\_

g) Do you wear a new pair of gloves with each procedure?  Yes  No

h) Do you ever tattoo minors?  Yes  No  
**Written parental consent is required**  
**Please attach a copy of consent form.**

i) Do you perform:  
 Dermal Anchoring?  Yes  No      Septum Piercing?  Yes  No  
 Surface Piercing?  Yes  No      Piercing on the side or middle of upper lip?  Yes  No

3. **EQUIPMENT AND PROCEDURES**

PIERCING

a) How do you sterilize jewelry prior to insertion? \_\_\_\_\_

b) Do you use sterile needles with each individual piercing?  Yes  No

c) All jewelry used is from suppliers in the following categories:

Suppliers in the United States and/or Canada

Other  Explain: \_\_\_\_\_

What is the jewelry made of? \_\_\_\_\_

d) How are hard surfaces disinfected? \_\_\_\_\_

e) How is the body area prepared before piercing? \_\_\_\_\_

f) List all equipment you use to pierce:

Make	Model	Description

Do you use a piercing gun?  Yes  No

If Yes, under what circumstances? \_\_\_\_\_

TATTOOING

- a) Are all pigments from US or Canadian manufacturers?  Yes  No
- b) Do you ever re-use needles?  Yes  No
- c) Do you dispose of your pigments after each client?  Yes  No

**4. HISTORY**

**NOTE:** All questions must be answered. Failure to disclose claims history could invalidate coverage.

i. Limits requested: \_\_\_\_\_ Deductible requested: \_\_\_\_\_

i. Do you currently have Professional Liability insurance coverage?  Yes  No

If Yes, indicate the following:

Insurer	Policy #	Liability Limits	Premium	Exp. Date (mm/dd/yyyy)

ii. List liability claims or incidents that would give rise to a claim arising from any permanent makeup, body piercing, tattooing, or other professional activity, whether or not insured:

If none state so:  No claims history

Claim Year	Description of Claim/Incident	Equipment Involved	Amt., if settled	Details, if pending

iii. Do you have knowledge of an event, circumstance or occurrence (other than listed in 4. ii. above) prior to the effective date of the proposed policy, or do you foresee that a claim may be brought as a result of said event, circumstance or occurrence?  Yes  No

If Yes, describe details of the event:

**PLEASE NOTE: ACCEPTABLE PIERCINGS**

**I. FACE**

Cheeks  
\*Eyebrow: Through eyebrow skin  
\*Earlobe and outer rim of ear cartilage  
Full Ears, including cartilage  
Lips/Labret Piercing (not through oral labia)  
\*Lower lip, sides and center.  
Nose - \*Nostrils, Thin or hyaline cartilage only  
Tongue – through the medial sulca (center line) only  
away from main veins

**II. BODY**

\*Navel  
\*Nipples (male)  
  
Female Genital Area Except: Clitoris and Triangle  
  
Inner and outer Labia  
Clit hood – Skin above the Clitoris  
Fourchette – Area pierced between vagina and anus  
  
Male Genital Area  
  
Prince Albert – From skin on bottom of  
penis-frenulum-through and out  
urethra  
Frenum – through thin skin on bottom of penis  
Guiche – Skin area pierced between scrotum  
and anus  
Scrotum – Through skin on scrotum  
Foreskin – Through foreskin

**III. SURFACE PIERCING**

Subject to an approved disclaimer but we will specifically exclude areas below the ankles and wrists, nape and sides of the neck, and at the bridge of the nose between the eyes.

**NOTE:** \*Items are the only piercings covered for new piercers (those with less than two years experience)

Requested Effective Date: \_\_\_\_\_

Please provide the following with your completed application:

- Copies of the release/client information forms used for all services;
- Copies of the aftercare forms used for all services;
- Copies of any promotional materials or brochures.

**Note: Coverage becomes effective only when accepted by the insurance company.**

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.**

\_\_\_\_\_  
Signature of Applicant (authorized representative)

\_\_\_\_\_  
Date

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**



## ADDITIONAL ARTIST(S)/PIERCER(S) SUPPLEMENT

(To be used for more than one artist, piercer and/or locations)

A. Name of Shop: \_\_\_\_\_

B. Owner(s) of Shop: \_\_\_\_\_

C.

	<b>Artists to be insured (Include Owners)</b>	<b>Years of Experience</b>
1.		
2.		
3.		
4.		
5.		
6.		

D.

	<b>Piercers to be insured (Include Owners)</b>	<b>Years of Experience</b>
1.		
2.		
3.		
4.		
5.		
6.		

E.

<b>Additional Insured's to be added to the Policy:</b>		
<b>Name</b>	<b>Address</b>	<b>Relationship to your business (i.e. Landlord, Lessor)</b>

I, the owner of the above indicated business, hereby warrant and confirm each tattooer and/or piercer listed above for coverage, while operating under my business, will follow the guidelines and procedures that I indicate I follow on the insurance application, including use of proper sterilization on all equipment, no reuse of needles, registration of clients and providing each client instructions on how to care for their tattoo and/or piercing.

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Signature

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Date