



NAMED INSURED: _____

Insured's Mailing Address: _____

Insured's Location Address: _____

Insured's E-mail Address: _____

Insured's Website Address: _____

Contact Name & Phone Number: _____

Proposed Effective Date: _____

Type Of Entity: Corporation Individual Partnership Joint Venture LLC

FEIN: _____ Date business started: _____

Is there any prior coverage? Yes No

How many years of experience? _____

Operational Information

1. Total Number of tutors (including owners): _____
2. Annual tutoring hours: _____ 3. Estimated Annual Gross Sales: _____
4. Is the tutoring center part of a franchise? Yes No
If yes, what franchise? Please provide franchise requirements and any training provided by the franchisor:____

5. Do the tutors have teaching credentials? Yes No
6. What are the minimum qualifications required for a tutor? _____

7. Where does the tutoring take place?
 Office: _____ % Student's Home: _____% Other: _____% Describe: _____
If in a student's home, is at least one parent present at all times? Yes No
8. Do you operate out of your home? Yes No
9. What is the age range of the students being tutored? _____
10. Is it strict academic tutoring? Yes No
If no, what programs do you offer? _____

11. Are tutors allowed to transport students in their personal vehicles? Yes No
If yes, is personal insurance verified and Motor Vehicle Reports checked? Yes No

Building Information & Additional Info.

22. Do you Rent or Own your building: Rent Own
23. How many square feet do you lease: _____
24. How many stories is your building: _____
25. Does your building have a basement: Yes No
26. Building type of construction:
 Frame Masonry w/Wood Roof Joists Masonry w/Steel Roof Joists Steel Frame Tilt Up Concrete
27. Any losses in the past 5 years: Yes No
28. Business Personal Property limit: \$ _____
29. Tenant Improvement limit \$ _____
30. Is there a Security System: Yes No
a. If yes, is your security system centrally monitored: Yes No
31. Are there security cameras: Yes No
32. Is there a sprinkler system in your building: Yes No
33. What % of your building has sprinklers: Greater than 60% Yes No
34. What year was your building built: _____
35. If your building is older than 20 years old we will need the info below:
a. When was the roof updated: _____
b. When was the HVAC updated: _____
c. When was the Plumbing updated: _____
d. When was the Electrical updated: _____
36. Names of Owners & % of ownership: _____

37. Name of current workers' compensation Carrier: _____
38. What is your average daily attendance. Take the # of students per week and divide it by the number of days you are open. If you had 50 student for the week and were open 6 days, you would divide 50 students by 6 days and it would come to 8 students. So 8 students would be your average daily attendance: