



Mid America Specialty Markets
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**Learning Center Questionnaire
 (Attach to an ACORD Application)**

Policy Number: _____

Applicant's name _____				
Address _____				
	Street	City	State	Zip
Applicant's website address _____		Contact's email address _____		

1) Does the applicant perform a criminal background investigation, including sexual abuse or child abuse related offenses on prospective employees and volunteers? Yes No

2) Has there ever been an allegation of sexual abuse made against the insured? Yes No

If yes, please explain: _____

3) Does the applicant discuss the following items at staff orientation?

a. Child/Sexual Abuse Yes No

b. How to recognize the signs of abuse Yes No

c. What to do if a client/child reports someone molested him/her Yes No

4) For all teaching rooms, are the occupants observable from outside the room? Yes No

5) Do all teachers have state issued teaching certificates or equivalent? Yes No

If no, describe experience: _____

6) Please describe the experience of the Director of Education or the person in an equivalent position.

7) Estimated annual student enrollment? _____ Number of teaching staff? _____

Square footage of the center? _____ Number of non-teaching staff? _____

8) Does applicant teach more than Academic subjects such as Math, Writing, Reading, Studying, SAT/ACT?

Yes No

If yes, please describe: _____

9) Does applicant conduct operations other than at the Center and local schools? Yes No

If yes, please describe: _____

10) Please attach a copy of the customer contract.

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.			
_____		_____	
Applicant's Signature		Date	
_____		_____	
Agent's Signature		Date	
_____		_____	
Agent's Signature		Agency Name	
_____		_____	
Agent's Signature		Date	