

International Association of Kumon Franchisees Insurance Program Information Page

Center Number (if known): _____

Contact Name: _____

Email address: _____

Phone number: _____

Company Name (legal entity name): _____

Location address: _____

City: _____ State/Province: _____ Postal Code: _____

Estimated number of students enrolled: _____ Avg. daily attendance: _____

Date business started: _____

Estimated annual payroll for non-owners: _____

Estimated replacement cost of your contents? _____

Estimated replacement cost of your building, if any? _____

Are background checks run on employees? Yes or No

Any autos owned by the entity? Yes or No

Over the past three years have you had any insurance losses associated with the operation of your center? If so, please give the date and brief description of the loss including estimated amount of payment:

Any comments:

**Complete and return to IAFK@pasins.com
so we can send you a gift card for a cup of coffee!**