



MDP PROGRAMS

General Liability Application Teaching Artist

General Information					
First Named Insured					
Mailing Address		City		State	
Contact Person		Phone:		Fax:	
Web Address		Contact's E-Mail Address:			
Effective Date		Federal Tax I.D. #		Years in Business:	
Square Footage of Studio		Sales/Receipts			
Description of Operations:					

Management/Ownership Information	
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Do you own your space?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you own the building, do you rent/loan it to others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there emergency procedures in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

General Liability Coverage – Requested Limits	
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If yes, indicate the number of students in each age group annually?	___ 1 - 12	___ 13 - 18	___ 19 +
Do you teach classes that are open to the public?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Estimated Annual Number of Classes			
Estimated Annual Number of Students			
Are Background checks performed on instructors/teachers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Inland Marine Coverage

Coverage	Limit	Deductible
Completed Items		
Tools/Equipment		
Works in process		

Workers Compensation

Classification	Annual Payroll
8810 – Clerical Staff/Artist	
Other Classification	
Officers/Owners to be Included/Excluded:	
Name/Title and Payroll	

Umbrella

Limit of Liability: _____

Contacts for Questions/Completed Applications:

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