



**BUNNELL HITCHON**  
**INSURANCE BROKERS INC.**  
 CORPORATE AND PERSONAL

**DANCE STUDIO INSURANCE APPLICATIONS**

Legal Business Name:			
Mailing Address:			
Location Address: (If Different)			
Contact Person:			
Phone:		Fax:	
Current Insurance Company:			
Expiry Date:			

**PROPERTY INFORMATION:**

Construction Of Building: Walls:			
Floor:		Roof:	
Age Of Building:		No. Of Stories:	
Do You Own The Building?		Total sq. Feet Of Building:	
Area You Occupy:			

**LATEST UPDATES:**

a. Roof:	
b. Heating:	
c. Plumbing:	
d. Electrical:	

Sprinkler System:		Fire Alarm:	
Burglar Alarm:		Alarm Monitored:	
Fire Hydrants within 500 feet?			
Do You Own, Operate Or Rent Space To Associated Businesses?			
If Yes, Please Describe:			
Do You Contract Our Snow Removal/Salting Of Ice?			
If Not, Who Does The Snow Removal/Salting?			
Do You Keep Maintenance Records?			

**DESCRIPTION OF OPERATIONS:**

List The Various Styles/Operations Of Dance:			
Children Under 12 (%):		Jr 12-18 (%):	
Adult (%):			
Number Of Students:			
Do You Offer Private Lessons?			
Is A Hold Harmless Waiver Form Signed By Each Student (Parent)?			
PLEASE ATTACH COPY FOR OUR FILES.			
How Many Recitals Do You Attend Per Year: #			
Are They Held At Your Location?			

Average Number Of Students Attending Recitals: #	
Do You Sponsor Any Recitals?	If Yes, How Many?
Are They Held At Your Location?	
Total Number Of Attending Sponsored Recitals: #	
Does The School Provide Transportation?	
If Yes, Describe Arrangements:	
Additional Insureds: (i.e. Landlord)	
Loss Payee: (i.e. Bank Financing, Equipment Leases, etc.)	
Any Claims In The Past 5 Years?	
If Yes, Please Explain:	

**FINANCIAL INFORMATION:**

Property Values If You Had To Replace The Following Items Today:			
Stock Limit:		Equipment:	
Leaseholds:		Dance Floors:	
Building: (If You Require Coverage)			
Describe The Flooring Of The Studio:			
Number Of Years In Business:			
Number Of Full Time Employees:		Number Of Part Time Employees:	
Maximum Amount Of Cash Left On Premises Overnight?			
If Over \$250.00. Do You Have A Safe?			
Liability Limits Required (Please Check One Of Following):			
\$2 Million		\$3 Million	
		\$4 Million	
			\$5 Million

<b>FINANCIAL BREAKDOWN:</b>	
a. Number Of Students:	
b. Student Receipts:	
c. Clothing Receipts:	
d. Recital Receipts:	
e. Overnight Camps:	
f. Other Receipts:	

Any person knowingly and with intent to defraud any insurance company or another person, files an application containing any 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 this person to criminal and civil penalties.

Applicant Signature:			
Title:		Date:	