

**VOCATIONAL SCHOOLS SUPPLEMENTAL APPLICATION**  
(Complete in addition to ACORD Application)

Named Insured: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Website Address: \_\_\_\_\_

Name of School: \_\_\_\_\_

Type of School: (Click all that apply)

☐ Beauty / Barber    ☐ Cosmetology    ☐ Home Health Care    ☐ Massage

☐ Manicure    ☐ Modeling    ☐ Other (be specific): \_\_\_\_\_  
\_\_\_\_\_

Number of teachers: \_\_\_\_\_

Number of students: \_\_\_\_\_

Receipts: \$ \_\_\_\_\_

What is the square footage of the premises that you occupy? \_\_\_\_\_ square feet

Describe prior experience and training al all teachers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the teaching activities provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide specific details on the licensing and certification of students: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hours of Operation: \_\_\_\_\_ to \_\_\_\_\_

Are products manufactured, mixed, labeled, etc.? ☐ Yes ☐ No ☐ See attached

If yes, please describe product (s) name and describe: \_\_\_\_\_

\_\_\_\_\_

Identify if any teachers are the following:

☐ Medical Doctors ☐ Independent Contractors ☐ Volunteers

Provide sample copies of any contractual or hold harmless agreement: ☐ Attached

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

\_\_\_\_\_

PRODUCER'S SIGNATURE

\_\_\_\_\_

AGENT'S SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

DATE