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: Ÿ Individual Ÿ Partnership Ÿ Corporation Ÿ 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

Date	Losses (description and amounts paid and incurred)
_____	_____
_____	_____
_____	_____

_____ 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.