



Application for Teaching Artists

This is a supplemental questionnaire to the General Liability application.

PLEASE REVIEW THIS COVERAGE CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT AND/OR YOUR ATTORNEY.

General Information

First Named Insured:			
Mailing Address:			
	Street Address	Apartment/Unit #	
	City	State	ZIP Code
Contact Person:			
Web Address:			
Email Address:			
Phone:		Fax:	
Years in Business:			
Effective Date:		Federal Tax ID:	
Payroll:		Sales/Receipts:	
Description of Operations:			

Management/Ownership Information

1. Do you own your space?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. If you own the building, do you rent/loan it to others?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are there emergency procedures in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO

General Liability Coverage – Requested Limits

1. Do you operate a school or provide instruction to students? If yes, indicate the number of students in each age group annually.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do you teach classes that are open to the public? If yes, what age groups?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 1-12 <input type="checkbox"/> 13-18 <input type="checkbox"/> 19+
3. Estimated Annual number of classes:	
4. Estimated Annual number of students:	
5. Are background checks performed on instructors/teachers?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Inland Marine Coverage

Coverage	Limit	Valuation	Deductible
Completed Items			
Tools/Equipment			
Works in process			
Other:			

Workers Compensation

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

Umbrella

Limit of Liability: _____

Contact for questions/completed applications:

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