



# Specialty Training School Product

## SPECIALTY TRAINING SCHOOL SUPPLEMENTAL APPLICATION

1. Name of applicant: \_\_\_\_\_ Date: \_\_\_\_\_
2. If you have a Web site, include Web site address: \_\_\_\_\_  
E-mail address: \_\_\_\_\_
3. Inspection contact name: \_\_\_\_\_ Phone number: \_\_\_\_\_
4. Type of school: \_\_\_\_\_ School accreditation: \_\_\_\_\_
5. Description of school activities: \_\_\_\_\_
6. Annual sales:\$ \_\_\_\_\_ Total sq. ft.: \_\_\_\_\_ Annual no. students: \_\_\_\_\_ Avg. class size: \_\_\_\_\_
7. Number of off premises events : \_\_\_\_\_ Event type/#days/# attending for each: \_\_\_\_\_
8. Any competition against other schools?  Yes  No  
If "Yes," explain: \_\_\_\_\_
9. Hours of operation: \_\_\_\_\_
10. Does the school operate:  All year or details: \_\_\_\_\_
11. Is there a gymnasium?  Yes  No
12. Is there an auditorium/stage?  Yes  No  
If "Yes," maximum occupancy: \_\_\_\_\_
13. Does the applicant require all participants/guardians to sign a waiver of liability/release of liability as a condition of participation?  Yes  No
14. Total number of teachers: \_\_\_\_\_ Total number of employees: \_\_\_\_\_ Number of volunteers: \_\_\_\_\_  
Education requirement for teachers: \_\_\_\_\_
15. Are background and criminal checks completed on all staff?  Yes  No
16. Are services offered for students who are learning disabled or physically or mentally challenged?  Yes  No  
If "Yes," details: \_\_\_\_\_
17. Childcare on premises:  Yes  No  
If "Yes," max. number of children: \_\_\_\_\_
18. List merchandise sold:  None or details: \_\_\_\_\_
19. Are facilities loaned or rented to others?  Yes  No  
If "Yes," for what? \_\_\_\_\_
20. Any temporary or permanent grandstands or bleachers?  Yes  No  
If "Yes," maximum capacity? \_\_\_\_\_
21. Is there a playground on premises?  None  
 Swings       Slides       Monkey bars       Pool       Baseball field       Football field  
 Soccer field       Basketball courts       Other: \_\_\_\_\_
22. What is the surface under all playground equipment? \_\_\_\_\_
23. Details of any claims in the last past five years: \_\_\_\_\_

General Questions:

- |   | Prohibited                   | Eligible                    |
|---|------------------------------|-----------------------------|
| 24. Any prior tax liens, bankruptcy or felony conviction?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. Does the risk have armed security guards or firearms on the premises?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. Is there ever a carnival or fair sponsored or operated on premises?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. Any karate, martial arts or gymnastic activity, instruction or equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Property Questions:

28. Is all electrical wiring on functional and operational circuit breakers?  No  Yes
29. Are there fuses or any aluminum wiring on the premises?  Yes  No
30. Are there functioning smoke detectors in all units or occupancies?  No  Yes
31. Is the building fully protected by an operational sprinkler system covering 100% of the premises?  Yes  No
32. Building age: \_\_\_\_\_ Protection class : \_\_\_\_\_ Total area: \_\_\_\_\_ sq. ft. Parking area sq. ft.: \_\_\_\_\_
33. Protective devices: (check all that apply)
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Smoke detectors               | <input type="checkbox"/> Local alarm                               | <input type="checkbox"/> Fire extinguishers               |
| <input type="checkbox"/> Video surveillance            | <input type="checkbox"/> Sprinkler system covering 100% of premise |   |
| <input type="checkbox"/> Central station burglar alarm | <input type="checkbox"/> Central station fire alarm                | <input type="checkbox"/> Partial sprinkler system _____ % |

**Applicant's Warranty Statement:** The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the application does not bind the undersigned to purchase the insurance, nor does the review of the application bind the Company to issue a policy. It is understood the Company is relying on the application in the event the policy is issued. It is agreed that this application, including any material submitted therewith, shall be the basis of the contract should a policy be issued.

**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 is guilty of a crime and may be subject to fines and confinement in prison.

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

(Owner or Officer)

Broker's signature: \_\_\_\_\_

Some states require that we have the name and address of your (insured's) authorized agent or broker.

Name of authorized agent or broker: \_\_\_\_\_

Address: \_\_\_\_\_

Mail complete application through local agent or broker to: \_\_\_\_\_

\_\_\_\_\_