



WITHERSPOON & ASSOCIATES INC.

DATE

AGENCY		APPLICANT (First Named Insured)		
PHONE (A/C, No, Ext):	FAX (A/C, No):	PHONE (A/C, No, Ext):	FAX (A/C, No):	CELL (A/C, No):
AGENCY E-MAIL ADDRESS:		E-MAIL ADDRESS:		
		WEBSITE ADDRESS:		
ESTIMATED ANNUAL PREMIUM:	CERTIFICATE NO:	COMPANY/PROGRAM:	AGENCY CUSTOMER ID:	
CONTACT NAME:	MAILING ADDRESS (IF DIFFERENT FROM ABOVE):			
EFFECTIVE DATE:	EXPIRATION DATE:			

@75HCBG

#	STREET ADDRESS/ CITY, STATE, ZIP CODE	CONTACT/ EMAIL	PHONE/ FAX	CELL

GI 6 G-5 FM-B: CFA 5 HCB

LIST ANY SUBSIDIARIES AND ANY "DBA" TO WHICH THIS INSURANCE APPLIES.

LOC#	SUBSIDIARY/DBA NAME

G HCF9# FCI D' DFC: 9 GG-CB5 @ @56 - @HM

ESTIMATED GROSS RECEIPTS FOR INSTRUCTION AND SUPERVISION (FOR MULTIPLE LOCATIONS, INCLUDE THE TOTAL AMOUNT FOR ALL)?:	\$
EXCESS LIABILITY LIMITS:	<input type="checkbox"/> INCREASE \$1 MILLION (\$2 MIL/\$3MIL AGGREGATE) <input type="checkbox"/> INCREASE \$2 MILLION (\$3 MIL/\$4MIL AGGREGATE) <input type="checkbox"/> INCREASE \$3 MILLION (\$4 MIL/\$5 MIL AGGREGATE) <input type="checkbox"/> INCREASE \$4 MILLION (\$5 MIL/\$6MIL AGGREGATE)

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