



NAMED INSURED: \_\_\_\_\_  
 Insured's Mailing Address: \_\_\_\_\_  
 Insured's Location Address: \_\_\_\_\_  
 Insured's E-mail Address: \_\_\_\_\_  
 Insured's Website Address: \_\_\_\_\_  
 Contact Name & Phone Number: \_\_\_\_\_  
 Proposed Effective Date: \_\_\_\_\_

Type Of Entity:  Corporation  Individual  Partnership  Joint Venture  LLC

FEIN: \_\_\_\_\_ Date business started: \_\_\_\_\_

Is there any prior coverage?  Yes  No

How many years of experience? \_\_\_\_\_

**Operational Information**

1. Total Number of tutors (including owners): \_\_\_\_\_
2. Annual tutoring hours: \_\_\_\_\_ 3. Estimated Annual Gross Sales: \_\_\_\_\_
4. Is the tutoring center part of a franchise?  Yes  No  
 If yes, what franchise? Please provide franchise requirements and any training provided by the franchisor: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Do the tutors have teaching credentials?  Yes  No
6. What are the minimum qualifications required for a tutor? \_\_\_\_\_  
 \_\_\_\_\_
7. Where does the tutoring take place?  
 Office: \_\_\_\_\_ %  Student's Home: \_\_\_\_\_ %  Other: \_\_\_\_\_ % Describe: \_\_\_\_\_  
 If in a student's home, is at least one parent present at all times?  Yes  No
8. Do you operate out of your home?  Yes  No
9. What is the age range of the students being tutored? \_\_\_\_\_
10. Is it strict academic tutoring?  Yes  No  
 If no, what programs do you offer? \_\_\_\_\_  
 \_\_\_\_\_
11. Are tutors allowed to transport students in their personal vehicles?  Yes  No  
 If yes, is personal insurance verified and Motor Vehicle Reports checked?  Yes  No

12. What percentage of staff is:  
 Employees: \_\_\_\_\_%     Independent Contractors \_\_\_\_\_%     Volunteers \_\_\_\_\_%
13. Does the applicant's employment process include state and federal verification of whether the individual has ever been convicted of any crime, including sex related or child abuse related offenses, before an offer of employment is made?  Yes    No
14. Are federal and state criminal background checks performed on:  
 Employees:     Independent Contractors     Volunteers
15. Does the applicant verify employment related references?  Yes    No
16. Does the applicant conduct personal interviews?  Yes    No
17. Does the applicant have written procedures dealing with sexual abuse, including specific training for faculty on identifying and reporting incidents of sexual abuse and molestation?  Yes    No
18. Does the applicant have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises?  Yes    No
19. Has the applicant's organization ever had an incident which resulted in an allegation of sexual abuse?  Yes    No
20. Regarding coverage for Abuse or Molestation, does the applicant's current insurance program exclude or limit coverage?  Yes    No
21. Does the applicant have any vehicles registered in the business name?  Yes    No  
Please provide use of vehicles: \_\_\_\_\_

**Workers Compensation**  
(Stop Gap for ND, OH, WA, WY)

1. Number of Employees:  Full Time: \_\_\_\_\_  Part time: \_\_\_\_\_
2. Estimated Annual Payroll: \_\_\_\_\_
3. Franchise Owner:  Include     Exclude