



CARRIER:

United States Liability Insurance Company

# Specialty Educators, Trainers and Instructors Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I – INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING

- Coverage(s) Desired:**     General Liability     Property     Abuse and Molestation (*question 12.a. and 12.b.required*)  
 Certain Civil/Criminal Defense Cost and Reimbursement (*question 12. c. required*)

Please fill out the Instant Quote Information section, along with the section(s) you are requesting coverage.

## I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name (include Legal Entity and/or DBA name): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Web address: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Audit contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Form of business:     Individual     Corporation     Partnership     Nonprofit corporation     Trust     Other \_\_\_\_\_

### Description of Operations:

Classification (Type of school):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Art instruction      | <input type="checkbox"/> Dressmaking      | <input type="checkbox"/> Public speaking                      |
| <input type="checkbox"/> Athletic instruction | <input type="checkbox"/> Hobby            | <input type="checkbox"/> Reading                              |
| <input type="checkbox"/> Bartending           | <input type="checkbox"/> Insurance        | <input type="checkbox"/> Real estate – Training agents only   |
| <input type="checkbox"/> Beautician           | <input type="checkbox"/> Language         | <input type="checkbox"/> Secretarial/Administrative assistant |
| <input type="checkbox"/> Business             | <input type="checkbox"/> Massage          | <input type="checkbox"/> Tailor                               |
| <input type="checkbox"/> Charm/Modeling       | <input type="checkbox"/> Medical/Nursing  | <input type="checkbox"/> In-home tutors                       |
| <input type="checkbox"/> Computer             | <input type="checkbox"/> Music            | <input type="checkbox"/> Tutoring centers                     |
| <input type="checkbox"/> Cooking              | <input type="checkbox"/> Paralegal        | <input type="checkbox"/> Wine tasting                         |
| <input type="checkbox"/> Craft/Hobby          | <input type="checkbox"/> Personal trainer | <input type="checkbox"/> 100 percent on-line instruction      |
| <input type="checkbox"/> Dance                | <input type="checkbox"/> Photography      |   |
| <input type="checkbox"/> Drama/Theater        | <input type="checkbox"/> Poker/Gambling   |   |

1. Have there been any property or liability losses in the last three years?  Yes     No

If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

- What year did the business start? \_\_\_\_\_
- What are the annual sales? \$ \_\_\_\_\_
- How many years has the applicant been at the current location? \_\_\_\_\_
- Is the business a national or regional franchise \_\_\_\_\_

**Property Coverage**

6. Does applicant have any employees?  Yes  No
7. Do you own the building?  Yes  No
8. Do you lease any portion of the building to others?  Yes  No
- a. If "Yes," to whom do you lease the space? \_\_\_\_\_
- b. How much square footage is leased to them? \_\_\_\_\_ sq.ft.

<b>Building Construction:</b> <input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry noncombustible <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Fire resistive					
FUS Grade _____	Cause of Loss <input type="checkbox"/> Basic (Named Perils) <input type="checkbox"/> Special (Broad)	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Number of Stories _____	Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None	
What year was the building constructed? _____			Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____					
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____					
What is the age of the roof? _____ years					
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What is the square footage of the entire structure? _____ sq. ft.					
<b>Building Limit:</b> \$ _____		<b>Coinsurance</b> (80% minimum) _____ %		<input type="checkbox"/> ACV <input type="checkbox"/> RC	
<b>Business Personal Property Limit:</b> \$ _____		<b>Coinsurance</b> (80% minimum) _____ %		<input type="checkbox"/> ACV <input type="checkbox"/> RC	
<b>Business Income Limit:</b> \$ _____		<b>Coinsurance</b> _____ or _____		<b>Monthly Limit of Indemnity</b>	
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense		<input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%		<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6	

**Additional Property Coverages Requested** (check all that apply)

<input type="checkbox"/> Equipment Breakdown	<input type="checkbox"/> Electronic Data	<input type="checkbox"/> Interruption of Computer Operations
<input type="checkbox"/> Glass _____ linear feet	<input type="checkbox"/> Garage \$ _____	<input type="checkbox"/> Outdoor Sign \$ _____
<input type="checkbox"/> Outdoor Equipment Limit \$ _____	<input type="checkbox"/> Canopy/Awning Limit \$ _____	<input type="checkbox"/> Accounts Receivable \$ _____
<input type="checkbox"/> Crime coverage Limit \$ _____ Number of employees: _____ Employee Dishonesty Limit \$ _____ Burglary and Robbery (standard form only) \$ _____ Money and Securities (special form only) \$ _____ inside \$ _____ outside		

**Liability Coverage**

9. Occurrence/Aggregate limit  \$1 million/\$2 million  \$2 million/\$2 million  \$2 million/\$5 million  
 \$3 million/\$3 million  \$4 million/\$4 million  \$5 million/\$5 million
10. Add Non-Owned and Hired Automobile Liability?  Yes  No *If "Yes," please answer questions 15-18*
11. Add Medical Payments Expenses coverage of \$5,000?  Yes  No
12. Add Abuse and Molestation coverage?  Yes  No
- If "Yes":
- a. Defense cost coverage:  Inside the limit  Outside the limit
- b. Desired limit: we need to add all options of coverage amounts:  
 50/100  100/100  100/300  300/300  300/600  500/500  500/1000  1000/1000
13. Does applicant want to add Certain Civil/Criminal Defense Reimbursement Coverage?  Yes  No

**Additional Interests** (AI = Additional insured, LP = Loss payee, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to Us")

Name	Relationship/Interest	Address	City, Province, Postal Code	AI	LP	M	W
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**General Eligibility**

- 14. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years?  Yes  No
- 15. Has Insurance coverage been cancelled or non-renewed in the past three years?  Yes  No
- 16. Does any building built prior to 1978 have aluminum or knob-and-tube wiring?  Yes  No
- 17. For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers?  Yes  No
- 18. Are there functioning and operational fire extinguishers readily available?
- 19. Is there armed security on the premises?
- 20. Are there functioning and operational smoke and/or heat detectors in all units and/or occupancies?  Yes  No
- 21. Are background and criminal checks completed on all staff and volunteers?  Yes  No
- 22. No more than \$2,000,000 in annual sales?  Yes  No
- 23. Are there any swimming pools on the premises?  Yes  No
- 24. Is there any water activity or instruction?  Yes  No
- 25. Is there any archery, firearms or other weapons activities or training?  Yes  No
- 26. Is there any cheerleading or gymnastic activities, equipment or instruction?  Yes  No
- 27. Is there any karate, martial arts or similar type activity or instruction?  Yes  No
- 28. Is there any physical therapy or rehabilitation services offered?  Yes  No
- 29. Does applicant engage in off-premises field trips?  Yes  No  
If "Yes," are permission slips obtained from parents/guardians for all field trips?  Yes  No
- 30. Are any field trips taken to swimming pools, lakes, beaches, skiing, ice/roller skating rinks or amusement/water parts or involve overnight events?  Yes  No

**Art and Craft/Hobby Instruction**

- 31. Are all Kiln UL approved  Yes  No
- 32. Are all paints and flammables properly stored in metal file cabinets  Yes  No
- 33. Are there any glassblowing operations  Yes  No

**Athletic Instruction, Dance Instruction and Personal Trainers**

- 34. Do All participants/guardians sign a waiver of liability/release of liability as a condition of participation  Yes  No
- 35. Is there any professional athlete training  Yes  No

**Cooking**

- 36. Are all areas of commercial cooking protected by extinguishing system meeting NFPA #96 standards  Yes  No
- 37. Are all fire extinguishers mounted by cooking equipment and inspected annually  Yes  No

**Medical/Nursing**

- 38. Is there any hands-on lab or clinical training of any kind done outside of classrooms  Yes  No
- 39. Are there any childbirth or parenting schools, classes or instructors  Yes  No
- 40. Is the applicant's premises located in a jurisdiction that permits civil cases to be heard in a tribal court  Yes  No

**Real Estate Agents**

- 41. Is all instruction class room only?  Yes  No

**II. ELIGIBILITY CRITERIA**

**Hired and Non-owned Auto**

- 42. Is there a Commercial Auto Insurance policy in force?  Yes  No
- 43. Are there any owned or leased (long-term) vehicles?  Yes  No
- 44. Are employees or volunteers required to use their personal automobile to conduct the applicant's business on a regular basis?  Yes  No
- 45. Are vehicles used to transport people or deliver goods or products on a regular basis?  Yes  No

**FULL DISCLOSURE**

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

**PERSONAL INFORMATION CONSENT**

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

- i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.
- ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
(Principal, Partner or Officer)

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: \_\_\_\_\_ Agent's signature: \_\_\_\_\_  
(Required in Prince Edward Island and Saskatchewan)