

TATTOO STUDIO SUPPLEMENT  
Forming part of the Professional Liability Application

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\_\_\_\_\_  
Name of Applicant

**Do you follow your provincial Ministry's of Health applicable infection protection and control best practices guidelines?**  Yes  No

**If you operate in British Columbia, do you follow BC Government Guidelines for Tattooing?**  Yes  No

**Do you maintain up do date health inspection certification with the provincial Ministry of Health?**  Yes  No

**Are customers under 18 years of age required to be accompanied by a consenting adult?**  Yes  No

**Do you refuse service to customers that appear to be under the influence of alcohol or narcotics?**  Yes  No

**Are customers required to agree to the design prior to the beginning of service?**  Yes  No

**Are patients supplied with comprehensive information on treatment procedures and possible risks and side effects?**  Yes  No

**Is every new customer required to sign a consent form stating that they understand and accept the potential risks?**  Yes  No

**How long do you keep your patient's information/documentation on file?** \_\_\_\_\_  
Years

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

DATE: | D | D | M | M | Y | Y |