



DANCE General Liability Application

PLEASE NOTE: If your school uses Gymnastics equipment, please complete a Markel Gymnastics application instead.

Section I – General Information

Business Ownership Type and Name:

Individual

First Name: _____ Last Name: _____

Doing Business As: _____

Corporation LLC Partnership Organization - Non-Profit Organization - For Profit

Name as it should appear on the policy _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____ Web Site: _____

Section II – Business Information

Please indicate liability limit requested: \$500,000 \$1,000,000 Years in Business: _____

Please indicate the desired effective date: ____/____/____ Would you like a quote for Accident Medical Coverage?
month / day / year Yes No

Section III – Insurance Information

1. Is facility currently insured? Yes No Annual Premium: \$ _____
Insurance Company Name (*not agency*): _____

2. Has a liability or medical claim been made in the last 5 years? Yes No
If Yes, please provide the following information:

Claim Date: ____/____/____ Amount paid: \$ _____ Brief description: _____

Claim Date: ____/____/____ Amount paid: \$ _____ Brief description: _____

3. Has a previous insurer refused to renew or canceled your insurance coverage in the last 5 years? Yes No
If Yes, explain: _____

Section IV – Eligibility Information

4. Do you operate a Dance Club? Yes No

5. Do you charge an entrance fee for admittance (excluding tuition)? Yes No

6. Do you meet at a hall, lodge, or restaurant/bar? Yes No

7. Do you use Gymnastics Equipment? Yes No
If Yes: Complete a Markel Gymnastics Application instead.
8. Do you use Pilate's equipment? Yes No
9. Do you instruct "special needs" children? Yes No
 If Yes: a) Number of participants with "special needs": _____
 b) Number of participants per instructor: _____
 c) Have instructors had any special training? Yes No
 d) If Yes, what kind of training? _____

10. Which of the following traditional names most closely resembles the dance that you teach? This would include all of your locations. (Check all that apply)

- | | |
|--|---|
| a. <input type="checkbox"/> Acrobatics | n. <input type="checkbox"/> Lindy Hop/Jitterbug |
| b. <input type="checkbox"/> Ballet | o. <input type="checkbox"/> Middle Eastern |
| c. <input type="checkbox"/> Ballroom | p. <input type="checkbox"/> Modern |
| d. <input type="checkbox"/> Belly | q. <input type="checkbox"/> Pole |
| e. <input type="checkbox"/> Cajun | r. <input type="checkbox"/> Rhythm & Latin |
| f. <input type="checkbox"/> Clogging | s. <input type="checkbox"/> Salsa |
| g. <input type="checkbox"/> Country Song & Dance | t. <input type="checkbox"/> Square |
| h. <input type="checkbox"/> Country Western | u. <input type="checkbox"/> Swing |
| i. <input type="checkbox"/> Exotic | v. <input type="checkbox"/> Tango |
| j. <input type="checkbox"/> Folk | w. <input type="checkbox"/> Tap |
| k. <input type="checkbox"/> Hip hop | x. <input type="checkbox"/> Yoga |
| l. <input type="checkbox"/> Hula | y. <input type="checkbox"/> Yoga- Bikram |
| m. <input type="checkbox"/> Jazz | Other: _____ |

11. a) Is there a signed Hold Harmless agreement on file for each student? Yes No
If Yes, send a copy of the Hold Harmless agreement for each location being insured.
- b) Are both parents'/guardians' signatures required for minors? Yes No

Section V – Census & Financial Information

12. Total annual gross receipts from tuition/membership fees from all locations (Excluding pilates): \$ _____
13. Total annual gross receipts from Pilates: \$ _____
14. Do you sell products at any location? Yes No
 If Yes: a) Annual gross receipts from products at all locations: \$ _____
 b) Do you manufacture or re-label any products as your own product? Yes No
 c) Do you sell instructional videos or CDs that you personally produce? Yes No
15. Do you have any of the following at any of your locations:
- | | | | |
|--|------------------------------|-----------------------------|---------------------------|
| a) Birthday parties? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, # Annually: _____ |
| b) Exhibitions/Demos? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, # Annually: _____ |
| c) Sleepovers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, # Annually: _____ |
| d) Recitals/Performances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, # Annually: _____ |
| e) Fundraisers/Special Events? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, # Annually: _____ |
| f) Do you <u>sponsor</u> dance competitions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, # Annually: _____ |
| g) Open Dance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, # Annually: _____ |

h) After School Programs? Yes No

If Yes, describe events: _____

i) Other income? Yes No Amount: \$ _____

If Yes, describe sources (including other businesses or activities): _____

16. *Do you travel to dance competitions? Yes No # Annually _____

17. *Do you perform on cruise ships/showboats? Yes No

18. Do you receive tips for performances? Yes No

19. *Do you have camps with activities other than dance/aerobics/pilates/yoga? Yes No

20. *Do you perform at sporting event half-time shows? Yes No

21. Do you have a performing company? Yes No

If yes, is your performing company non-profit? Yes No

22. Do you hire professional dancers for your performances? Yes No

**If Yes, please complete a Travel/Tournaments/Camps supplement, which can be downloaded from our web site.*

Section VI – Location Information

How many locations do you have? _____

(If more than one location, please complete an Additional Location Form for each one.)

Location 1: Street Address: _____

City: _____ State: _____ Zip: _____

23. Please indicate the maximum number of students enrolled last year at the busiest time: _____

Of these, how many are:

a) Dance, Yoga, Aerobics students? _____

b) Pre-school Gymnastics students (under age 6)? _____
Includes Acrobatics, Cheerleading, and Tumbling

c) Regular Gymnastics students? _____
Includes Acrobatics, Cheerleading, and Tumbling

d) Pilates students? _____

e) Other? _____

Or if new venture, estimate the number of students for the coming year: _____

24. Do you own or rent facility? Own Rent If private residence, check here:

25. If renting, does your landlord require a certificate of insurance? Yes No

Landlord's Name: _____

Landlord's Mailing Address: _____

26. Do you sublease, rent, or allow other people, organizations, clubs, or associations to use your facility or equipment at any time for any reason? Yes No

If Yes: a) To whom? _____

b) For what purpose? _____

c) Do you require a Hold Harmless or Certificate of Insurance? Yes No

(If Yes, please attach a copy.)

Optional - Personal Property Coverage (for Building Contents/Equipment)

Please complete the following if you'd like a quote on coverage for your business's equipment and other personal property. If you'd also like a quote on insurance for your building, do not complete the questions below. Instead, please download and complete the Property Coverage application from our web site or call 800-900-1155.

1. Value of personal property at this location: \$10,000 \$25,000 \$35,000
(Note: Coverage amount must be at least 90% of the total value of your personal property. Policy deductible is \$1000.)
2. Construction of Building Frame Brick Metal Concrete with Steel Frame
Other (describe): _____
3. Year Built: _____ If building is over 20 years old, please provide the year of the following updates:
a) Wiring: _____ b) Roofing: _____ c) Plumbing: _____ d) Heating: _____
4. Distance to nearest Fire Station in miles: _____ Distance to Fire Hydrant in feet: _____
5. Is the building equipped with functioning fire sprinklers? ___ Yes ___ No
6. Optional Coverage Available – Would you like a quote for the following?
Business Income - \$20,000 coverage Yes No
Tenants Improvements and Betterments? Yes No If Yes, amount of coverage: \$ _____
7. # of Stories: _____ # of Buildings: _____ Square Footage: _____
8. Is your facility part of a shopping center or mall? Yes No

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY substantial) civil penalties. (NOT APPLICABLE IN: CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit: <http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____ City/State/Zip _____

How did you hear about us? (*Check one*)

Previously Insured with Markel

Dance Teacher magazine

Other: _____

Conference: _____

Web site/search engine: _____

Referred by: _____

If binding coverage, please submit the following with your application:

- Hold Harmless Agreements/Waiver
- Resumes of Directors and Instructors (if business has been in operation less than 3 years)
- Claims experience ("loss runs") from current insurer
- Certificates of Insurance from anyone using your facility or equipment
- Landlord information (name, address) for each location, if applicable

Dance Application - Additional Location Form

Insured Name: _____

City, State: _____

Additional Location:

Street Address: _____

City: _____ State: _____ Zip: _____

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23. Do you own or rent facility? Own Rent If private residence, check here:

24. If renting, does your landlord require a certificate of insurance? Yes No

Landlord's Name: _____

Landlord's Mailing Address: _____

25. Do you sublease, rent, or allow other people, organizations, clubs, or associations to use your facility or equipment at any time for any reason? Yes No

If Yes: a) To whom? _____

b) For what purpose? _____

c) Do you require a Hold Harmless or Certificate of Insurance? Yes No

(If Yes, please attach a copy.)

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