



Please complete this form in as much detail as possible. Once completed, please submit your proposal form to your Insurance Agent for submission to Underwriters.

The completion of this form does not bind either the Proposer or Insurer to complete a contract of Insurance.

DISCLOSURE

It is important that you are aware that when applying for Insurance, you have a duty to disclose all material facts to Insurers. A circumstance is material if it would influence an insurer’s judgment in determining whether to take the risk and, if so, on what terms. If you are in any doubt whether a circumstance is material we recommend that it should be disclosed. Failure to disclose a material circumstance may entitle an insurer to impose different terms on the cover or proportionately reduce the amount of any claim payable. In some circumstances an insurer will be entitled to avoid the policy from inception and in this event any claims under the policy would not be paid.

Your duty to disclose material facts continues throughout the duration of a policy. Furthermore, any material facts that come to light after completion of this form but before inception of cover (including renewal) must immediately be notified to current and prospective Insurers.

EXCLUSIONS AND CONDITIONS

Please note that there are certain activities which Insurers will not provide cover for. These include:

- Genital Piercing including but not limited to Ampallang/Apadravya
- Scarification
- Transmission of Hepatitis, HIV and/or Aids

Please also note that the following will be conditions of your policy:

- The provision of a bloodbourne pathogen/disease prevention certificate
- The implementation of a workplace needlestick injury protocol

GENERAL INFORMATION

Name of your Organisation:		
Registered Address:		
Website Address:		
Number of Studios:		
Date your Organisation was established:		



ACTIVITY INFORMATION

Date your Organisation began Piercing Operations:

Date your Organisation began Tattooing Operations:

Description of any other services offered:

Number of Piercers employed:

Number of Tattoo Artists employed:

Other Staff: *Please list job title and role*

Turnover generated in the last 12 months:

Number of Piercings in the last 12 months:

Number of Tattoos in the last 12 months:

ACTIVITY BREAKDOWN

Description of Activity	Activity Split	Turnover Split
Tattooing, Camouflage Tattooing and Permanent Cosmetics	%	\$
Teaching/Apprenticeship	%	\$
Minors Piercing (Less than 18) with Parental Consent		\$
Minors Tattooing (Less than 18) with Parental Consent		\$
Surface Anchoring	%	\$
Surface Piercing	%	\$
Tattoo Lightening and Removal	%	\$
Retail Sales <i>Please provide a list of all products</i>	%	\$
Other:	%	\$

PROCEDURES

Does the applicant provide tattoos of the eyeball or of the inside of the eyelid?

Do you provide aftercare instructions? *Please provide a copy*

Do you keep records of all client service records?

How many years are service records kept on file?

Are customers required to sign waivers? *Please provide a copy*

How many years are waivers kept on file?



INFORMATION REGARDING MINORS

Do you require proof of ID before providing services?	
Do you require that a parent be present when providing services to a minor?	
Do you require signed parental consent forms before providing services to a minor?	
Do you provide ear piercing services on anyone under the age of 15?	

STAFF TRAINING

Please provide details of the training required in body piercing:	
Please provide details of the training required in tattooing:	

TATTOOING PROCEDURES

Are all inks/pigments used sourced from Israeli manufacturers?	
Do you relabel or repackage any products?	
Do you insist that customers wait a minimum of 24 hours before having a tattoo after a consultation?	
Do you insist that customers sit for a cooling down period after a tattoo procedure?	
Do you only use sterilised needles?	
Do you ever re-use needles?	
Do you dispose of your pigments after each customer?	



PIERCING PROCEDURES

Do you use sterile needles for each individual piercing?

Which country do you purchase your jewellery from?

What is the jewellery made of?

How are hard surfaces disinfected?

How is the body area prepared before piercing?

Do you use a new pair of gloves for each piercing?

Please list and describe below, the equipment you use for piercings

CLAIMS HISTORY

Have you or any of your artists had any claims against you/them in the last 5 years?

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If yes, please provide full details:

Are you or any of your artists aware, after reasonable enquiry, of any circumstances which

could lead to a claim against you/them in the last 5 years?

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If yes, please provide full details:

Have you or any of your artists (including contract staff) had any sanitation penalties in the last 5 years? If yes please provide full details:

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PRIOR INSURANCE				
Insurer	Period	Limit	Premium	Retroactive Date
		\$	\$	
		\$	\$	
		\$	\$	

INSURANCE REQUIRED		
Type	Limit	Excess
Professional Liability	\$	\$
Third Party Liability	\$	\$
Employer's Liability	\$	\$

DECLARATION AND SIGNATURE

The answers given above and in the attached Sections represent the true position to the best of my knowledge and belief and I agree that they shall form the basis of the contract of insurance proposed, should such contract be effected.

Applicant's Name: _____

Applicant's Signature: _____

Position Held: _____

Date: _____