



# Dance School Insurance Application Form

## Section I - Insured Information

Requested Effective Date \_\_\_\_\_

Named Insured (as it should appear on the policy) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Daytime Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email \_\_\_\_\_ Web Site \_\_\_\_\_

Form of Business      Individual      Partnership      LLC or Joint Venture      Corporation

Location Address(es) if different from above.

Location 1: \_\_\_\_\_  
Street City State Zip

Location 2: \_\_\_\_\_  
Street City State Zip

Agency/Brokerage (if applicable) \_\_\_\_\_

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Additional Insured Information – List the name and address of any entity requiring a Certificate of Insurance evidencing them as an additional insured on your policy and indicate their relationship to you.

	Name	Mailing Address	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

## Section II - Underwriting Information

1. What type(s) of dance do you instruct at your school? \_\_\_\_\_

2. Are waiver or consent forms signed by all participants or parents of participants?      Yes      No

3. Who is the current carrier and expiration date of policy?  
 \_\_\_\_\_

4. Is carrier non-renewing current policy?      Yes      No  
 If yes, please explain: \_\_\_\_\_



**Please let us know how you were referred to the Sure Step program.**

Convention \_\_\_\_\_ Magazine Ad \_\_\_\_\_ Web Search \_\_\_\_\_ Other \_\_\_\_\_  
Specify: \_\_\_\_\_ Specify: \_\_\_\_\_

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information submitted on this application form and my answers to the underwriting questions posed. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I am aware that the insurance company expects accurate reporting for the projected attendance for my program, and should my figures exceed my estimates during the coverage term, I will make arrangements to pay the additional premium. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years afterwards. I further understand that intentional misrepresentations or misreporting may jeopardize my coverage.

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

For an insurance proposal for your dance school, send completed form to:

**Summit America Insurance Services**  
**Attn: Sure Step Program**  
**7400 College Boulevard, Suite 100**  
**Overland Park, KS 66210**  
**Phone: 1-800-955-1991 Fax: 1-913-327-0201**  
**[www.summitamerica-ins.com](http://www.summitamerica-ins.com)**