SUPPLEMENTAL VOCATIONAL SCHOOLS APPLICATION

1. Name of School: ________________________________________________________________

2. Type of School: _____ Beauty/Barber      _____ Cosmetology      _____ Home Health Care
    _____ Massage      _____ Manicure       _____ Modeling       _____ Other (be specific)
    ___________________________________________________________________________

3. a) Number of teachers __________________________________________________________
    b) Number of students _________________________________________________________
    c) Receipts ___________________________________________________________________

4. What is the square footage of the premises that you occupy? ______________ sq. ft.

5. Describe prior experience and training of all teachers __________________________________________
    _____________________________________________________________________________
    _____________________________________________________________________________

6. Describe the teaching activities provided ___________________________________________ 
    _____________________________________________________________________________
    _____________________________________________________________________________

7. Provide specific details on the licensing and certification of students ___________________
    _____________________________________________________________________________
    _____________________________________________________________________________

8. Hours of operation ______________________________________________________________

9. Are products manufactured, mixed, labeled, etc.? If so, describe _______________________
    _____________________________________________________________________________

10. Identify if any teachers are the following:
    _____ Medical Doctors       _____ Independent Contractors       _____ Volunteers

11. Provide sample copies of any contractual or hold harmless agreement.

    COVERAGE IS NOT BINDING UNTIL APPROVED BY THE COMPANY.

Applicant’s Signature ______________________________________________________________

Date: ____________________________________________________________________________

PLS 1007