



# Specialty Training School Application - All States

YOU CAN OBTAIN AN INSTANT QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE INFORMATION, SUBJECT TO THE REMAINDER OF THE APPLICATION COMPLETED PRIOR TO BINDING.

## I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name: \_\_\_\_\_

Location address: \_\_\_\_\_  Same as mailing address

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

E-mail address of primary contact: \_\_\_\_\_

Description of operations:

Classification (Type of school):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Art instruction      | <input type="checkbox"/> Drama/Theater    | <input type="checkbox"/> Photography                           |
| <input type="checkbox"/> Athletic instruction | <input type="checkbox"/> Dressmaking      | <input type="checkbox"/> Poker/Gambling                        |
| <input type="checkbox"/> Bartending           | <input type="checkbox"/> Hobby            | <input type="checkbox"/> Public speaking                       |
| <input type="checkbox"/> Beautician           | <input type="checkbox"/> Insurance        | <input type="checkbox"/> Reading                               |
| <input type="checkbox"/> Business             | <input type="checkbox"/> Language         | <input type="checkbox"/> Real estate – Training agents only    |
| <input type="checkbox"/> Charm/Modeling       | <input type="checkbox"/> Massage          | <input type="checkbox"/> Secretarial/Administrative assistant. |
| <input type="checkbox"/> Computer             | <input type="checkbox"/> Medical/Nursing  | <input type="checkbox"/> Tailor                                |
| <input type="checkbox"/> Cooking              | <input type="checkbox"/> Music            | <input type="checkbox"/> In-home tutors                        |
| <input type="checkbox"/> Craft/Hobby          | <input type="checkbox"/> Paralegal        | <input type="checkbox"/> Tutoring centers                      |
| <input type="checkbox"/> Dance                | <input type="checkbox"/> Personal trainer | <input type="checkbox"/> Wine tasting                          |

What year did the business start? \_\_\_\_\_

How many years has the applicant been at the current location? \_\_\_\_\_

Do you own the building?  Yes  No

(If no, skip building owner questions under both the Property & Liability Sections below)

### Property Section

Building construction (please check one):

- Frame - Building is made from a wood frame (2x4s/veneers)
- Joisted masonry - Outside walls are constructed with bricks/cinder blocks. Roof is made of wood
- Masonry non-combustible - Same as joisted masonry, except roof is steel
- Fire resistive - Structural steel framing, reinforced concrete outside/load bearing walls
- Other

Protection class: \_\_\_\_\_

- |                          |   |   |
|--------------------------|---|---|
| Requested cause of loss: | <input type="checkbox"/> Basic            | <input type="checkbox"/> Special                                  |
| Requested valuation:     | <input type="checkbox"/> Replacement cost | <input type="checkbox"/> Actual cash value                        |
| Deductible:              | <input type="checkbox"/> \$1,000          | <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 |
| Coinsurance:             | <input type="checkbox"/> 80%              | <input type="checkbox"/> 90% <input type="checkbox"/> 100%        |

Business personal property limit \$ \_\_\_\_\_

Business income and extra expense limit \$ \_\_\_\_\_

**Building Owner:**

Building limit \$ \_\_\_\_\_

What year was the building constructed? \_\_\_\_\_

What is the square footage of the entire structure? \_\_\_\_\_ sq. ft.

What is the square footage of portion occupied by applicant? \_\_\_\_\_ sq. ft.

**Liability Section**

General liability limit:  \$100,000/\$200,000  \$300,000/\$600,000  \$500,000/\$1,000,000

\$1,000,000/\$2,000,000  \$1,000,000/\$3,000,000

Abuse or molestation liability limit:  \$25,000/\$50,000  \$50,000/\$100,000  \$100,000/\$100,000

(This coverage is not available on  \$100,000/\$300,000  \$300,000/\$300,000

the following classes: Athletic instruction, Charm/Modeling, Drama/Theater, Massage, Music, Personal trainers and In-home tutors)

Annual sales: \_\_\_\_\_

Total number of teachers: \_\_\_\_\_ Annual number of students: \_\_\_\_\_

Does the school operate:  All year or details \_\_\_\_\_

Any off premises events?  Yes  No

If Yes, provide details: \_\_\_\_\_

No school with an overnight exposure  True  False

No public or private elementary, junior or senior high school  True  False

No school that focuses on learning disabled, physically or mentally challenged children  True  False

**Building Owner:**

Is any portion of the building leased to commercial tenants?  Yes  No If Yes, applicable sq. ft. \_\_\_\_\_

Does the applicant lease any apartments at this location?  Yes  No If Yes, Number of Units \_\_\_\_\_

Applicable sq. ft. of Apts. \_\_\_\_\_

**Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)**

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II. LOSS INFORMATION FOR THE PAST THREE YEARS**

Property coverages  None, or provide details below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

Liability coverages  None, or provide details below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

**III. ADDITIONAL PROPERTY INFORMATION**

1.If you own the building and it is more than 10 years old, please complete the following:

Age of roof (yr):\_\_\_\_\_ Plumbing updated (yr):\_\_\_\_\_ Electrical updated (yr):\_\_\_\_\_ Heating updated (yr):\_\_\_\_\_

Roof type:  Flat  Wood shake  Shingle  Metal  Tile  Slate  Other:\_\_\_\_\_

Plumbing type:  PVC  Copper  Lead  Galvanized  Other:\_\_\_\_\_

What type of burglar alarm is on the premises?  Central station  Local  None

**IV. ELIGIBILITY CRITERIA**

- 1. No bankruptcies, tax or credit liens against the applicant in the last five years  True  False
- 2. Coverage has not been cancelled or non-renewed in the last three years (not applicable in Missouri)  True  False  
If False, advise reason \_\_\_\_\_
- 3. Insured does not occupy more than 25,000 square feet  True  False
- 4. No armed security on premises at any time  True  False
- 5. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers  N/A  True  False
- 6. For any building built prior to 1978, there is no aluminum wiring or knob and tube wiring  N/A  True  False
- 7. Functioning and operational smoke and/or heat detectors in all units and/or occupancies  True  False

**General Liability**

- 1. Background and criminal checks completed on all staff  True  False
- 2. No more than \$3,000,000 in annual gross receipts  True  False
- 3. No swimming pools  True  False
- 4. No on-water activity or instruction  True  False
- 5. No archery or firearms activities or training  True  False
- 6. No cheerleading or gymnastic activities, equipment or instruction  True  False
- 7. No karate, martial arts or similar type activity or instruction  True  False

**Art & Craft/Hobby Instruction**

- 1. Kilns are UL approved  True  False
- 2. Proper storage of all paints and flammables in metal file cabinets  True  False
- 3. No glassblowing operations  True  False

**Athletic Instruction, Dance Instruction and Personal Trainers**

- 1. All participants/guardians must sign a waiver of liability/release of liability as a condition of participation  True  False
- 2. No professional athlete training  True  False

**Cooking**

- 1. Commercial cooking protected by extinguishing system meeting NFPA #96 standards  True  False
- 2. Annually serviced fire extinguishers mounted by cooking equipment  True  False

**Medical/Nursing**

- 1. No lab or clinical training; contemplates classroom training only  True  False
- 2. No CPR or first aid schools or instructors  True  False
- 3. No childbirth or parenting classes  True  False

**V. ADDITIONAL APPLICANT INFORMATION**

Form of business:  Individual  Corporation  Partnership  LLC  Other: \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_ (if different than the location address above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-mail address of primary contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ Telephone/E-mail address: \_\_\_\_\_

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

**Colorado Fraud Statement:** 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.

**District of Columbia Fraud Statement: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Statement:** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted

market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Kentucky Fraud Statement:** 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.

**Maine and Washington Fraud Statement:** 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.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania Fraud Statement:** 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.

**Tennessee and Virginia Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Main agency phone number: \_\_\_\_\_

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_