

SUPPLEMENTAL VOCATIONAL SCHOOLS APPLICATION

1. Name of School: _____
2. Type of School: _____ Beauty/Barber _____ Cosmetology _____ Home Health Care
_____ Massage _____ Manicure _____ Modeling _____ Other (be specific)

3. a) Number of teachers _____
b) Number of students _____
c) Receipts _____
4. What is the square footage of the premises that you occupy? _____ sq. ft.
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.

COVERAGE IS NOT BINDING UNTIL APPROVED BY THE CARRIER.

Applicant's Signature _____

Date: _____