



6700 Main Street, Williamsville, New York 14221
 phone 716.633.8401 fax 716.633.8429 web danceinsuranceusa.com

Name of your Studio and all other entities to be protected										
Business Entity (i.e. Corp., Sole Proprietor, Partnership, LLC, etc.)										
Effective Date of Coverage										
Name of Individual completing this form										
Location Address										
Mailing Address if different										
Preferred Phone #										
Website Address										
E-Mail Address										
# Years in Business										
List the styles of dance/performing arts classes offered										
For a more accurate proposal, your Average Student count estimate based on Ages and disciplines is to be supplied	<p># of Students _____ (Age Breakdown needed <u>only</u> for Acro students) # of Dance students not taking acro: _____</p> <table border="1"> <tr> <td>Age</td> <td>< 13</td> <td>#</td> </tr> <tr> <td>Age</td> <td>13 – 15</td> <td>#</td> </tr> <tr> <td>Age</td> <td>16 – up</td> <td>#</td> </tr> </table>	Age	< 13	#	Age	13 – 15	#	Age	16 – up	#
Age	< 13	#								
Age	13 – 15	#								
Age	16 – up	#								
Are waivers Signed by Parents of minors or Adult Students?										
Do you offer birthday parties & if so, how many per year?										
Are you teaching online classes?										
Please provide your Estimated Gross Receipts										
Current General Liability Limit										
Current Tenants Rented or Tenant's Legal Limit										
Current Hired & Non-owned Auto Liability Limit										
Do you have an Accident policy for Students?										
Do you have Abuse or Molestation and if so, what is the Limit?										
Do you have Cyber Security & Data Breach Protection? What is the limit?										
Umbrella Liability Limit (if applicable)										
Do you own the building or does a lease require you to insure?										
If you own the building, what is the current Limit of Insurance?										
If you are a tenant, are you responsible for Plate Glass?										
Information on the Building (Complete <u>even if you do not own the building</u> if Personal Property coverage is desired) <i>For the Construction of building we need to know if it is brick, frame, block, fire resistive</i>	<p>Construction:</p> <p># stories = Estimated Building Age =</p>									

Personal Property Limit (Studio Contents) The cost to REPLACE all items in the studio in the event of a total loss	Replacement Cost of Permanent Improvements & Betterments: \$ Costumes, Props, Musical Instruments, A/V: \$ Computer/Laptops: \$ Replacement Cost other studio contents: \$
What is your current Property Deductible?	
Equipment Breakdown Coverage Limit (if applicable)	
Square Footage of <i>Dance Floor</i> area	
Provide the types of Occupants or Businesses in your Building	
Is the Building Sprinklered?	
Do you have a Fire or Burglar Alarms? If yes, which type?	
How many employees do you have?	
Are they covered under Worker's Comp?	
If you would like a Workers Compensation Quote, complete the payroll information as indicated	Estimated Annual Payroll \$ Are executive officers included for coverage? If yes, what is the individual payroll?
Present Insurance Company(ies)	
How did you hear about Promark Partners Insurance Services?	

Claim Information

In order to properly underwrite, please complete the following information for any claims reported or known in the past four years:

Date of Claim	
Brief Description of incident:	
Amount Paid if known:	
Date of Claim	
Brief Description of incident:	
Amount Paid if known:	
Date of Claim	
Brief Description of incident:	
Amount Paid if known:	

Check here if No Claims have been reported.

The questionnaire has been answered to the best of my knowledge.

Signature X _____ Date X _____

Thank you for considering our tailored insurance program. Your Completed form should be saved and emailed to jklenk@promarkinsurance.com

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