

MUSIC Vocational School
Supplemental Application



NEW ENGLAND
EXCESS EXCHANGE

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

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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. TYPE OF SCHOOL
- ____ BEAUTY/BARBER ____ COSMETOLOGY ____ HOMEHEALTH CARE ____ MASSAGE
- ____ MANICURE ____ MODELING ____ OTHER (SPECIFY) _____
4. _____ #TEACHERS _____ # OF STUDENTS _____ RECEIPTS _____ SQUARE FOOTAGE
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.
12. 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.
13. APPLICANT SIGNATURE: _____ DATE: _____
14. PRODUCER NAME: _____
- ADDRESS: _____