TATTOO & PIERCING SHOP SUPPLEMENTAL

Covers tattoo, body piercing, and permanent makeup (PMU) studios. Complete with ACORD 125/126. Attach the applicant's written Bloodborne Pathogens Exposure Control Plan and most recent autoclave spore-test results.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA / STUDIO NAME	FEIN	YEARS IN BUSINESS

STUDIO ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

STATE / COUNTY BODY ART LICENSE NUMBER	HEALTH DEPARTMENT OF RECORD

2 OPERATIONS

DESCRIPTION OF SERVICES OFFERED

SERVICE	% OF ANNUAL REVENUE

Services: tattooing; body piercing (ear/nose/standard); body piercing (surface/dermal/genital); permanent makeup / microblading; laser tattoo removal; piercing jewelry retail; other.

2-1 Are any artists or piercers employees of the applicant? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Are any artists or piercers booth renters or independent contractors? ☐ Yes ☐ No
IF YES, EXPLAIN

OSHA has addressed this question directly for the tattoo/piercing industry — the Bloodborne Pathogens Standard's obligations may still apply to the shop regardless of how workers are classified for tax purposes.

NUMBER OF ARTISTS/PIERCERS WORKING ON-SITE	NUMBER OF CHAIRS/STATIONS	HOURS OF OPERATION

2-3 Does the applicant perform any off-site work (conventions, guest spots, house calls, mobile services)? ☐ Yes ☐ No
IF YES, EXPLAIN

2-4 Does the applicant sell retail merchandise or aftercare products? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — BLOODBORNE PATHOGENS & INFECTION CONTROL

These questions track OSHA's Bloodborne Pathogens Standard, 29 CFR 1910.1030, which applies to this class the same as it applies to a hospital lab or physician's office.

3-1 Does the applicant maintain a written Bloodborne Pathogens Exposure Control Plan, reviewed and updated annually? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Do all employees with occupational exposure to blood/OPIM complete annual Bloodborne Pathogens training per 1910.1030? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Is Hepatitis B vaccination offered to all employees with occupational exposure, at no cost to the employee? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Is a separate Sharps Injury Log maintained per 1910.1030(h)(5), distinct from the general injury/illness log? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are all needles, cartridges, and piercing jewelry single-use and sterile? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are sharps disposed of without recapping, bending, or manual separation? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Is an autoclave (steam sterilizer) used for any reusable equipment? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 If yes to 3-7, is it spore-tested on a documented schedule? ☐ Yes ☐ No
IF YES, EXPLAIN

State the spore-testing frequency and testing method (biological indicator, in-house vs. third-party lab) in the explanation field.

3-9 Are puncture-resistant sharps containers in place at every station and not allowed to become overfilled? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Are gloves changed and hands washed between every client? ☐ Yes ☐ No
IF YES, EXPLAIN

3-11 Is a barrier and PPE protocol followed for anticipated splash exposure? ☐ Yes ☐ No
IF YES, EXPLAIN

3-12 Has the applicant, or any artist/piercer, ever had a claim, complaint, or regulatory action alleging infection, disease transmission, or unsanitary conditions? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — LICENSING, CONSENT & AGE VERIFICATION

4-1 Are all artists and piercers individually licensed or registered with the state/local health department, where required? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Does the applicant tattoo, pierce, or perform PMU on minors? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 4-2, is signed parental or guardian consent obtained and kept on file? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Is government-issued photo ID verified and copied for every client to confirm age? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Does the applicant use a written informed-consent form disclosing risks, aftercare instructions, and contraindications (pregnancy, certain medical conditions, intoxication) before every procedure? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Does the applicant refuse service to visibly intoxicated clients? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL ($)	NUMBER OF W-2 EMPLOYEES	NUMBER OF 1099/BOOTH RENTERS

PROJECTED ANNUAL GROSS REVENUE ($)	PRIOR YEAR ACTUAL REVENUE ($)	AVERAGE TICKET / SESSION PRICE ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 3-5 years.

CURRENT / EXPIRING GL CARRIER	CURRENT GL LIMITS	CURRENT PROFESSIONAL LIABILITY CARRIER (IF ANY)

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the last 3-5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

6-2 Have there been any claims or lawsuits alleging infection, allergic reaction, scarring, dissatisfaction with a finished tattoo/piercing, or bloodborne disease exposure? ☐ Yes ☐ No

IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

6-3 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No

IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1 Is a written infection-control and sanitation procedure posted and followed at every station? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are new artists/piercers supervised through an apprenticeship period before working unsupervised? ☐ Yes ☐ No

IF YES, EXPLAIN

7-3 Are client records (consent forms, ID verification, aftercare acknowledgment) retained? ☐ Yes ☐ No

IF YES, EXPLAIN

RECORD RETENTION PERIOD (YEARS)	STORED WHERE (PAPER / DIGITAL)

7-4 Is the studio subject to unannounced health department inspections? ☐ Yes ☐ No

IF YES, EXPLAIN

7-5 Did the studio pass its most recent health department inspection? ☐ Yes ☐ No

IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE