

INSTRUCTOR PAK PROGRAM APPLICATION

General and Professional Liability

NOTE: To add Commercial Property, Crime or Inland Marine, attach appropriate ACORD applications or equivalent.

APPLICANT INFORMATION

Name _____
 Address _____
 City, State, Zip _____ Policy Term _____
 Telephone _____ Professional License Type and Number (if required) _____

Business Organization: Individual Partnership Corporation Other _____

GL & Prof. Limits Requested: Occurrence _____ Personal Injury/Advertising _____
 General Aggregate _____ Medical Payments _____
 Prods/Comp Ops Aggregate _____ Fire Legal _____

Estimated annual payroll \$ _____ Estimated annual receipts \$ _____ Years in business _____

For Schools only:

Type of school (e.g. beauty, barber, dance, etc.) and curriculum _____
 Describe number, experience and training of all teachers _____
 Describe the teaching activities provided _____
 Provide specific details on the licensing and certification of students _____
 Hours of operation _____ Number of students _____
 Percentage of teachers who are: Medical doctors _____ Independent Contractors _____ Volunteers _____
 Describe swimming pools (number, depth, diving boards, lifeguards, etc.) _____

For Instructors Only:

Type of instruction (e.g. art, computers, fitness, golf, etc.) _____
 Degrees, certificates _____
 Years experience _____ Status: Employee _____ Contractor _____ Other _____
 Describe teaching method and activities _____
 Provide sample copies of any contractual or hold harmless agreement.
 List additional insureds _____

THREE YEAR LOSS EXPERIENCE

<u>Date</u>	<u>Losses (description and amounts paid and incurred)</u>
_____	_____
_____	_____
_____	_____

 Applicant Signature & Date

 Producer Name & Address

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

COVERAGE NOT BOUND UNTIL APPROVED BY THE COMPANY.

