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: ☐ Individual ☐ Partnership ☐ Corporation ☐ 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 _____

Describe any products manufactured, mixed, labeled, etc. _____

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.

THREE YEAR LOSS EXPERIENCE

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

Comments _____

_____

_____ _____

Applicant Signature Producer Name & Address

COVERAGE IS NOT BOUND UNTIL APPROVED BY THE COMPANY