



Dance Schools & Programs Supplemental Request Form

SECTION 1: GENERAL INFORMATION

Named Insured (as it should appear on the policy): _____

Policy number (as it should appear on the policy): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ E-Mail: _____

Phone: _____ Fax: _____

Cell: _____ Website: _____

SECTION 2: EXPOSURE INFORMATION

Check one:

Adding additional participants to existing coverage Adding new coverage

Effective date needed: ____/____/____

Note:

- You must submit this request form prior to the effective date needed.
- Coverage will be made effective the day after this request form and payment are received, or on a later date that you may specify.
- All participants are required to be reported. TBD numbers cannot be accepted.

	Type of Activity	# of Participants	X	Option 1	Option 2	=	Premium
<input type="checkbox"/>	Dance Please describe _____		X	\$10.50	\$13.00	=	
<input type="checkbox"/>	Arts, Crafts and/or Music		X	\$13.50	\$18.15	=	\$
<input type="checkbox"/>	Camp/Clinic		X	\$13.50	\$18.15	=	\$
<input type="checkbox"/>	Exercise and/or Yoga		X	\$13.50	\$18.15	=	\$
<input type="checkbox"/>	Gymnastics/Cheer Please describe types of programs/classes:		X	\$13.50	\$18.15	=	\$
<input type="checkbox"/>	Theater Arts and/or Drama		X	\$13.50	\$18.15	=	\$
<input type="checkbox"/>	Other (please describe): _____ Note: This is subject to approval by Summit America		X	\$13.50	\$18.15	=	\$
<input type="checkbox"/>	Birthday /Social Parties	Number of parties	X	\$16.75	\$22.50	=	\$
Premium Due (add all lines above):							\$
Florida Applicants – Premium Due (premium due x 1.013)							\$

SECTION 3: CERTIFICATE REQUEST

Check the type of certificate you are requesting:

- Additional Insured Evidence of coverage

Certificate Holder (Entity Name): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

- Relationship to insured: Owner/Lessor of premises Sponsor
 Franchisor Co-promoter Other (Explain below)

Please explain or attach any special certificate language needed:

SECTION 4: PAYMENT INFORMATION

- Check:** Please make check payable to Summit America Insurance Services

Enclosed check # _____ for \$ _____

- Credit Card:** If you are making your payment by credit/debit, please complete the following:

- Visa MasterCard American Express

Card Number: _____ Expiration Date: _____

I authorize Summit America Insurance Services to charge my debit/credit card in the amount of \$ _____

Cardholder Billing Address: _____

City: _____ State _____ Zip _____

Reference # _____ Name on Card _____
(last 3 digits on back of card)

Signature: _____

Note: Credit cards are accepted for direct accounts only. If you are an agent or broker submitting this form on behalf of your client, you must submit net premium.

SECTION 5: SUBMISSION INSTRUCTIONS

Please fax, mail or e-mail the completed supplemental form along with payment to Summit America Insurance. Please note that this form is subject to underwriting review and approval. We will contact you if any further information is needed.



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