



RT WC Specialty

Tattoo Shop

Supplemental Workers' Compensation Application

Insured Name: _____

Insured Web Address: _____

Insured FEIN: _____

Payroll/Premium Information

<u>Policy Year</u>	<u>Payroll</u>	<u>Premium</u>
4th Prior	\$	\$
3rd Prior	\$	\$
2nd Prior	\$	\$
1st Prior	\$	\$
Current	\$	\$

Business Operations

Tattoo Services Piercing Services Jewelry Sales Other Services

Please specify if other: _____

Please indicate where your employees perform their work:

Shop _____% Personal Home _____% Other Locations _____%

Please specify if other: _____

1. Is the applicant licensed by state? Yes No

2. Is the risk in compliance with all city, county and/or state ordinances? Yes No

3. Years in business? _____

4. Are any artists independent contractors/1099 employees? Yes No

If yes, then what percentage? _____%

5. Does the employer lease employees or utilize a staffing company? Yes No

Please clarify the following:

6. Are crime statistics reviewed prior to sending employees to a residential location? Yes No
7. Is there written sterilization, sanitation and safety standards including needle disposal? Yes No
8. Do all artists use a new pair of gloves with each procedure? Yes No
9. Is there a formal return to work/modified duty program in place? Yes No
10. Are pre-employment medical exams completed? Yes No
11. Is there a formal pre-hire drug testing program in place? Yes No
12. Is a formal post accident drug testing program in place? Yes No

**** The undersigned attests that all information provided is both accurate and truthful. All information provided is subject to verification by way of an underwriting survey or inspection. You must notify RT Specialty of any significant change in operations or payroll. Terms of insurance coverage may be canceled for misrepresentation if information provided is inaccurate.****

Signature of Applicant: _____

Title: _____

Print Name: _____ Date: _____

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