



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

**YOGA STUDIO SUPPLEMENTAL APPLICATION**  
**COMPLETE IN ADDITION TO ACORD APPLICATIONS.**  
**ATTACH ADDITIONAL SHEETS AS NECESSARY.**  
**ANSWER ALL QUESTIONS. If not applicable, indicate N/A.**

**GENERAL INFORMATION**

1)

Named Insured:			
Brokerage/Broker:		Agency/Agent:	
Renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:	
Effective Date:			
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made?	Yes <input type="checkbox"/> No <input type="checkbox"/> Retroactive date:

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) Applicant's brochure or marketing materials if a website is not available
- c) Links to any publicly available video classes or tutorials, if applicable

3)

What are your operations? Check all that apply:

- Ashtanga, Vinyasa, Power or Flow Yoga
- Bikram or Hot Yoga
- Anusara or Kundalini Yoga
- Hatha or Sivananda Yoga
- Iyengar or Yin Yoga
- Restorative Yoga
- Thai Massage Yoga
- Prenatal Yoga
- Aerial, Acro or Anti-Gravity Yoga
- Pilates

4)

What are your projected receipts for the coming year? \$ \_\_\_\_\_

5)

Are you subject to any state or local licensing or regulation? Yes  No

a. If yes, list regulations/licenses: \_\_\_\_\_

- 6) How many years have you been in operation? \_\_\_\_\_
- 7) Do you run criminal background checks on all employees? Yes  No   
 a. Are past convictions for violent crimes or sexual offenses exclusionary criteria for hiring? Yes  No   
 b. What is the minimum age for employment? \_\_\_\_\_
- 8) Does your operation have any age restrictions for participants? Yes  No   
 a. If yes, what age? \_\_\_\_\_
- 9) Are all participants required to sign a waiver absolving you of all liability for bodily injury? Yes  No

## YOUR PRACTICE

- 10) What materials do you provide students? Check all that apply:  
 None/no supplies provided  Yoga Mats  
 Yoga Towels  Other Towels  
 Blocks  Straps  
 Rigging/aerial silks/hammocks  Other: \_\_\_\_\_
- 11) How are provided materials sanitized between uses? \_\_\_\_\_
- 12) Please complete the following if you are teaching aerial, acro, or anti-gravity yoga:  
 a. Is rigging mounted to a free-standing tripod or similar structure? Yes  No   
 b. If no to a., is rigging ceiling mounted? Yes  No   
 c. Who installed the rigging? \_\_\_\_\_  
 d. How frequently is rigging inspected? \_\_\_\_\_  
 e. What is the maximum weight rating of the rigging? \_\_\_\_\_  
 f. If the weight rating is under 500 pounds, are potential clients required to have their weight measured by staff prior to accepting them as students? Yes  No   
 g. How frequently are silks, straps, and hammocks replaced? \_\_\_\_\_  
 h. What is the maximum height a student can reach on the rigging? \_\_\_\_\_  
 i. What is the thickness of all crash pads used during aerial or acro work? \_\_\_\_\_  
 j. Is acro work always conducted with a spotter? Yes  No
- 13) Do you have a locker room or showers at the studio? Yes  No   
 a. If yes, are locker rooms separated by gender? Yes  No   
 b. Is an employee of each gender on duty during all times where locker rooms or showers may be in use? Yes  No
- 14) Do staff physically contact students during instruction? Yes  No   
 a. If yes, is this a necessary part of the style (eg massage yoga)? Yes  No   
 b. If no to a., is this by student request or spotting only? Yes  No
- 15) If you are conducting Bikram or hot yoga, what is the maximum temperature reached during class? \_\_\_\_\_
- 16) If you are conducting prenatal yoga, do you require students to obtain a physician's approval to continue instruction in the third trimester? Yes  No
- 17) Do you have any regular classes or events involving animals (eg goat yoga)? Yes  No   
 a. If yes, please attach details.

- 18) Do you have any regular classes or events involving the use of drugs or alcohol (eg beer yoga, cannabis yoga)? Yes  No   
 a. If yes, please attach details.
- 19) Are your operations conducted in a multi-use gymnasium or facility (eg YMCA)? Yes  No   
 a. If no, are you the sole occupant of your facility? Yes  No   
 b. If no to 21) and a., what other operations are conducted in the facility? \_\_\_\_\_

## ACCOUNT HISTORY

- 20) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. If Yes, please attach and explanation. Yes  No
- 21) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to your operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? If yes, please attach an explanation. Yes  No

## FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_