

**SUPPLEMENTAL VOCATIONAL SCHOOLS APPLICATION**

1. Name of School: \_\_\_\_\_
2. Type of School: \_\_\_\_\_ Beauty/Barber      \_\_\_\_\_ Cosmetology      \_\_\_\_\_ Home Health Care  
\_\_\_\_\_ Massage      \_\_\_\_\_ Manicure      \_\_\_\_\_ Modeling      \_\_\_\_\_ Other (be specific)  
\_\_\_\_\_
3. a) Number of teachers \_\_\_\_\_  
b) Number of students \_\_\_\_\_  
c) Receipts \_\_\_\_\_
4. What is the square footage of the premises that you occupy? \_\_\_\_\_ sq. ft.
5. Describe prior experience and training of all teachers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Describe the teaching activities provided \_\_\_\_\_  
\_\_\_\_\_
7. Provide specific details on the licensing and certification of students \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Hours of operation \_\_\_\_\_
9. Are products manufactured, mixed, labeled, etc.? If so, describe \_\_\_\_\_  
\_\_\_\_\_
10. Identify if any teachers are the following:  
\_\_\_\_\_ Medical Doctors      \_\_\_\_\_ Independent Contractors      \_\_\_\_\_ Volunteers
11. Provide sample copies of any contractual or hold harmless agreement.

**COVERAGE IS NOT BINDING UNTIL APPROVED BY THE COMPANY.**

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_