



## Charter School Supplemental Application

Name of Insured \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

### Enrollment:

Pre-K through Grade 4 \_\_\_\_\_ Grades 5 through 8 \_\_\_\_\_ Grades 9 through 12 \_\_\_\_\_  
Number of teachers \_\_\_\_\_ Total other faculty and staff \_\_\_\_\_

### Housing:

# Of Dorms \_\_\_\_\_  
# Of Students living on Campus \_\_\_\_\_

Do all resident halls contain adequate fire suppression devices? Yes \_\_\_ No \_\_\_  
Have overhead sprinkler systems been installed in all resident halls? Yes \_\_\_ No \_\_\_  
Is there a smoke alarm in every dorm room? Yes \_\_\_ No \_\_\_  
Is there security 24 hours per day? Yes \_\_\_ No \_\_\_  
Are any dorms over 5 stories high? Yes \_\_\_ No \_\_\_  
If yes, what percentage are over 5 stories \_\_\_\_\_

How many times per year are there evacuation fire drills in each dorm? \_\_\_\_\_  
Is there a security guard posted at the front desk of every dorm? Yes \_\_\_ No \_\_\_  
Are there closed circuit cameras monitoring all entryways? Yes \_\_\_ No \_\_\_  
Is there a "key card" security procedure in place? Yes \_\_\_ No \_\_\_  
Is there at least one resident advisor living in every dorm? Yes \_\_\_ No \_\_\_  
Is there a formal visitor sign in policy? Yes \_\_\_ No \_\_\_

How many times per year are safety inspections performed on the campus, including fire extinguishers, smoke detectors, cracks in sidewalks and parking lots, etc.? \_\_\_\_\_

### Athletics

Indicate Classification: Interscholastic \_\_\_\_\_ Intramural \_\_\_\_\_ No Athletics \_\_\_\_\_

Number of Men's Teams \_\_\_\_\_ Number of Woman's Teams \_\_\_\_\_

Please indicate the number of participants, including coaches, that are involved in the following activities:

Archery \_\_\_\_\_ acrobatics/gymnastics \_\_\_\_\_ Scuba diving/diving \_\_\_\_\_  
Ski diving \_\_\_\_\_ platform diving \_\_\_\_\_ Horse related activities \_\_\_\_\_  
Rugby \_\_\_\_\_ football \_\_\_\_\_ motor sports / auto racing \_\_\_\_\_  
Baseball/softball \_\_\_\_\_ handball/squash \_\_\_\_\_ Basketball \_\_\_\_\_  
Cheerleading/Baton Twirling \_\_\_\_\_ Boxing \_\_\_\_\_ Wrestling \_\_\_\_\_ Volleyball \_\_\_\_\_  
Swimming/water skiing \_\_\_\_\_ Skiing \_\_\_\_\_ Weightlifting \_\_\_\_\_ Crew/rowing \_\_\_\_\_  
Other (please describe) \_\_\_\_\_

Does the school require protective safety gear for all sports in which safety gear is available? Yes\_ No\_\_

Does the school require waiver/release forms prior to play?

Are student athletes transported to away games via school-owned or hired transportation? If hired, are certificates of insurance obtained?

Is there an emergency medical plan in place? Yes\_\_\_\_ No\_\_\_\_

Do you have any sports facilities that seat more than 2,500 spectators? Yes \_\_\_\_ No \_\_\_\_\_  
If yes, please attach a list of all the stadiums and their seating capacity.

Do you allow spectators to "tail gate" prior to events? Yes \_\_\_\_ No \_\_\_\_\_

Are their published rules that limit the times of the tail gating? Yes \_\_\_\_ No \_\_\_\_\_

Is drinking of alcoholic beverages allowed during tail gating? Yes\_\_\_\_ No\_\_\_\_\_

How is this monitored?

### **Water Hazards**

Are there any bodies of water located on or adjacent to any campus locations? Yes \_\_\_\_ No\_\_\_\_

If yes, are there any institution sponsored activities or operations? Yes \_\_\_\_ No \_\_\_\_

If yes, please describe them.

Total Number of Pools \_\_\_\_\_

Number of pools with diving boards or platforms \_\_\_\_\_

Are all pool managers properly certified? Yes \_\_\_\_ No \_\_\_\_\_

Is there a certified lifeguard during all operating hours? Yes \_\_\_\_ No \_\_\_\_\_

Do you own any boats? Yes \_\_\_\_ No \_\_\_\_\_

If yes, how many? \_\_\_\_\_

Are any over 50 feet long? Yes \_\_\_\_ No \_\_\_\_\_

### **Food and Beverage / Alcohol Policy**

Do you have a formal written Student Alcohol policy? Yes \_\_\_\_ No \_\_\_\_\_

Does it prohibit student drinking on campus? Yes \_\_\_\_ No \_\_\_\_\_

Do you contract out your food service operations (cafeterias, vending machines, on site restaurants)?

Yes \_\_\_\_ No \_\_\_\_\_

Do you contract out the catering and serving of alcohol at all events you host? Yes \_\_\_\_ No \_\_\_\_

Do you own or control any facilities that sell alcohol? Yes \_\_\_\_ No \_\_\_\_

If yes, how many? \_\_\_\_\_

What is the total alcohol sales? \_\_\_\_\_

Do any of these facilities generate more than 40% of their total revenue from alcohol sales?

Yes \_\_\_\_ No\_\_\_\_

If yes, how many locations? \_\_\_\_\_

Are any of these locations "on campus"? Yes \_\_\_\_ No \_\_\_\_

### Student Counseling Services

Number of Employed counselors \_\_\_\_\_  
Number of contracted / volunteer counselors \_\_\_\_\_  
What percentage are students? \_\_\_\_\_  
What percentage hold board certifications? \_\_\_\_\_

Do you provide the following counseling services?

Suicide Prevention	Yes _____	No _____
Substance abuse	Yes _____	No _____
Family planning / Pregnancy avoidance	Yes _____	No _____
Sexual assault or abuse	Yes _____	No _____
Marriage and family counseling	Yes _____	No _____

Do you operate any telephone hotlines? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is there a formal procedure to manage potentially violent or suicidal students?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Is there a formal procedure used to notify a parent or guardians of a students deteriorating mental health?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Is there a telephone hotline? Yes \_\_\_\_\_ No \_\_\_\_\_. If so, is it manned by students? Yes \_\_\_\_\_ No \_\_\_\_  
How much training do students receive before being allowed to answer calls? \_\_\_\_\_

### Student Infirmary

Does your institution maintain a clinic or infirmary? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is it limited to students and or employees? Yes \_\_\_\_\_ No \_\_\_\_\_

Indicate the total number of each type of employee whose purpose is to treat students.

Employed Physicians \_\_\_\_\_  
Contracted Physicians \_\_\_\_\_  
Employed physician assistants or nurse practitioners \_\_\_\_\_  
Contracted physician assistants or nurse practitioners \_\_\_\_\_  
Employed nurses, athletic trainers or other allied health personnel \_\_\_\_\_  
Contracted nurses, athletic trainers or other allied health personnel \_\_\_\_\_  
Is there a written criteria of when the nurse practitioner needs to refer the student to a physician or hospital emergency room? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of infirmary beds for overnight stays \_\_\_\_\_

Does your institution own, operate, or control any medical facilities, clinics, hospitals that serve the public?

Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you own, operate or control any pharmacies? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide a list of the medical services you provide.

Are students required to complete a medical history for each academic year? Yes \_\_\_\_\_ No \_\_\_\_  
Is there a tracking system to ensure that "high risk" students keep follow-up appointments?  
Yes \_\_\_\_\_ No \_\_\_\_\_

### Campus Security

Please provide the number of individuals employed in the following groups:

Employed armed security \_\_\_\_\_  
Contracted armed security \_\_\_\_\_  
Employed unarmed security \_\_\_\_\_

Contracted unarmed security \_\_\_\_\_

Do security personnel have the authority to arrest people? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a mutual aid agreement in place with the local authorities? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you conduct psychological reviews and background checks on all employed security personnel?

Yes \_\_\_\_\_ No \_\_\_\_\_

Does your institution require its security firms to carrier a minimum of \$1 million of GL/Policy professional insurance and name your institution as additional insured? Yes \_\_\_\_\_ No \_\_\_\_\_

If armed, how often are the security personnel required to be re-certified for weapons use? \_\_\_\_\_

Are there written minimum standards of qualifications and training? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there periodic training sessions? Yes \_\_\_\_\_ No \_\_\_\_\_ How often? \_\_\_\_\_

### Childcare Facilities

Do you operate a Childcare center? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the maximum amount of children in your care? \_\_\_\_\_

Do students work in these facilities? Yes \_\_\_\_\_ No \_\_\_\_\_

Is a certified teacher or daycare worker present at all time? Yes \_\_\_\_\_ No \_\_\_\_\_

Approximately what percentage of children are the children of either school students or faculty? \_\_\_\_\_

### Foreign Operations

Does your institution sponsor foreign travel? Yes \_\_\_\_\_ No \_\_\_\_\_

How many students travel abroad annually? \_\_\_\_\_

Do you require each student to sign a liability waiver, hold harmless agreement, or assumption of risk form? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the school own or maintain a campus, or other property outside of the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

### Automobile

Please provide the number of vehicles:

Service  
PPT \_\_\_\_\_

Light \_\_\_\_\_

Medium \_\_\_\_\_

Heavy \_\_\_\_\_

X- Heavy / Tractors \_\_\_\_\_

Ambulances \_\_\_\_\_

Police / Security cars \_\_\_\_\_

Transportation of people  
PPT ( seating 6 or less) \_\_\_\_\_

Passenger ( seating 7 to 15)) \_\_\_\_\_

Passenger (seating over 15 people) \_\_\_\_\_

Have the 12-15 passenger vans been modified? Yes \_\_\_\_\_ No \_\_\_\_\_

Rear seats removed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, # of vehicles \_\_\_\_\_

Dual rear wheels installed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, # of vehicles \_\_\_\_\_

Does the school's policies and procedures prohibit the future purchase or lease of 12-15 passenger vans?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you currently have 12-15 passenger vans in the fleet, do you have a phase out plan? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, by what date will they be removed from the fleet?

If no, are you in the process of creating one? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the maximum distance your organization will transport students before resorting to airplanes, trains, etc? \_\_\_\_\_

Do you allow students to operate your vehicles? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you provide any shuttle services? Yes \_\_\_\_\_ No \_\_\_\_\_  
Does your organization have a policy on when it is permissible for security personnel to engage in high-speed chases? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are employees or students who drive school vehicles required to take driver safety training? Yes \_\_\_\_\_ No \_\_\_\_\_  
How often does the school check MVRs and driver licenses? \_\_\_\_\_

### **Camps and Recreational Programs**

Are there any summer camp, recreational programs or similar programs held on the campus of the school? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, does the school own the program, or is it contracted to another entity? \_\_\_\_\_  
If contracted, is the contractor required to provide certificates of insurance, including coverage for sexual abuse and molestation to the school? Yes \_\_\_\_\_ No \_\_\_\_\_ Is the school an additional insured? Yes \_\_\_\_\_ No \_\_\_\_\_

### **Physical and Sexual Abuse**

1. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted of any crime, including sex-related or child-abuse related offense? Yes \_\_\_ No \_\_\_
2. Does your state permit you to do criminal background investigations? Yes \_\_\_ No \_\_\_  
If yes, do you routinely request and receive such background investigations? Yes \_\_\_ No \_\_\_
3. Do you verify employment related references? Yes \_\_\_ No \_\_\_
4. Does the school conduct a personal interview? Yes \_\_\_ No \_\_\_
5. Do you discuss at staff orientation physical/sexual abuse and how to recognize the signs, what to do if a client/child reports someone has abused/molested him/her? Yes \_\_\_ No \_\_\_
6. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients/children? Yes \_\_\_ No \_\_\_
7. Do you have a crisis management plan for dealing with the staff personnel, victim, parents, authorities, and media, if you have an incident of abuse/molestation? Yes \_\_\_ No \_\_\_
8. Have you ever had an incident which resulted in an allegation of physical/sexual abuse? Yes \_\_\_ No \_\_\_  
If yes, in a separate attachment please describe in detail each incident and include:
  - a. date allegations were made
  - b. number of claimants
  - c. date of settlement
  - d. defense costs
  - e. indemnity costs

### **IMPORTANT NOTICE**

IN GRANTING COVERAGE TO ANY OF THE INSURED, THE INSURER HAS RELIED UPON THE DECLARATIONS AND STATEMENTS IN THIS APPLICATION FOR COVERAGE. ALL SUCH

DECLARATIONS AND STATEMENTS ARE THE BASIS OF COVERAGE AND SHALL BE CONSIDERED INCORPORATED IN AND CONSTITUTING PART OF THE POLICY SHOULD ONE BE ISSUED.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT AND SHOULD A POLICY BE ISSUED, IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, SHOULD A POLICY BE ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

IF AND WHEN A POLICY IS ISSUED, THIS APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL. THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT BY SIGNING BELOW WHERE INDICATED, THAT THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

**NOTICE TO ARKANSAS APPLICANTS:** “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

**NOTICE TO COLORADO APPLICANTS:** “IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.”

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** “WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.”

**NOTICE TO FLORIDA APPLICANTS:** “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.”

**NOTICE TO KENTUCKY APPLICANTS:** “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.”

**NOTICE TO LOUISIANA APPLICANTS:** “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

**NOTICE TO MAINE APPLICANTS:** “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.”

**NOTICE TO MINNESOTA APPLICANTS:** “A PERSON WHO SUBMITS AN APPLICATION OR FILES CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.”

**NOTICE TO NEW JERSEY APPLICANTS:** “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

**NOTICE TO NEW MEXICO APPLICANTS:** “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

**NOTICE TO NEW YORK APPLICANTS:** “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.”

**NOTICE TO OHIO APPLICANTS:** “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

**NOTICE TO OKLAHOMA APPLICANTS:** "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY" (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

**NOTICE TO TENNESSEE APPLICANTS:** “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

**NOTICE TO VIRGINIA APPLICANTS:** “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

\_\_\_\_\_  
Signature of Owner, Partner, Member, Principal, or Officer  
Authorized to Sign as Applicant

Applicant's Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Producer \_\_\_\_\_ Name:

License \_\_\_\_\_ #: