



Vocational Schools Supplemental

SUBMISSION REQUIREMENTS

- **ACORD Application (for lines of coverage to be written)**
- **Statement of Values (for blanket and/or agreed value)**
- **List of Faculty Members by Position**
- **Brochure, Handbook, Student Application**
- **Currently Valued, Hard Copy Loss Runs**
- **Audited Financial Statement**
- **Schedule of Vehicles**
- **Drivers List with License # and DOB**

This application consists of the following sections:

Section I – General Information

Section II – Security

Section III – Cosmetology/Beauty Schools

Section IV – Culinary Schools

Section V – Driving Schools

Section VI – Music, Dance & Art Schools

Section VII – Dormitories

Section VIII – Abuse & Molestation

GENERAL APPLICANT INFORMATION

Applicant's Name:

Mailing Address:

City:

State:

Zip:

Website: www.

Effective Date:

Risk Management Contact:

Risk Management's Phone:

Risk Management Email:

SECTION I – GENERAL INFORMATION

- Total Number of students enrolled: _____ Average daily attendance: _____
 - Date school founded or chartered: _____
School is: For Profit Not For Profit
 - Programs / Classes / Degrees offered (list or attached): _____
 - Is the Applicant's institution accredited? Yes No
If yes, what is the name of the association(s) that provides the accreditation?
 - Are all programs offered at the schools accredited by the above listed association(s)? Yes No
Is the Educational Institution accredited? Yes No
If yes, list accrediting organization(s): (check all that apply)
- Middle States Commission on Higher Education
 - New England Association of Schools and Colleges Commission on Institutions of Higher Education
 - North Central Association of Colleges and Schools The Higher Learning Commission
 - Northwest Commission on Colleges and Universities
 - Southern Association of Colleges and Schools Commission on Colleges
 - Western Association of Schools & Colleges Accrediting Commission for Community & Junior Colleges
 - WASC Senior College and University Commission
 - New York State Board of Regents
 - Accrediting Council for Independent Colleges and Schools
 - Distance Education and Training Council Accrediting Commission
 - Association for Biblical Higher Education Commission on Accreditation
 - Association of Advanced Rabbinical and Talmudic Schools Accreditation Commission
 - The Association of Theological Schools in the United States and Canada Commission on Accrediting
 - Transnational Association of Christian Colleges and Schools Accreditation Commission
 - Other: _____

6. Date of most recent review:
 What was the outcome of the most recent review?
 Accreditation Continued Denial of Accreditation Warning
 Accreditation Continued – Probation Withdrawal of Accreditation
 follow-up report requested
 Appeal Show Cause Other:
7. Are all programs offered at the schools accredited by the above listed association(s)? Yes No
8. Have any programs or degrees been accredited by additional specialist agencies? Yes No
If yes, please attach a listing of the program or degrees and the specialist agency.
9. Does the Educational Institution offer job placement services for students? Yes No
 If yes, is there a disclaimer signed by students acknowledging that there is no job placement guarantee? Yes No
10. What is the Educational Institution's course completion rate? %
11. What is the Educational Institution's job placement rate? %
12. What is the Educational Institution's loan default rate? %
13. What is the percentage of online courses? %
14. Has the Educational Institution or any of the Educational Institution's academic programs ever lost accreditation, been placed on probation or become unable to gain accreditation? Yes No
15. In the last 12 months, has the Educational Instituting eliminated or closed any academic programs, including music, arts or athletic programs? Yes No
16. In the next 12 months, does the Educational Institution anticipate eliminating or closing any academic programs? Yes No
17. Does the Applicant's students serve time as interns / externs at outside companies / business? Yes No
 If yes, are the students paid? Yes No
 If students are paid, does the Applicant verify that the employer carries workers' compensation coverage to cover the Applicant's student? Yes No
 If students are not paid, does the intern / extern company ask to be additional insured on the Applicant's liability policy? Yes No
 Please attach any internship / externship contracts the Applicant signs with outside businesses.
18. Does the Applicant sign any hold-harmless agreements with anyone? Yes No
 If yes, please explain for whom and for what reason:
19. Does the Applicant provide services for outside customers? Yes No
If yes, what services do you provide:
- How are students supervised:**
- What quality controls measures are in place:**
- Are customers required to sign an agreement acknowledging they're using student labor? Yes No
20. Does the Applicant have dormitories? Yes No
If yes, please complete section VII of the application.
21. Does the Applicant have a cafeteria or restaurant on premises? Yes No
 Does the Applicant cook on premises? Yes No
 Does cooking protection comply with NFPA 96 requirements? Yes No
 Does the Applicant ever serve liquor on premises? Yes No
 Is the manual pull for extinguishing system readily accessible? Yes No
 Are there portable fire extinguishers in the kitchen area? Yes No
22. Are there laboratories present in the school? Yes No
 Is the laboratory sprinklered? Yes No
 Are fire extinguishers present? Yes No
 Are chemicals stored in a locked area? Yes No
 Is proper safety apparel worn by students (goggles, masks, gloves)? Yes No
23. Is the public ever invited on premise? Yes No
 If yes, explain how often and for what purposes:

SECTION III – COSMETOLOGY / BEAUTY SCHOOLS			N/A
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| 1. Are all flammable hair solutions and cleaning supplies stored away from heat sources? | Yes | No |
| 2. Are combs and brushes sterilized in between uses? | Yes | No |
| 3. Do students and instructors wear protective gloves or use barrier creams when handling permanent wave preparations to prevent skin irritation and skin disease? | Yes | No |
| 4. Is there adequate ventilation? | Yes | No |
| 5. What is the length of the program: | | |
| 6. Is the public ever invited onto the premises?
If yes, please explain: | Yes | No |
| 7. Does the school offer free or discounted services to the public?
If yes, please explain: | Yes | No |
| 8. Are total receipts from public beauty services 10% or less of the total receipts? | Yes | No |
| 9. Are there any operations conducted off premises?
If yes, please explain: | Yes | No |

SECTION IV – CULINARY SCHOOLS			N/A
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| 1. Type of facility: School w/liquor School w/out liquor | | |
| 2. Is the school part of a chain or franchise? | Yes | No |
| 3. Has the school ever been charged with a violation of any board of health regulations?
If yes, please explain: | Yes | No |
| 4. Does cooking protection comply with NFPA 96 requirements? | Yes | No |
| 5. Is there an Automatic fire extinguishing system providing surface protection from all cooking surfaces (griddles, ranges, deep fry and boilers)? | Yes | No |
| 6. Are there metal hoods and ducts covering all cooking surfaces? | Yes | No |
| 7. Are hoods equipped with removable filters or grease extractors vented to the outside of the building? | Yes | No |
| 8. Are cooking or heating devices installed with a minimum of 18 inches of safe clearance to combustible walls, ceilings, etc.? | Yes | No |
| 9. Is the manual pull for the extinguishing system readily accessible and clearly identified? | Yes | No |
| 10. Are all gas fired cooking equipment and appliances equipped with automatic fuel shut off? | Yes | No |
| 11. Are all deep fat fryers equipped with thermostats that automatically shut fuel off, set to do so at 475 degrees? | Yes | No |
| 12. Are there portable fire extinguishers in the kitchen area? | Yes | No |
| 13. Is the public ever invited onto the premises?
If yes, please explain: | Yes | No |
| 14. Does the school offer free or discounted meals to the public?
If yes, please explain: | Yes | No |
| 15. Is there an eating facility on the premises?
If yes, what type: | Yes | No |

SECTION V – AUTOMOBILE / DRIVING SCHOOLS			N/A
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| 1. Does the Applicant use an independent school bus contractor to transport students? | Yes | No |
| a. If yes, are Certificates of Insurance required from the contractor?
If yes, attach Certificate of Insurance. | Yes | No |
| b. Is the school an additional insured on the contractor's policy? | Yes | No |
| 2. Does the Applicant hire or borrow vehicles for non-busing purposes?
If yes, please describe purpose and length of time vehicles are hired or borrowed: | Yes | No |
| 3. Approximately how many cars are hired or borrowed annually?
Total cost of hire, bus contractors: \$ Total cost of hire, other: \$ | | |
| 4. Are any buses leased or loaned to others or used by outside organizations?
If yes, please explain: | Yes | No |

5. Number of employees using their own vehicles for school business (occasional or full-time use):
6. For those employees who use their own vehicles for school business, either full-time or occasionally, does the school require the employee to carry primary insurance? Yes No
 If yes, what is the maximum limit the Applicant is requiring them to carry? \$
7. Does the Applicant have a full-time fleet manager? Yes No
 If yes, please advise: Number of years in current position: _____ Total number of years' experience: _____
 If no, who is responsible for fleet safety and maintenance?
8. Does the school have a routine maintenance program for all vehicles? Yes No
9. Are maintenance records kept for each vehicle? Yes No
10. Does the Applicant's organization utilize GPS fleet telematics devices? Yes No
 If yes, please check off the fleet telematics being utilized:
 Plug In _____ Hard Wired _____ Mobile Phone _____ Other: _____
11. What percentage of the Applicant's fleet is provided with these fleet telematics devices? %
12. Does the school obtain Motor Vehicle Reports on ALL employees? Yes No
 If yes, when? At time of hire _____ Annually _____ Randomly (based on accidents or suspicions) _____
13. Does the Applicant have a formal driving policy in place with MVR standards? Yes No
 a. Is driving policy communicated in writing to all employees? Yes No
 Does the policy prohibit the use of cellphones / electronic messaging while driving? Yes No
 b. Is a signed acknowledgement form kept on file? Yes No
If yes, please attach a copy of signed acknowledgement.
 c. Does the Applicant have written guidelines defining an acceptable Motor Vehicle Record? Yes No
 If yes, attach copy of guidelines.
14. What action is taken if an "unacceptable" driver is identifiable?
15. Does the Applicant perform accident investigations for each automobile accident? Yes No
16. Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driver training? Yes No
17. Describe any ongoing training provided to drivers:

18. Describe security regarding bus / vehicle storage:
 Locked Garage _____ Fenced Lot _____ Lighting _____ Security Cameras _____
 Security Personnel _____ Vehicle Locked When Unattended _____ Other: _____
19. If the Applicant operates a Driving School:
 a. Do all vehicles have dual controls? Yes No
 b. Are all vehicles clearly marked as driver training vehicles? Yes No
 c. Please provide driver experience as follows:
- | | |
|-------|-------------------|
| Name: | Years Experience: |
| Name: | Years Experience: |
| Name: | Years Experience: |
| Name: | Years Experience: |
| Name: | Years Experience: |

SECTION VI – MUSIC, DANCE & ART SCHOOLS

N/A

1. Do students / school do any traveling? Yes No
 Are there any overnight trips? **If yes, please explain:** Yes No
2. Does the school do any performances off site? Yes No
If yes, how often:
3. Does the school ever invite the public onto the premises? Yes No
If yes, how often:
Please provide details of the events:
4. Does the school hold any events that charge a fee? Yes No
If yes, please explain:

- | | | |
|---|-----|----|
| 5. Does the school ever contract out their services?
If yes, please explain: | Yes | No |
| 6. Is there a theater, auditorium, or stadium on premises?
If yes, please describe: | Yes | No |

SECTION VII – DORMITORIES

N/A

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|---|---------------|---------------------------|
| 1. How many dormitory buildings are owned by the Applicant's institution: | | |
| 2. What is the maximum number of stories: | | |
| 3. Are the dormitories sprinklered in all areas? | Yes | No |
| 4. Is each room equipped with hard-wired smoke detectors? | Yes | No |
| 5. Are any of the following allowed in dorm rooms | | |
| Incense burners | Space heaters | Microwaves |
| Hot plates | Candles | Toasters or Toaster ovens |
| 6. Does the dorm have a no smoking policy? | Yes | No |
| 7. How many means of egress does each building have: | | |
| 8. Are there emergency procedures in place including evacuation? | Yes | No |
| 9. Is emergency lighting provided in the stairwells and hallways? | Yes | No |
| 10. If dorms are coed, are boys and girls housed on the same floor? | Yes | No |
| 11. Are staff members present in the dorms on all nights when students are? | Yes | No |
| 12. Is there a scheduled security patrol for each building? | Yes | No |

SECTION VIII – ABUSE & MOLESTATION

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| 1. Does your employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? | Yes | No |
| 2. Does the Applicant's state permit you to do criminal background investigations?
If yes, does the Applicant routinely request and receive such background investigations?
Are federal <u>and</u> state criminal background checks performed on | Yes | No |
| Staff? Yes No Volunteers? | Yes | No |
| 3. Do any independent contractors have access to students or perform operations where they will be physically touching another person?
If yes, please explain: | Yes | No |
| 4. Does the Applicant perform background checks on hired independent contractors? | Yes | No |
| 5. Is there a new employee and volunteer orientation that includes training in abuse awareness? | Yes | No |
| 6. Does the Applicant verify employment related references? | Yes | No |
| 7. Does the Applicant conduct personal interviews? | Yes | No |
| 8. Does the Applicant have written procedures dealing with sexual abuse?
If yes, please attach a copy. | Yes | No |
| 9. Does the Applicant have a plan of supervision that monitors staff in day-to-day relationships with clients both on and off premises? | Yes | No |
| 10. Does the school have a Sexual Awareness Program for students? | Yes | No |
| 11. Does the school have specific training for the faculty on identifying and reporting incidents of sexual abuse and molestation? | Yes | No |
| 12. Has the Applicant's organization ever had an incident which resulted in an allegation of sexual abuse? If yes, please describe the incident: | Yes | No |
| Was a claim made against the organization? | Yes | No |
| Was the case settled? | Yes | No |
| Was the case taken to trial? | Yes | No |
| How much money was paid in damages to the victim: \$ | | |
| 13. Regarding coverage for Abuse & Molestation, does your current insurance program | | |
| exclude coverage? | Yes | No |
| limit coverage? | Yes | No |
| If yes, please indicate limit of liability: \$ | | |
| Neither excludes nor limits coverage? | Yes | No |

WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

- | | | | |
|---|------|----|-----|
| 1. Fire Protection and Testing | | | |
| a. Is the building provided with an Automatic Fire Sprinkler System (AS)? | Yes | No | N/A |
| i. If yes, approximately what percentage (%) of the building is sprinklered? | % | | |
| ii. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe | Both | | |
| iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? | Yes | No | N/A |
| 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof): | | | |
| iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? | Yes | No | N/A |
| v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? | Yes | No | N/A |
| 2. Emergency Water Response (domestic and AS water lines) | | | |
| a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? | Yes | No | N/A |
| b. Are water shutoff valves exercised (closed and reopened) at least annually? | Yes | No | N/A |
| c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? | Yes | No | N/A |
| 3. Automatic Water Shutoff Devices | | | |
| a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? | Yes | No | N/A |
| 4. Unused/Vacant Spaces | | | |
| a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? | Yes | No | N/A |
| 5. Unheated Areas (attics, crawl spaces, exterior wall joists) | | | |
| a. Are all domestic water lines located in areas heated to at least 45°F? | Yes | No | N/A |
| i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation): | | | |
| 6. General Comments: | | | |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)
Vocational Schools Supplement