

Youth / Adult Educational Programs Supplement

Producer Name: _____

SGA Producer Number: _____

Producer Contact: _____ Phone: _____

Applicant Name: _____

DBA: _____

Physical Address: _____

1. When was this organization started? _____
2. Years of experience in the industry. _____
3. Does the insured have any certifications/background/experience. If yes, explain. _____

4. Is there any counseling for families, teens, etc? _____
5. What type of educational and physical activities exist? _____

6. Number of children/youth enrolled in the program. _____
7. Number of instructors. _____
8. Does the program have a website? If yes, please list. _____
9. Do you sponsor any sporting events? If yes, explain. _____
10. Are there any other operations? If yes, explain. _____
11. Prior carrier? _____
12. Losses over the last 5 years: _____
(If any losses we will need _____
hard copy loss runs) _____