MUSIC Instructors Supplemental Application

NEW ENGLAND EXCESS EXCHANGE

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641
800-548-4301 • www.neee.com

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 CERTIFCATION, 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, DESRIBE 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: _____