



INSURANCE AGENCY, INC.  
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS  
 Ten Granite Street Suite 2  
 Quincy, Massachusetts 02169  
 Ph: 800.972.5381 Fax: 617.471.7180  
 www.xsbrokers.com

**WORKERS COMPENSATION SCHOOL SUPPLEMENT**

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:

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent or Insured Signature