



Tattoo & Piercing - Quotation Form & Statement of Fact

Insured (Business Name)

Principal/Owner

Date Business Established (dd/mm/yyyy)

Renewal Date (dd/mm/yyyy)

Trade/Occupation

AS BELOW

How many people incl yourself
will provide treatments?

Any other staff ie receptionists?

Employer's Reference Number:

Risk Address/Insured Premises

Postcode

Is the premises of standard construction, built of Brick or Stone with Slate or Tile roof?

YES

NO

If no please provide details:

Do you have 5 lever locks on all final exit doors and window locks on all ground floor accessible windows?

YES

NO

If no please provide details:



Treatment provided, select Yes/No: (If Yes please provide further information below)

Tattoo (other than cosmetic tattoo)	YES	NO
Tattoo Removal (please advise method)	YES	NO
Cosmetic Tattoo / Micropigmentation / Microblading	YES	NO
Body Piercing excluding genital piercing	YES	NO
Laser Treatments (other than Laser Tattoo Removal)	YES	NO
Microdermal Anchoring	YES	NO
Any other treatments (please provide full details)	YES	NO
Electrolysis	YES	NO
Manicure, pedicure, waxing, eyelash extensions	YES	NO
Airbrush tattoos (excluding Henna)	YES	NO
Massage, facials, face peels (excluding chemical but including fruit based glycolic acids)	YES	NO
Hairdressing including tinting / dying, perms, wash and dry, barbering and shaving	YES	NO
Do you require cover for work at conventions?	YES	NO
Do you work away from the premises above? ie Guest spots	YES	NO

Other Treatments Offered:

Description	Cover Value	Comments
Buildings		<i>Applicable if you own the building</i>
Tenants Improvements		<i>Applicable if you lease or rent the building</i>
Contents		
Stock		
Rent Payable (12 Months Indemnity Period)		
Business Interruption (12 Month Indemnity Period)	£100,000	<i>Please Specify</i>
Book Debts		<i>Please Specify</i>
All Risks on Specified Items		<i>Please Specify</i>
Glass	£2,000	<i>Please Specify</i>
Money In Transit / On Premises DBH/ Safe	£5,000	<i>Please Specify</i>
Goods in Transit	£2,500	<i>Please Specify</i>
Exhibition /Convention cover	£1,000	<i>Please Specify</i>
Tenants Liability	£2,000,000	<i>Please Specify</i>
Employers Liability. 0 TO 3 EMPLOYEES	£10 million	
Employers Liability. 4 EMPLOYEES AND ABOVE **		
Public / Products Liability.	£2 or £5 million	
Treatment	Yes / No	YES NO

Business Operation: Please tick to confirm the following:

The business is fully licensed for the activities you undertake by the local government regulatory body or licensing and registration body

That you obtain a signed consent form document detailing the risks of the treatment and after care instructions for each treatment

That you ensure that all body piercings provided to clients between 14-17 years are only undertaken where such consent is given by the parent or legal guardian and they are present during the procedure

You do not provide more than 4 hours of continuous tattoo needling work in any single 24 hr period without any breaks

Tattooists - You use sterile inert pigment dispensed into single use pots or pre-packed in single vials

Piercers only - You use sterile disposable needles for each treatment

Perform a patch test on a client when the client has confirmed on the consent form that they suffer from allergies

Tattooists – You only use EU/USA government approved brands of dye, pigments or inks and disposable sterile tattoo needles

For all forms of laser treatment including Removal/Erase - All practitioners undertaking laser treatments or non laser tattoo removal (Erase/Eraze) have a valid certificate of training from an approved training company or supplier/manufacturer and Core of Knowledge.

General Details - Neither You or any director or partner involved with the Business or of any other business have:

Ever been declared bankrupt or insolvent.	YES	NO
Ever been convicted of or charged (but not yet tried) or been given an Official Police Caution in respect of any criminal offence other than a motoring offence.	YES	NO
Ever had any previous insurer decline a proposal, refuse to renew a policy or impose special terms or conditions.	YES	NO
Ever been convicted during the past 5 years of any offence relating to the Health and Safety of your employees or members of the public in connection with your business.	YES	NO

If YES this will be referred to the underwriter, please provide full details here in strictest confidence

Claims History - In connection with the Business or any other business in which You or any director or partner are, or have been involved, and in respect of the insurance now granted have been subject to any losses/claims or complaints within the last 3 years?

YES NO



Total Value/Cost of last 3 years claims:

Please confirm dates and circumstances of claims here

This Statement of Fact forms the basis of your contract with the Insurer.

This is based upon information we have received from you. It is important that you check all the information immediately. If any of the information is incorrect you must contact Inksurance Ltd immediately, failure to do so could invalidate the policy from inception or result in a claim not being paid.

If you require any further assistance or do not understand any part of this form please call us on [07851 218530](tel:07851218530)