APPLICATION FOR EDUCATORS LEGAL LIABILITY INSURANCE COVERAGE

NOTICE: This insurance contains claims-made coverage. This insurance is limited to liability for acts, errors or omissions for which claims are first made against the insured while the insurance is in force. Please read and review the insurance carefully and discuss the coverage with your insurance agent.

1. GENERAL INFORMATION

a) Applicant _____

b) Mailing Address _____
City _____ State _____ Zip _____

Person to Contact _____
Title _____ Phone _____

Address (if different) _____
City _____ State _____ Zip _____

c) Producer _____ Producer Code _____

Person to Contact _____
Title _____ Phone _____

d) Policy Effective Date _____ Current Retroactive Date _____

e) Type of education entity: _____

☐ Public ☐ Education service district ☐ Parochial ☐ Private (if private, attach brochure)
☐ Other:

f) When was your entity established? _____

2. LIMITS OF INSURANCE:

	Limit			Deductible
Coverage A	$1,000,000	or _____	Each Professional Incident Limit	$5,000 or _____
	$1,000,000	or _____	Professional Incident Aggregate	_____
Coverage B	$1,000,000	or _____	Each Employment Incident Limit	$5,000 or _____
	$1,000,000	or _____	Employment Incident Aggregate	_____
Coverages A & B	$1,000,000	or _____	Optional Combined Aggregate Limit	_____
Coverage C	$10,000	or _____	Defense Reimbursement	$1,000 or
	$30,000	or _____	Defense Reimbursement Aggregate	_____

3. UNDERWRITING INFORMATION

a) Board members/trustees are: ☐ Elected ☐ Appointed

If elected, are they elected by: ☐ Single-member districts ☐ At large

b) Number of board members: _____

c) Term of office: _____

Terms staggered? ☐ Yes ☐ No

d) Student enrollment: (If a college, the number of students should include the full-time equivalent of part-time students)

	CURRENT YEAR	LAST YEAR	NEXT YEAR ESTIMATE
Number of Students			
Number of Special Needs Students			
Average Class Size			
Teacher/Student Ratio:			
Teacher/Special Needs Student Ratio:			

e) Employment Specifics: Attach a current copy of the EEO-5 Report (if filed in the last 2 years) or complete the table below.

ACTIVITY OR ASSIGNMENT	FULL-TIME*	PART-TIME**
Officials, Administrators, Managers, Principals, Assistant Principals		
Teaching Faculty (All Levels)		
Guidance, Psychologist, Librarians, Audiologists, Nurses or Other Professional Staff		
All Other Employees		

* Full-time employees are employees hired to work at least 35 hours per week on a regular basis.

** Part-time employees includes any seasonal, temporary, contract or leased employees.

4. FINANCIAL/BOND INFORMATION

a) Budget:

	YEAR	REVENUES	EXPENDITURES	SURPLUS (+) DEFICIT (-)
Current Year:				
Last Year:				
Previous Year:				

Fiscal year ends on: _____

b) If surplus/deficit exists, indicate use of surplus or cause of deficit and how it will be eliminated.

_____

c) Has any bond been defeated in the past 3 years? ☐ Yes ☐ No

If "Yes", explain: _____

d) What is entity's bond rating: Current: _____ Previous: _____

e) Has entity been in default of principal or interest on any bond? ☐ Yes ☐ No

If "Yes", explain: _____

f) Do you expect a budget reduction in the next year? ☐ Yes ☐ No

5. OPERATIONAL/ADMINISTRATIVE INFORMATION

a) Have you had on-site monitoring visits by State or Federal Regulatory Agencies? ☐ Yes ☐ No

If "Yes", provide name of Agency and purpose of visit: _____

b) In the last 3 years, have you been involved in any school mergers/closings or plan to do so in the next 18 months? ☐ Yes ☐ No

If "Yes", has your attorney reviewed your staff reduction plan? ☐ Yes ☐ No

If "Yes", explain

c) Any school openings in the next 18 months? ☐ Yes ☐ No

If "Yes", explain: _____

d) Is your attorney: ☐ An employee Of the educational entity? ☐ On retainer?

e) Does your attorney regularly participate in all grievances or administrative hearings? ☐ Yes ☐ No

f) Did any of the following take place in the past 3 years? **Explain all "Yes" answers below.**

1) Strike slowdown or other disruptions? ☐ Yes ☐ No
2) Disputes involving integration, segregation, discrimination or violations of civil rights? ☐ Yes ☐ No
3) Has any employee been suspended, dismissed, demoted, transferred or tenure contract nonrenewed? ☐ Yes ☐ No

Explanation for any “yes” answers:

6. POLICIES AND PROCEDURES

a) Has entity/board established policies/procedures governing teachers/supervisory personnel and nonprofessional employees in the areas of:

	Yes	No	In Writing		Yes	No	In Writing
Suspension	☐	☐	☐	Harassment	☐	☐	☐
Dismissal	☐	☐	☐	Demotion	☐	☐	☐
Promotion	☐	☐	☐	Hiring	☐	☐	☐
Transfer	☐	☐	☐	Background Checks	☐	☐	☐
Discrimination	☐	☐	☐				

b) Has entity/board established policies/procedures governing all students in the area of:

	Yes	No	In Writing		Yes	No	In Writing
Suspension	☐	☐	☐	Transfer	☐	☐	☐
Dismissal	☐	☐	☐	Corporal Punishment	☐	☐	☐
Promotion	☐	☐	☐	Acceptance	☐	☐	☐
Harassment	☐	☐	☐	Discrimination	☐	☐	☐

c) Do guidelines provide for administrative hearings and appeals? ☐ Yes ☐ No

d) How many hearings/appeals have taken place in the last 12 months? _____

In what areas: _____

e) How many hearings/appeals from **6.c)** above are in the area of special education? _____

f) Have your policies and procedures been reviewed by counsel? ☐ Yes ☐ No

g) Do you have policies and procedures for drug testing:

Students? ☐ Yes ☐ No Employees? ☐ Yes ☐ No

h) If "Yes", do your policies and procedures allow **mandatory random drug testing** of:

Students? ☐ Yes ☐ No Employees? ☐ Yes ☐ No

i) Do you have a policy concerning student use of lockers and parking facility? ☐ Yes ☐ No

7. PRIOR INSURANCE

Policy Type	Company Name	Expiration Date	Limits	Deductible	Premium
ELL					

a) Has any such insurance been declined, canceled or not renewed? ☐ Yes ☐ No

b) Is sexual molestation covered under your General Liability policy? ☐ Yes ☐ No

c) Has there ever been a lapse in your school board E&O? ☐ Yes ☐ No

If "Yes", did you purchase "Full Prior Acts" coverage to fill the gap? ☐ Yes ☐ No

8. PAST CLAIMS ACTIVITIES

Claims History, Incidents, Insured/Uninsured Losses—Current and Prior Three years

a) Has any claim been made/presented to your current or prior E&O insurers? ☐ Yes ☐ No

b) Has any claim been made against entity that was not covered by insurance? ☐ Yes ☐ No

c) Has any person, former employee or job applicant made claim alleging unfair or improper treatment regarding hiring, salary, advancement, demotion, suspension or termination? ☐ Yes ☐ No

d) Has entity been criticized by the state board of education? ☐ Yes ☐ No

e) Is entity operating under a court's supervision? ☐ Yes ☐ No

If "Yes", provide details: _____

f) Has any claim been made or is now pending against any person in his/her official capacity as an official, employee or volunteer of the entity? ☐ Yes ☐ No

g) If you have requested Coverage C. have you ever had a suit requesting non-monetary or injunctive relief? ☐ Yes ☐ No

h) Have there been any written or oral demands or claims made to your human resource department, internal legal division or department, or any department that provides a human resource function or to the Superintendent of Schools, Assistant Superintendent of Schools, Principals, or Vice Principals? ☐ Yes ☐ No

If any of the answers to the prior questions is "Yes", please complete the Supplemental Claims Information Form.

The following must be attached to this application only if applicable:

1. Student Handbook.

2. Employee handbook, including copies of Sexual Harassment policy, ADA policy, AIDS/HIV policy, Family medical Leave policy and Progressive Discipline policies.

3. EEO-5 Report if filed in the last 2 years.

Declaration and Signature

Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all insureds from the entity or their authorized representative(s) concerning this insurance.

Named Individual: _____ Title or Position: _____

Entity's Attestation

The authorized signer of this application represents to the best of his or her knowledge and belief that the statements set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or action now known to any entity, official or employee has been declared, and it is agreed by all concerned that omission of such information shall exclude any such claim or action from coverage under this insurance. Signing of this application does not bind the Company to offer nor the authorized signer to accept insurance, but it is agreed this application and any attachments thereto shall be the basis of the insurance.

Signature of Authorized Entity Representative

_____ Date: _____

The following statements are required by the regulations of the following state Insurance Departments. It is a requirement of certain states that this signed statement be attached to the policy. Please read the statement applicable to your state and sign where indicated.

CALIFORNIA APPLICANTS: ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT SIGNATURE _____ DATE _____

FLORIDA APPLICANTS: PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICANT SIGNATURE _____ DATE _____

MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

APPLICANT SIGNATURE _____ DATE _____

MINNESOTA APPLICANTS: A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT SIGNATURE _____ DATE _____

NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE D VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

APPLICANT SIGNATURE _____ DATE _____

OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICANT SIGNATURE _____ DATE _____

OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS A PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT SIGNATURE _____ DATE _____

UTAH APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT UNDERWRITING INFORMATION, FILES OR CAUSES TO BE FILED A FALSE OR FRAUDULENT CLAIM FOR DISABILITY COMPENSATION OR MEDICAL BENEFITS, OR SUBMITS A FALSE OR FRAUDULENT REPORT OR BILLING FOR HEALTH CARE FEES OR OTHER PROFESSIONAL SERVICES IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

APPLICANT SIGNATURE _____ DATE _____

ZURICH

SUPPLEMENTAL CLAIMS INFORMATION

Complete this page only if there are any "Yes" answers in Section **8. PAST CLAIMS ACTIVITIES** of this application.

Date of Claim: _____

Date of the earliest alleged fact or circumstances giving rise to the claim: _____

Name of the Plaintiff (Complainant): _____

Name of all Defendants (Respondent): _____

Forum for the Claim: _____

Name of Counsel selected to defend the Claim: _____

Have any loss payments been made on behalf of the company or any of its employees under any Employment Practices policy or similar insurance:

_____

A brief description of the allegations contained in the claim (if additional space is required, attach additional sheet):

_____

Amount spent to date in defense of the claim: _____

Amount of any settlement or judgment within the deductible: _____

Current Status: _____