

## APPLICATION FOR PROFESSIONAL MUSIC INSTRUCTOR'S INSURANCE ON USER GROUP PROGRAM - AS PER PERMIT ISSUED

*The information contained herein is for information purposes only and in no way constitutes a legal contract and does not bind insurance coverage.*

1. Name of Insured: \_\_\_\_\_ Web Site: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_
3. Type of Instruction: \_\_\_\_\_
4. Are you Certified as a Teacher by any Organization  Yes  No  
If Yes, for how many years? \_\_\_\_\_
5. Date of Last Background Check: \_\_\_\_\_
6. Estimated: Annual # of Clients: \_\_\_\_\_ Annual Revenue: \$ \_\_\_\_\_  
Avg. hours of teaching/week: \_\_\_\_\_

### THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- b) Coverage will be bound on a School Board Permit whose office has received the premium (plus applicable TAX) and fully completed application.

Music Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Permit # Issued: \_\_\_\_\_