

DANCE STUDIOS AND DANCE SCHOOLS SUPPLEMENTAL APPLICATION

1.	Named Insured:	
2.	What are the operations of the insured?	
3.	How many members/participants are there?	
4.	What is the age range of the members/participants?	
5.	Are all members/participants required to sign Waivers of Liability?	☐ Yes ☐ No
6.	Any Events Sponsored by the Insured	☐ Yes ☐ No
	Please describe:	
7.	Will the applicant and the participants/members travel for offsite performances?	☐ Yes ☐ No
	If yes, please describe:	
8.	Are there any other offsite activities or operations?	
9.	Do any activities or classes involve the customer or member being airborne or suspended	
	above ground level?	☐ Yes ☐ No
	If yes, please describe:	
10.	Are trampolines used?	☐ Yes ☐ No
11.	List all other equipment used:	
12.	Is the floor padded and/or made of slip resistant surface?	☐ Yes ☐ No
13.	Does the applicant ever lease or rent the premises to third parties?	☐ Yes ☐ No
	If yes, please describe:	
14.	If the applicant rents/leases the premises is a contract in place that contains Hold Harmless	
	Wording in the applicant's favor?	☐ Yes ☐ No
15.	If the applicant rents/leases the premises is proof of General Liability Insurance and Additional	
	Insured status from the lessee required as evidenced by a certificate of insurance?	☐ Yes ☐ No
Sig	nature of applicant:	
Dat	te:	

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