



**MARKEL  
INSURANCE  
COMPANY**

P.O. Box 2009, Glen Allen, VA 23058-2009  
800-900-1155 Fax: 804-273-6144  
healthandfitness@markelcorp.com

**DANCE  
General Liability Application**

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

Bruce Kay/License # A137679

**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.*

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### 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.)*

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**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

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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: \_\_\_\_\_

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**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: \_\_\_\_\_

22. Please indicate the maximum number of students enrolled last year at the busiest time: \_\_\_\_\_

Of these, how many are:

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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: \_\_\_\_\_

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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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