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TEL 617 471 7171 / TF 800 972 5381
FAX 617 471 7180 / TF 888 628 1906
EMAIL info@xsbrokers.com

WEB
xsbrokers.com

WORKERS COMPENSATION SCHOOL SUPPLEMENT

Name of Agent: _____

Please circle the answer on the following operational questions.

- Specialty Schools: Day Cares/Preschools Yes No
- Specialty Schools: Vocational Trade Schools Yes No
- Specialty Schools: Athletic/Martial Arts Schools Yes No
- Specialty Schools: Dance/Theater Schools Yes No
- Specialty Schools: Special Education Schools Yes No
- Specialty Schools: Beauty Schools Yes No
- Specialty Schools: Driving Schools Yes No
- Religious Organizations Yes No

Please describe in detail any “yes” questions and any other detail on the operation that may not be listed above:

Date

Agent or Insured Signature