## TATTOO & BODY PIERCING PARLOR INSURANCE APPLICATION

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	(First N	amed Ins	sured is resp	onsibl	e for premiu	ım į	paymen	t, cancella	tior	and changes	<ul><li>refer t</li></ul>	о ро	licy word	ling.)
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3.	Other Ir	sureds:_												
		Relation	ship to the F	irst N	amed Insure	ed: ˌ								
١.	Mailing	Address	Street											
			Street					City		County	Stat	te Z	ZIP Code	
5.	Contact	Name:_			Ph	one	e No.:			F	ax No.:_			
	Email a	ddress:				\	<b>Nebsite</b>	Address:		F				
<b>ò</b> .	Effectiv	e Date D	esired:											
<b>'</b> .	Mortgag	gor (M) A	dditional Ins	ured (	AI) and Loss	s P	ayees (l	_P):						
	Type	Name			Address				City	y	St	ate	Zip Co	de
<b>.</b>	Proper	y Location	on Information	on										
	Loc.	Stree	et Address				City		-	County	St	ate	Zip Co	de
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١.	Loss In	ormation	ı – (Loss Info	ormati	on for the pa	ast	three ve	ars is requ	uire	d. If no insuran	nce – sta	ite n	o insurar	nce.)
	Year		arrier		olicy No.			d Losses			scription			
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	desired	iimit in s	pace below.		Limit	1	Desired				1		Limit	Desired
		Cov	verage		Provided		Limit			Coverage			rovided	Limit
	Coverage Accounts Receivable			\$10,000			Money	Money & Securities - Inside		de	\$2,500			
	Business Computer Media/Data			\$10,000				& Securities - Outside			\$1,0			
	Employee Dishonesty			\$5,000				Outdoor Property			\$10,000		<u> </u>	
	Extra Expense			\$1,000				Personal Effects				,000	1	
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Operation Profile	1				-		
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Payroll	\$			of Yrs Records Retain	ed	yrs	
	1 7			<u> </u>		<u> </u>	
Staffing and Reve							1
Personnel		Numbe	r of	% WORK in TATTOC	) %	WORK IN PIERCING	TOTAL
Full Time Artists Part Time Artists							
Apprentice	>						
Independent							
Contractors							
TOTAL							100%
				actors Additional Insur			sured on the
Policy (if we a	re not	t coverin	g) E	Exclude Independent C	ontrac	ctors if not covered	
Management Per	rsonne	el·					
Name	0011110	01.	Age	Length of Employm	ent	Years Experience	7
Are you a member of	of a St	tate or N	Nationa	al Tattoo or Body Piero	_		Yes 🗆
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24. Do you employ apprentices? If yes, attach a detailed description of the training program.  25. Do you purchase ink supplies from overseas suppliers or distributors?  26. Do you do eye-shadowing permanent make-up?  27. Do you do any "Areola Pigmentation"?  If yes, please complete and submit the Consent Form for Areola Pigmentation.  28. Do you have any other operations beside Tattooing and Body Piercing?  If yes, please describe:  28. Do you have 24 hour video surveillance in use on the premises?  a. If yes, how many cameras? b. Do they have nightvision?  29. If you own your building, do you lease space to others?  If yes, to whom: sg.feet leased:  PROPERTY UNDERWRITING												
1.	. Building Information (indicate year of updates – attach a separate sheet if necessary)											
	Pre	m	Bldg.	Roof	HVAC	Plumbing	Electrical	Sprin	klered		e Alarm*	
	#		Age					_	e One)		rcle One)	
	1							Yes Yes	No No		CS CS	_
2. 3. 4. 5.	loss of property owned now or during the past five years?  Distance to nearest fire hydrant? Distance to nearest Fire Department?  Are pre-employment background checks performed on all employees?  Yes No											ed to No
DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an Insurer, submits an application or files a claim containing false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.												
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Się	gnatui	re of	Producing A	Agent		Date			_			
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## NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING

**ARIZONA FRAUD STATEMENT** - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ARKANSAS FRAUD STATEMENT -** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly pre-presents false information in an application for insurance is guilty of a crime and may be subject to fines and confine-confinement in prison.

**CALIFORNIA FRAUD STATEMENT -** For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO FRAUD STATEMENT** - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of de-frauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DISTRICT OF COLUMBIA FRAUD STATEMENT - WARNING:** It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**IDAHO FRAUD STATEMENT-** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**INDIANA FRAUD STATEMENT** - Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**LOUISIANA FRAUD STATEMENT** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE FRAUD STATEMENT** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**MINNESOTA FRAUD STATEMENT** - Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NEW HAMPSHIRE FRAUD STATEMENT -** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NEW JERSEY FRAUD STATEMENT – APPLICATION -** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO FRAUD STATEMENT - a**ny person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**OHIO FRAUD STATEMENT -** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA FRAUD STATEMENT -** WARNING - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON FRAUD STATEMENT** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**PENNSYLVANIA FRAUD STATEMENT** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**VIRGINIA, TENNESSEE FRAUD STATEMENT -** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**FRAUD STATEMENT (All other states)** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly pre-presents false information in an application for insurance is guilty of a crime and may be subject to fines and confine-confinement in prison.

5-6-10