



United States Liability Insurance Group

DANCE, LANGUAGE AND MUSIC SCHOOL



P.O. Box 768 Hendersonville, TN 37077
800-768-7475 Fax (615) 264-3980
www.bsrrins.com

SUPPLEMENTAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Applicant's Name: _____ **Date:** _____

1. Type of School _____ Accredited Yes No
2. Hours of operation 24 Hour or _____
3. Number of Students _____ Annual Sales _____
4. Day Care on premises? Yes No If Yes, maximum number of children _____
- | | Prohibited | Submit | Eligible |
|--|-------------------|------------------------------|-----------------------------|
| 5. Any prior claims in the last 5 years? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

General Liability

- | | | |
|--|------------------------------|------------------------------|
| 6. Any Gymnastic instruction or equipment used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Any instructors with less than 5 yrs. Experience or Student instructors used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Over 25 children in daycare/babysitting. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Any bleachers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Any swimming pools? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Any Health Club or weight training equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Any performances or activities sponsored off premise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. As an owner or officer of the applicant for insurance, I certify that an Acknowledgement of Risk, Release of Liability and Waiver of Liability agreement has been signed by all current participants or Parent/Guardian of Minor and will be signed by all future participants or Parent/Guardian of Minor in Dance school. (United States Liability Insurance Group will attach an endorsement to the policy stating that failure to secure a signed Acknowledgement of Risk, Release of Liability and Waiver of Liability agreement shall be grounds for denial of coverage by United States Liability Insurance Group for liability claims. A sample form is available upon request.) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 14. Any performances with tickets sold to the general public? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Are facilities loaned or rented to others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Any Sales of "own brand" products? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Total sales over 1,000,000 or over 300 students. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. <u>If Molestation and Abuse optional coverage is selected</u> , has there been any alleged or actual incidents regarding child Molestation or Abuse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. <u>If Molestation and Abuse optional coverage is selected</u> , are criminal background checks made on all employees | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Property

- | | | |
|---|------------------------------|------------------------------|
| 20. Any structural alterations to the property to accommodate Facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Are flammable & combustible materials such as floor finishes and floor mats, stored away from potential ignition sources? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 22. Total property values greater than 500,000 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

***Provide complete details of any submit items.
We can review an application for eligibility with complete details.
If Prohibited, please decline the account.***

Applicants Signature _____ Date _____