Tutoring Center Supplemental

Independent School Programs Application P.O. Box 440549, Kennesaw, GA 30160

Telephone: (678) 290-2100 Fax: (678) 290-2200 Email applications to: newsub@markelcorp.com

Website: markelinsurance.com

NA	MED INSURED:					
Insured's Mailing Address:						
Insi						
Insured's Location Address:						
	ured's Website Address:					
	ntact Name & Phone Number:					
	posed Effective Date:					
Тур	pe Of Entity: □Corporation □Individual □Partnership □Joint Venture □ LLC					
FEI	N: Date business started:					
ls tl	here any prior coverage? □ Yes □ No					
Ηον	w 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				

TH APP TUTOR 02 15 Page 1 of 2

12.	What percentage of staff is:						
	☐ Employees:% ☐ Independent Contractors% ☐ Volunteers%						
13.	Does the applicant's employment process include state and federal verification of whether the individual has ever been convicted of any crime, including sex related or child abuse related offenses, before an offer of employment is made?						
14.	14. Are federal and state criminal background checks performed on:						
	☐ Employees: ☐ Independent Contractors ☐ Volunteers						
15.	Does the applicant verify employment related references?	☐ Yes	□ No				
16.	Does the applicant conduct personal interviews?	☐ Yes	□ No				
17.	7. Does the applicant have written procedures dealing with sexual abuse, including specific training identifying and reporting incidents of sexual abuse and molestation?						
18.	Does the applicant have a plan of supervision that monitors staff in day-to-day relationships with on and off premises?	n clients, □ Yes					
19.	Has the applicant's organization ever had an incident which resulted in an allegation of sexual abuse?	□ Yes	□ No				
20.	Regarding coverage for Abuse or Molestation, does the applicant's current insurance program e coverage?	xclude o □ Yes					
21.	Does the applicant have any vehicles registered in the business name?	□Yes	□ No				
	Please provide use of vehicles:						
Workers Compensation (Stop Gap for ND, OH, WA, WY)							
1.	Number of Employees: Full Time: Part time: Part time:						
2.	Estimated Annual Payroll:						
3.	Franchise Owner: Include Exclude						

TH APP TUTOR 02 15 Page 2 of 2

Building Information & Additional Info.

22.	Do you Rent or Own your building:	□ Ren	ıt 🗆	Own
23.	How many square feet do you lease:			
24.	How many stories is your building:			
25.	Does your building have a basement:		⁄es	□ No
26.	Building type of construction:			
1	□Frame □ Masonry w/Wood Roof Joists □ Masonry v	v/Steel Roof Joists □ Steel Frame □ Tilt Uŗ	э Соі	ncrete
27.	Any losses in the past 5 years:		⁄es	□ No
28.	Business Personal Property limit: \$	_		
29.	Tenant Improvement limit \$	_		
30.	Is there a Security System:		⁄es	□ No
	a. If yes, is your security system centrally monitored:		⁄es	□ No
31.	Are there security cameras:		⁄es	□ No
32.	Is there a sprinkler system in your building:		⁄es	□ No
33.	What % of your building has sprinklers: Greater than 60	% □\	⁄es	□ No
34.	What year was your building built:			
35.	If your building is older than 20 years old we will need th	e 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: