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: ____________________________________________________________