



ROBERT A. SCHNEIDER AGENCY, INC.

Minnesota
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SUPPLEMENTAL VOCATIONAL SCHOOLS APPLICATION

- 1. Name of School:
2. Type of School: Beauty/Barber, Cosmetology, Home Health Care, Massage, Manicure, Modeling, Other (be specific)
3. a) Number of teachers, b) Number of students, c) Receipts
4. What is the square footage of the premises that you occupy? sq. ft.
5. Describe prior experience and training of all teachers
6. Describe the teaching activities provided
7. Provide specific details on the licensing and certification of students
8. Hours of operation
9. Are products manufactured, mixed, labeled, etc.? If so, describe
10. Identify if any teachers are the following: Medical Doctors, Independent Contractors, Volunteers
11. Provide sample copies of any contractual or hold harmless agreement.

COVERAGE IS NOT BINDING UNTIL APPROVED BY THE COMPANY.

Applicant's Signature

Date: