



Instructors 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. FOR SCHOOLS AND/OR INSTRUCTORS PLEASE SUPPLY THE FOLLOWING INFORMATION:

a. SCHOOL:  INSTRUCTOR:

b. TYPE OF SCHOOL/ INSTRUCTOR: \_\_\_\_\_

c. NUMBER OF STUDENTS: \_\_\_\_\_ NUMBER OF TEACHERS AND/OR STAFF: \_\_\_\_\_

d. PERCENTAGE OF TEACHERS WHO ARE:

MEDICAL DOCTORS: \_\_\_\_\_ INDEPENDENT CONTRACTORS: \_\_\_\_\_ VOLUNTEERS: \_\_\_\_\_

e. TRAINING AND/OR EXPERIENCE REQUIRED: \_\_\_\_\_

f. DESCRIBE TEACHING CURRICULUM: \_\_\_\_\_

g. DO YOU OFFER A CERTIFICATION, LICENSE, OR DEGREE:

NO  YES - EXPLAIN: \_\_\_\_\_

4. FOR INSTRUCTORS ONLY:

a. STATUS: EMPLOYEE  CONTRACTOR  VOLUNTEER

b. PLEASE LIST DEGREE/CERTIFICATION: \_\_\_\_\_

c. YEARS OF EXPERIENCE: \_\_\_\_\_

5. DO YOU OFFER/ OR INSTRUCT ANY OF THE FOLLOWING:

DIVING/SCUBA INSTRUCTION:  NO  YES

SWIMMING INSTRUCTION:  NO  YES

LIFEGUARD CERTIFICATION:  NO  YES

IF YES, DESCRIBE SWIMMING POOL:

NUMBER OF POOLS: \_\_\_\_\_ DEPTH: \_\_\_\_\_

DIVING BOARDS:  NO  YES - HEIGHT: \_\_\_\_\_ SLIDES:  NO  YES

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LIFEGUARD ON DUTY:  NO  YES

6. DO YOU OFFER/ INSTRUCT ANY TYPE OF KARATE :  NO  YES

IF YES, PLEASE PROVIDE THE FOLLOING INFORMATION:

ARE BLACKBELT STAFF MEMBERS PRESENT AT ALL TIMES:  NO  YES

ANY TYPE OF BOXING RINGS ON PREMISES:  NO  YES

ANY WEAPON TRAINING:  NO  YES

7. ARE ANY WAIVERS REQUIRED BEFORE CLASSES/INSTRUCTION BEGINS:  NO  YES

8. DO YOU SPONSOR TOURNAMENTS OR EXHIBITIONS:  NO  YES – EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

9. DO YOU WORK WITH ANY STUDENTS WHO ARE HANDICAPPED INDIVIDUALS OR WITH ANY INDIVIDUALS WHO HAVE MEDICAL ISSUES  
OR NEEDS: :  NO  YES – EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

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.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRODUCER NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PRODUCER SIGNATURE: \_\_\_\_\_