

INSTRUCTIONS

Complete all sections in full and attach to the main Allied Healthcare & Medical Malpractice application. All questions must be answered — incomplete submissions may delay quoting or result in exclusions.

SECTION A — STUDIO & APPLICANT DETAILS

LEGAL / OPERATING NAME OF STUDIO	STUDIO LICENCE / PERMIT #

ISSUING HEALTH AUTHORITY / MUNICIPALITY	PROVINCE / STATE	EST. YEAR	# LOCATIONS

STUDIO ADDRESS	CITY	PROVINCE / STATE	POSTAL / ZIP

PRIMARY CONTACT NAME	PHONE	EMAIL	HOURS OF OPERATION

SERVICES OFFERED (CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> Tattooing | <input type="checkbox"/> Body piercing |
| <input type="checkbox"/> Permanent makeup / cosmetic tattooing | <input type="checkbox"/> Laser tattoo removal |
| <input type="checkbox"/> Scarification | <input type="checkbox"/> Other (describe below) |

IF 'OTHER', DESCRIBE SERVICES PROVIDED

SECTION B — ARTISTS & PERSONNEL

List all tattoo artists, piercers, and laser operators working at or on behalf of the studio.

NAME / ROLE	YEARS EXP.	EMPLOYEE/CONTRACTOR?	CARRIES OWN COVERAGE?	BLOODBORNE PATHOGEN CERT

# TATTOO ARTISTS	# PIERCERS	# LASER OPERATORS	# OTHER STAFF

MINIMUM INDIVIDUAL COVERAGE LIMIT REQUIRED (\$)	ARE CERTIFICATES OF INSURANCE COLLECTED AND RETAINED ON FILE?

SECTION C — TRAINING & QUALIFICATIONS

TATTOOING & PIERCING TRAINING

- Have all tattoo artists completed a formal apprenticeship or accredited training program? Yes No
- Are records of training / apprenticeship completion retained on file for all artists? Yes No
- Do all piercers hold a recognized piercing certification (e.g. APP, provincial/state body)? Yes No
- Have all staff who handle blood or bodily fluids completed a bloodborne pathogen certification? Yes No
- Is a needlestick injury protocol in place and communicated to all staff? Yes No
- Are needlestick / sharps injury incidents documented and reported to the appropriate authority? Yes No

BLOODBORNE PATHOGEN CERT RENEWAL FREQUENCY

LASER TATTOO REMOVAL TRAINING

- Does the studio offer laser tattoo removal services? Yes No
- Do all laser operators hold a recognized laser safety / operator certification? Yes No N/A
- Is a Fitzpatrick skin type assessment conducted on all clients prior to laser treatment? Yes No N/A
- Are contraindications (e.g. medications, skin conditions) screened prior to each treatment? Yes No N/A
- Has any laser treatment resulted in an adverse event (e.g. burn, scarring, pigmentation change) in the past 3 years? Yes No N/A

IF YES — DESCRIBE ADVERSE EVENT(S) AND OUTCOME(S)

SECTION D — STERILIZATION & INFECTION CONTROL**AUTOClave STERILIZATION**

CONFIRM ALL — tick to confirm YES to each statement. Indicate any NO answers in the field provided.

- The studio uses a functioning autoclave (heat sterilization unit) on-premises.
- The autoclave is registered / approved by the applicable regulatory authority (e.g. FDA, Health Canada).
- All non-disposable instruments are sterilized in the autoclave between each client use.
- Autoclave spore / biological indicator tests are conducted at regular intervals to confirm efficacy.
- Autoclave test records are retained and available for inspection.

Confirmed — all statements above apply to this studio.

IF ANY STATEMENT ABOVE DOES NOT APPLY — EXPLAIN HERE

DISINFECTION & SINGLE-USE EQUIPMENT

CONFIRM ALL — tick to confirm YES to each statement. Indicate any NO answers in the field provided.

- Single-use, disposable needles are used for all tattooing and piercing procedures.
- Needles and sharps are disposed of in approved sharps containers after each single use.
- All items that cannot be autoclaved are disinfected with a commercial disinfectant or bleach solution.
- Surfaces and workstations are disinfected between each client.
- Gloves are worn throughout all tattooing, piercing, and laser procedures.
- Separate clean and contaminated zones are maintained within the studio.
- Sharps disposal is compliant with local / provincial / state health authority requirements.

Confirmed — all statements above apply to this studio.

IF ANY STATEMENT ABOVE DOES NOT APPLY — EXPLAIN HERE

STUDIO LICENSING & INSPECTIONS

Is the studio currently licensed / permitted by the local health authority?

Yes No

Has the studio been inspected by the local health authority in the past 2 years?

Yes No

Did any inspection result in violations, orders, or required corrective action?

Yes No

IF YES — DESCRIBE VIOLATIONS / CORRECTIVE ACTIONS TAKEN

SECTION E — CLIENT SAFETY & CONSENT

CONFIRM ALL — tick to confirm YES to each statement. Indicate any NO answers in the field provided.

- Written informed consent forms are obtained from all clients prior to every procedure.
- Consent forms include disclosure of risks, aftercare instructions, and allergy information.
- A health screening / contraindication questionnaire is completed by each client prior to their first procedure.
- Patch testing / allergy screening is offered or recommended prior to tattooing.
- Client records (consent, health screening, procedure details) are retained on file.

Confirmed — all statements above apply to this studio.

IF ANY STATEMENT ABOVE DOES NOT APPLY — EXPLAIN HERE

SERVICES TO MINORS

- Does the studio provide tattoo or piercing services to minors (under 18)? Yes No
- Is written parental / guardian consent obtained prior to any procedure on a minor? Yes No N/A
- Is a parent or guardian required to be present at the time of the procedure? Yes No N/A
- Are consent forms for minors retained until the individual reaches the age of majority? Yes No N/A

DESCRIBE SERVICES AVAILABLE TO MINORS AND ANY AGE RESTRICTIONS IN PLACE

SECTION F — PIERCING SERVICES

Does the studio offer body piercing services? Yes No

TYPES OF PIERCING PERFORMED (CHECK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> Ear (lobe / cartilage) | <input type="checkbox"/> Facial (nose, eyebrow, lip, septum) |
| <input type="checkbox"/> Oral (tongue, lip frenulum) | <input type="checkbox"/> Navel / surface piercings |
| <input type="checkbox"/> Dermal / microdermal implants | <input type="checkbox"/> Nipple |
| <input type="checkbox"/> Genital piercings | <input type="checkbox"/> Other (describe below) |

IF 'OTHER', DESCRIBE PIERCING TYPES PERFORMED

If genital piercing was selected — do all piercers performing genital piercings have documented specialized training or experience in genital piercing? Yes No N/A

YEARS EXPERIENCE IN GENITAL PIERCING

ANNUAL # OF GENITAL PIERCINGS

Does the studio perform surface or dermal / microdermal piercing? Yes No

Is implant-grade jewellery used exclusively (ASTM / implant-grade titanium, steel, niobium)? Yes No

SECTION G — SCARIFICATION

Does the studio offer any scarification procedures? Yes No

TYPES OF SCARIFICATION PERFORMED (CHECK ALL THAT APPLY)

- Cutting / incision
- Chemical scarification
- Other (describe below)
- Branding (strike / cautery)
- Abrasion

DESCRIBE SCARIFICATION SERVICES AND ANY SPECIALIST TRAINING HELD

SECTION H — INK, MATERIALS & PRODUCT SALES

INK SOURCING

Are all tattoo inks sourced exclusively from North American (Canada / USA) regulated suppliers? Yes No

Does the studio use UV / blacklight (ultraviolet reactive) ink? Yes No

Does the studio perform permanent makeup or cosmetic tattooing (e.g. eyebrows, lips, eyeliner)? Yes No

PRODUCT SALES

Does the studio sell any products to clients? Yes No

PRODUCTS SOLD (CHECK ALL THAT APPLY)

- Aftercare products (e.g. ointments, soaps)
- Tattoo / art merchandise
- Jewellery / body jewellery
- Other (describe below)

IF 'OTHER', DESCRIBE PRODUCTS SOLD

% OF TOTAL REVENUE FROM PRODUCT SALES

SECTION I — CLAIMS HISTORY

Has the studio, any entity, or any individual artist / piercer ever been subject to a claim, complaint, suit, or demand for compensation arising from their services? Yes No

DATE	NATURE OF CLAIM / COMPLAINT	ARTIST / PIERCER INVOLVED	STATUS	PAID (\$)	RESERVED (\$)

Are there any known circumstances that may give rise to a future claim or complaint? Yes No

IF YES — DESCRIBE IN FULL DETAIL

SECTION J — DECLARATIONS & AUTHORIZED SIGNATURE

IMPORTANT NOTICE

The information provided in this supplementary application forms part of any policy issued and must be read together with the main application. The applicant warrants that all statements are true, accurate, and complete to the best of their knowledge. Material