

Tattoo & Body Piercing Insurance Renewal Application

1. First Named Insured: _____
2. Property Location Information

Loc. No.	Street Address	City	County	State	Zip Code
1					
2					
3					

***If there are more than 3 locations, please add an additional page to the application with the list of those addresses.**

3. Have there been any gaps in coverage in the past three years? Yes No
If yes, please explain: _____
5. Hired and Non-Owned Liability: Exclude Include
6. Employee Benefits Liability: Exclude Include
7. Disease Sublimit (\$25,000/\$25,000): Exclude Include
8. Disease Sublimit (\$50,000/\$50,000): Exclude Include
9. Disease Sublimit (\$100,000/\$100,000): Exclude Include
10. How many off premises exhibitions do you per year? _____
11. Property (*A schedule of buildings may be attached in lieu of completing the schedule below*)

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	ACV, RC or Agreed	Co-Insurance	Constr. Class	PC
					80%		
					80%		
					80%		
					80%		

***This section MUST be fully completed if they require any property coverage, including BPP.**

Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000

12. Property Coverage Extensions

The following coverage extensions are included without additional charge at the limits indicated below. Higher limits may be available for an additional charge.

Coverage	Limit Provided	Coverage	Limit Provided
Accounts Receivable	\$10,000 _____	Money & Securities – Inside	\$10,000 _____
Back Up of Sewers	\$10,000 _____	Money & Securities – Outside	\$10,000 _____
Business Computer Media/Data	\$10,000 _____	Outdoor Property	\$10,000 _____
Employee Dishonesty	\$15,000 _____	Outdoor Signs	\$2,500 _____
Extra Expense	\$1,000 _____	Personal Effects	\$10,000 _____
Fine Arts	\$25,000 _____	Property Off Premises	\$10,000 _____
FD Service Charge	\$2,000 _____	Valuable Papers	\$10,000 _____

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 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 - 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 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.