



Vocational School Supplemental Application

1. APPLICANT INFORMATION EFFECTIVE DATE: _____

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ WEBSITE: _____

TERM: _____ YEARS IN BUSINESS: _____

NEW VENTURE: YES NO

2. INDIVIDUAL CORPORATION PARTNERSHIP OTHER (EXPLAIN) _____

3. TYPE OF SCHOOL

___ BEAUTY/BARBER ___ COSMETOLOGY ___ HOMEHEALTH CARE ___ MASSAGE
___ MANICURE ___ MODELING ___ OTHER (SPECIFY) _____

4. _____ #TEACHERS _____ # OF STUDENTS _____ RECEIPTS _____ SQUARE FOOTAGE

5. DESCRIBE PRIOR EXPERIENCE AND TRAINING OF ALL TEACHERS _____

6. DESCRIBE THE TEACHING ACTIVITIES PROVIDED _____

7. PROVIDE SPECIFIC DETAILS ON THE LICENSING AND CERTIFICATION OF STUDENTS _____

8. HOURS OF OPERATION _____

9. ARE PRODUCTS MANUFACTURED, MIXED, LABELED, ETC.? IF SO, DESCRIBE _____

10. IDENTIFY IF ANY TEACHERS ARE THE FOLLOWING:

_____ MEDICAL DOCTORS _____ INDEPENDENT CONTRACTORS _____ VOLUNTEERS

11. PROVIDE SAMPLE COPIES OF ANY CONTRACTUAL OR HOLD HARMLESS AGREEMENT.

12. I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I understand that this is an application for insurance only and that the completion and submission of this application does not bind coverage with any insurance company.

13. APPLICANT SIGNATURE: _____ DATE: _____

14. PRODUCER NAME: _____

ADDRESS: _____