

MUSIC Instructors Supplemental Application



1. APPLICANT INFORMATION EFFECTIVE DATE: _____

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ WEBSITE: _____

TERM: _____ YEARS IN BUSINESS: _____ NEW VENTURE: YES NO

2. INDIVIDUAL CORPORATION PARTNERSHIP OTHER (EXPLAIN) _____

3. FOR SCHOOLS AND/OR INSTRUCTORS PLEASE SUPPLY THE FOLLOWING INFORMATION:

a. SCHOOL: INSTRUCTOR:

b. TYPE OF SCHOOL/ INSTRUCTOR: _____

c. NUMBER OF STUDENTS: _____ NUMBER OF TEACHERS AND/OR STAFF: _____

d. PERCENTAGE OF TEACHERS WHO ARE:
MEDICAL DOCTORS: _____ INDEPENDENT CONTRACTORS: _____ VOLUNTEERS: _____

e. TRAINING AND/OR EXPERIENCE REQUIRED: _____

f. DESCRIBE TEACHING CURRICULUM: _____

g. DO YOU OFFER A CERTIFICATION, LICENSE, OR DEGREE:
 NO YES - EXPLAIN: _____

4. FOR INSTRUCTORS ONLY:

a. STATUS: EMPLOYEE CONTRACTOR VOLUNTEER

b. PLEASE LIST DEGREE/CERTIFICATION: _____

c. YEARS OF EXPERIENCE: _____

5. DO YOU OFFER/ OR INSTRUCT ANY OF THE FOLLOWING:

DIVING/SCUBA INSTRUCTION: NO YES

SWIMMING INSTRUCTION: NO YES

LIFEGUARD CERTIFICATION: NO YES

IF YES, DESCRIBE SWIMMING POOL:

NUMBER OF POOLS: _____ DEPTH: _____

DIVING BOARDS: NO YES - HEIGHT: _____ SLIDES: NO YES

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LIFEGUARD ON DUTY: NO YES

6. DO YOU OFFER/ INSTRUCT ANY TYPE OF KARATE : NO YES

IF YES, PLEASE PROVIDE THE FOLLOING INFORMATION:

ARE BLACKBELT STAFF MEMBERS PRESENT AT ALL TIMES: NO YES

ANY TYPE OF BOXING RINGS ON PREMISES: NO YES

ANY WEAPON TRAINING: NO YES

7. ARE ANY WAIVERS REQUIRED BEFORE CLASSES/INSTRUCTION BEGINS: NO YES

8. DO YOU SPONSOR TOURNAMENTS OR EXHIBITIONS: NO YES – EXPLAIN: _____

9. DO YOU WORK WITH ANY STUDENTS WHO ARE HANDICAPPED INDIVIDUALS OR WITH ANY INDIVIDUALS WHO HAVE MEDICAL ISSUES

OR NEEDS : NO YES – EXPLAIN: _____

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I understand that this is an application for insurance only and that the completion and submission of this application does not bind coverage with any insurance company.

APPLICANT SIGNATURE: _____

DATE: _____

PRODUCER NAME: _____

DATE: _____

PRODUCER SIGNATURE: _____