

## SUPPLEMENTAL APPLICATION FOR EDUCATIONAL INSTITUTIONS

**This application is required for any and all school risks in addition to ACORD application.**

<b>Named Insured:</b> _____	<b>FEIN #:</b> _____
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Website: \_\_\_\_\_

Need By Date for Quote: \_\_\_\_\_ Is this a bid?  Yes  No Bid Date: \_\_\_\_\_  
 If this is a bid, please provide a copy of the bid specifications.

**EMPLOYEE BENEFIT LIABILITY** (complete this section only if requesting this coverage)  **N/A**

1. Is the current EBL coverage:  claims made or  occurrence
2. Is the administration of the employee benefits program handled by:  
 A dedicated Human Resources Department  A single employee
3. If by a single employee, how many years has the Administrator been handling this program? \_\_\_\_\_  
 Total years of experience: \_\_\_\_\_
4. Is the Insured subject to ERISA? .....  Yes  No
5. Which of the following does the insured have in writing:  
 Plan  Amendments to Plan  Acceptance /Rejection  Changes in Options  
 Clauses that specify that written plan shall supersede any oral communications
6. Have any employee benefit liability claims been presented in the past 10 years, whether covered by insurance or not? .....  Yes  No  
 Describe: \_\_\_\_\_  
 \_\_\_\_\_
7. Limits requested: \_\_\_\_\_ per claim; \_\_\_\_\_ aggregate.

**STUDENTS AND STAFFING**

Program	Average Daily Attendance (Students)	Number of Teachers & Staff Members (Not Volunteers)	Number of Volunteers
K – 12 Schools:			
Pre-K			
K-8			
9-12			
Vo-Tech			
Adult Education:			
Vo-Tech			
GED Program			
All Other			
* Camps			
* Day Care			
Total			
* Complete Camp Questionnaire and/or Day Care/Preschool Questionnaire			

## HEALTH CARE & PERSONAL CARE PROFESSIONALS

*List all types of Health Care & Personal Care employees, instruction programs, students & teachers.  
These must be listed on the policy for coverage to apply.*

PROFESSIONAL STAFF	NUMBER EMPLOYED			PROFESSIONAL INSTRUCTION		
	FULL TIME	PART TIME	INDEPENDENT CONTRACTORS	SUBJECT	NUMBER OF STUDENTS	NUMBER OF TEACHERS
Athletic Trainers				Cosmetology		
Nurses				Dental Hygienists		
Physical Therapists				Nursing		
Psychologists				Other: (Describe)		
Social Workers						
Speech Therapists						
Occupational Therapists						
<b>TOTAL</b>				<b>TOTAL</b>		

### BACKGROUND CHECKS (EMPLOYEES & VOLUNTEERS)

POSITIONS FOR WHICH BACKGROUND CHECKS ARE OBTAINED	NEW HIRES				CURRENT EMPLOYEES			
	BACKGROUND CHECKS		FINGERPRINTING		BACKGROUND CHECKS		FINGERPRINTING	
	INSURED'S STATE	ALL STATES	INSURED'S STATE	ALL STATES	INSURED'S STATE	ALL STATES	INSURED'S STATE	ALL STATES
Daycare/Pre-school Care Provider								
Camp Counselor								
Teachers								
Student Teachers								
Teachers Aides								
Bus Drivers								
Other Professional Staff								
Security Guards								
All Other Employees								
Volunteers								

How long has the applicant been performing background checks? \_\_\_\_\_

Who performs the criminal background checks? \_\_\_\_\_

**POLICIES & PROCEDURES**

1. Does the applicant have a written safety policy in place? .....  Yes  No
2. Is there a Safety Committee? .....  Yes  No  
If yes, what positions participate? \_\_\_\_\_
3. Does the applicant have written policies and procedures in place for the following:
 

Self-Inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employee Placement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Planning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Water Infiltration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accident Investigation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	New Employee Orientation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee Selection/Hiring	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employee Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the applicant demonstrate controls for safeguarding the property? .....  Yes  No
5. Is there a security force on campus? .....  Yes  No  
If yes, whose employees?  Independent Contractor  the school  Auxiliary of local police
6. If an Independent Contractor, are their limits of liability equal to or more than \$1 Million? .....  Yes  No
7. Does the security force have the authority to detain and make arrests? .....  Yes  No
8. Do the guards carry guns? .....  Yes  No  
If, yes, complete the Armed Security Guard questionnaire.  Yes, attached.
9. Do the local Police patrol regularly? .....  Yes  No  
Frequency? \_\_\_\_\_

**MANAGEMENT INFORMATION**

POSITION	TOTAL NUMBER OF YEARS EXPERIENCE	
	IN CURRENT POSITION	IN SIMILAR CAPACITY - EXPLAIN
Superintendent		
School Business Officer		
Risk Manager		

**USE OF SCHOOL PROPERTY**

1. Do outside groups use the school property for activities? .....  Yes  No  
(i.e., sports, swimming, meetings, adult evening classes, etc.)  
If yes, describe: \_\_\_\_\_
2. Does the school obtain:
  - Certificate of Insurance from outside group
  - Evidence that school is named as Additional Insured on groups' liability insurance
  - A signed contract/agreement in which the school is held harmless
3. Attach copy of the school's Building Use form.

**ELECTRONIC DATA PROCESSING**

1. Does the applicant back up critical data daily? .....  Yes  No
2. Is the backup information stored off-premises? .....  Yes  No

**PROPERTY**

1. Are there any vacant buildings? .....  Yes  No  
If there are any vacant buildings, please complete the Vacant Building Questionnaire.
2. Are there any buildings not being used for their intended occupancy? .....  Yes  No  
If so, please indicate which building(s) and the current use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Do any of the buildings have a structural defect? .....  Yes  No  
If so, please indicate which building(s) has a structural defect and the specific defect(s). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Has wiring in all buildings been updated to meet current standards? .....  Yes  No  
If not, please indicate which building(s) have not been updated and what the plans are to bring up to standard:  
\_\_\_\_\_  
\_\_\_\_\_
5. Are plumbing systems in all buildings well maintained and functioning properly and have they been updated to meet current standards? .....  Yes  No  
If not, please indicate which building(s) and what the plans are to resolve problems and bring up to standard:  
\_\_\_\_\_  
\_\_\_\_\_
6. Are heating and air conditioning systems in all buildings well maintained and functioning properly; and have they been updated to meet current standards? .....  Yes  No  
If not, please indicate which building(s) and what the plans are to resolve problems and bring up to standard:  
\_\_\_\_\_  
\_\_\_\_\_
7. Do all buildings have necessary fire protection equipment in all areas to meet NFPA minimum standards? .....  Yes  No  
If not, please indicate which building(s) do not meet NFPA requirements. \_\_\_\_\_  
\_\_\_\_\_
8. Are all buildings in compliance with ADA (American with Disabilities Act) requirements? .....  Yes  No  
If not, please indicate which building(s) do not comply. \_\_\_\_\_  
\_\_\_\_\_
9. Is there a contingency plan in place in the event that one of your school buildings becomes unusable? .....  Yes  No  
Please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Is there a written emergency response plan in place? .....  Yes  No
11. Does risk have:  Intrusion alarms  Central station fire alarms **at**  All or  \*\*Some of their buildings?  
**\*\*If not at all the buildings**, indicate on the Statement of Values or property applications which buildings have alarms. If alarmed, please advise type of alarm.

**NEW CONSTRUCTION/RENOVATION PLANS FOR NEXT 24 MONTHS**     N/A

1. Describe renovation(s) and/or addition(s) to existing building(s) and construction of any new building(s) planned for the next 24 months. \_\_\_\_\_  
\_\_\_\_\_
2. Does the school require written contracts with all contractors? .....  Yes     No
3. Do the contracts contain hold harmless agreements for the benefit of the school? .....  Yes     No
4. Do the contracts require the contractor to name the applicant as an additional insured? .....  Yes     No
5. Is an Owners and Contractors Protective (OCP) policy currently in place? .....  Yes     No
6. If you want us to consider covering this project, we need a fully completed Builders' Risk ACORD Application.  
 Yes, attached.

**SCIENCE LABS**

1. The science labs are equipped with:
 

<input type="checkbox"/> Sprinklers	<input type="checkbox"/> Showers
<input type="checkbox"/> Smoke alarms	<input type="checkbox"/> Portable fire extinguishers
<input type="checkbox"/> Eye washers	<input type="checkbox"/> Ventilation system for fumes, etc.
2. Does the school have a chemical acquisition and disposal policy for the science labs? .....  Yes     No

**EDUCATIONAL AND ATHLETIC ACTIVITIES**

\* Attach details on separate sheet or course catalog / \*\* Attach Rifle Range and/or Challenge Course Questionnaire

Aircraft* <input type="checkbox"/>	Vo-Ag* <input type="checkbox"/>	Wood Shop <input type="checkbox"/>	Truck Driver Training <input type="checkbox"/>
Watercraft* <input type="checkbox"/>	Horseback Riding/Rodeo <input type="checkbox"/>	Auto Shop <input type="checkbox"/>	Special Needs Programs* <input type="checkbox"/>
Rifle Range** <input type="checkbox"/>	Forestry Program* <input type="checkbox"/>	Heating/AC <input type="checkbox"/>	Radio Station <input type="checkbox"/>
Ski Team/Club <input type="checkbox"/>	Work Study Programs* <input type="checkbox"/>	Bldg. Construction Prog <input type="checkbox"/>	Television Station <input type="checkbox"/>
Skateboard Parks* <input type="checkbox"/>	Trampolines <input type="checkbox"/>	Electric Shop <input type="checkbox"/>	Campus Newspaper <input type="checkbox"/>
Climbing Walls* <input type="checkbox"/>	_____ <input type="checkbox"/>	Print Shop <input type="checkbox"/>	Challenge Course** <input type="checkbox"/>
Traverse Walls <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>

	Conference	Intramural		Conference	Intramural
Baseball	<input type="checkbox"/>	<input type="checkbox"/>	Wrestling	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	Softball	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	Tennis	<input type="checkbox"/>	<input type="checkbox"/>
Track	<input type="checkbox"/>	<input type="checkbox"/>	Golf	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	Hockey	<input type="checkbox"/>	<input type="checkbox"/>
Cheerleading	<input type="checkbox"/>	<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>
Firearms	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Total Number of Sports Participants:** \_\_\_\_\_

**STADIUMS/BLEACHERS/GRANDSTANDS (OUTDOOR OR PORTABLE)**

	STADIUMS	BLEACHERS	GRANDSTANDS
What are the total receipts			
Describe construction			
Number of each			
Seating capacity			

**PLAYGROUNDS**

- 1. Does playground equipment design meet Consumer Product Safety Commission standards? .....  Yes  No
- 2. Is playground equipment in good condition? .....  Yes  No
- 3. How often is playground equipment inspected? \_\_\_\_\_
- 4. Is there adequate supervision on all playgrounds? .....  Yes  No
- 5. Is adequate cushioning material used? .....  Yes  No

**STUDENT FIELD TRIPS**

- 1. Are written procedures in place regarding chaperone/student ratio for field trips? .....  Yes  No
- 2. Are school-sponsored overnight field trips allowed? .....  Yes  No  
If yes, describe (including grades, destinations, and chaperone/student ratio): \_\_\_\_\_  
\_\_\_\_\_
- 3. Are school-sponsored foreign field trips allowed? .....  Yes  No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
- If yes, is there Foreign Liability coverage in place? .....  Yes  No
- 4. Are written parental permission slips required for all field trips? .....  Yes  No  
If yes, attach copy of permission slip.

**FIELD TRIP TRANSPORTATION**

- |                          |  |                                      |  |
|--------------------------|--|--------------------------------------|--|
| School Buses?            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parent owned and operated vehicles?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chartered Buses?         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Teacher owned and operated vehicles? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Student driven vehicles? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Air Transportation?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**INFIRMARY/MEDICAL CARE**       N/A

- 1. Is there a nurse's office in the school? .....  Yes  No
- 2. Is there an infirmary with beds for overnight stays? .....  Yes  No
- 3. Is there a nurse on duty during school hours? .....  Yes  No
- 4. Is a doctor "on-call" for emergencies? .....  Yes  No
- 5. Are members of the public ever treated at this infirmary/nurse's office? .....  Yes  No
- 6. Do trained medical personnel attend all school sporting events? .....  Yes  No
- 7. Does the school have an action plan in place in the event of a medical emergency? .....  Yes  No
- 8. Does the school perform an accident investigation when a student is injured? .....  Yes  No  
If yes, who is responsible for the investigation? \_\_\_\_\_

**FINE ARTS**

- 1. Does the applicant own any fine arts, paintings, gold/silver articles, religious artifacts, etc.? .....  Yes  No  
If yes, describe or attach a schedule. \_\_\_\_\_  
\_\_\_\_\_  
Where are they located? \_\_\_\_\_  
\_\_\_\_\_
- 2. Describe the school's measures to protect these valuables from theft: \_\_\_\_\_  
\_\_\_\_\_
- 3. Does the library contain any rare books or manuscripts? .....  Yes  No  
If yes, are they locked in an alarmed, fireproof area with 24 hour monitoring? .....  Yes  No

**EMPLOYEE DISHONESTY**

- 1. Do annual audits include cash accounts and inventories? .....  Yes  No
- 2. Are the duties with respect to in-coming and out-going checks handled by separate individuals?....  Yes  No
- 3. If mechanically affixed signatures involve computer equipment, is the control over the input and outflow restricted to specifically authorized personnel?.....  Yes  No
- 4. If mechanically affixed signatures involve non-computer equipment (e.g. facsimile signature plate or check writing machine), is it properly secured when not in use?.....  Yes  No
  - a. Is operational access limited to as few designated persons as possible and supervised by the chief financial officer? .....  Yes  No
- 5. Are employees who reconcile bank account statements:
  - a. Prohibited from handling deposits? .....  Yes  No
  - b. Prohibited from signing checks without a countersignature? .....  Yes  No
- 6. Are all incoming checks stamped "For Deposit Only" as soon as they are received? .....  Yes  No
- 7. If any of the above answers are "No", please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BEFORE AND AFTER SCHOOL PROGRAMS**  N/A

- 1. What are the hours for the Before and/or After School Programs?  
Before School: \_\_\_\_\_ After School Program: \_\_\_\_\_
- 1. How old are the children that are enrolled in these programs? \_\_\_\_\_  
\_\_\_\_\_
- 2. What is the teacher to student ratio for these programs? \_\_\_\_\_  
\_\_\_\_\_
- 3. What type of activities do they have in these programs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. Does the school sponsor any special activities off-site? .....  Yes  No  
What activities? \_\_\_\_\_  
\_\_\_\_\_  
How transported? \_\_\_\_\_  
\_\_\_\_\_

**POST HIGH SCHOOL PROGRAM**  N/A

- 1. How many students are in the post high school program(s)? \_\_\_\_\_
- 2. Please provide details regarding the program (exactly what the students are studying, is it a degree program, etc.) or provide a copy of the curriculum. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. Are there any off-site activities for this program? .....  Yes  No  
If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**JUNIOR COLLEGES AND COMMUNITY COLLEGES**

N/A

- 1. Are students allowed to operate any school vehicles? .....  Yes  No
- 2. Does the college lend their vehicles to student groups? .....  Yes  No  
 If yes, does the College provide a driver?.....  Yes  No  
 If no, what checks are made on the driver operating the vehicle while borrowed? \_\_\_\_\_  
 \_\_\_\_\_
- 3. Does the college have a student lounge or pub that sells liquor? .....  Yes  No
- 4. Does the school have fraternities and sororities? .....  Yes  No
- 5. Does the school have a written policy that forbids hazing? .....  Yes  No
- 6. Are the fraternities/sororities required to carry their own liability insurance, including liquor liability?.....  Yes  No

\*\* **NOTE:** We are not a market for dormitories; neither for property nor casualty.

**AUTO**

**Submit complete driver information on all full-time and occasional drivers of insured vehicles and drivers who regularly drive their own vehicle on school business. Include full name, licensing state, license number, and date of birth for each driver.**

- 1. If the applicant uses an independent school bus contractor to transport students, **attach Certificate of Insurance.**
- 2. Does the applicant hire or borrow vehicles for non-busing purposes? .....  Yes  No  
 If yes, please describe purpose and length of time vehicles are hired or borrowed: \_\_\_\_\_
- 3. Approximately, how many cars are hired or borrowed annually? \_\_\_\_\_  
 Total cost of hire, bus contractors: \_\_\_\_\_ Total cost of hire, other: \_\_\_\_\_
- 4. Does the applicant have a full-time fleet manager? .....  Yes  No  
 If yes, please advise: Number of years in current position: \_\_\_\_\_ Total number of years experience: \_\_\_\_\_  
 If no, who is responsible for fleet safety and maintenance: \_\_\_\_\_  
 Name and Title
- 5. If you have a Bus Fleet, do you have a regular bus replacement policy? .....  Yes  No  
 If yes, please describe. \_\_\_\_\_
- 6. Number of employees using their own vehicles for school business (occasional or full-time use): \_\_\_\_\_  
 Examples could include sales, delivery, mail pickup/delivery, etc.
- 7. How often and for what purpose do employees drive their own vehicles for company business?  
 \_\_\_\_\_  
 \_\_\_\_\_
- 8. For those employees who use their own vehicles for school business, either full-time or occasionally, does the school require the employee to carry primary insurance? .....  Yes  No
- 9. Does the school obtain Motor Vehicle Reports on ALL drivers who operate school vehicles, including non-bus vehicles? .....  Yes  No
- 10. Does the school obtain Motor Vehicle Reports on ALL drivers who operate their own vehicles on school business? .....  Yes  No
- 11. Does the applicant have written guidelines defining an acceptable Motor Vehicle Report? .....  Yes  No  
 If yes, attach copy of guidelines.
- 12. What actions are taken if an employee's driving record is considered unacceptable? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AUTO (continued)**

- 13. Does the applicant perform accident investigations for each automobile accident? .....  Yes  No
- 14. Does the school have a routine maintenance program for all vehicles? .....  Yes  No
- 15. Are maintenance records kept for each vehicle? .....  Yes  No
- 16. Are any employees furnished with school owned vehicles? .....  Yes  No  
If yes, does the insured have a personal use policy? .....  Yes  No  
If yes, please describe or attach a copy. \_\_\_\_\_  
\_\_\_\_\_

**15 PASSENGER VANS  N/A**

- 1. Does the applicant own or use any 15 passenger vans? .....  Yes  No  
If yes:
  - a. Does the applicant have a regular maintenance plan in place that includes tire rotation and regular replacement? .....  Yes  No
  - b. Has the applicant modified the van(s) with either dual rear wheels or removed the rear seat? ...  Yes  No
  - c. Does the applicant have a policy that prohibits fully loading the van(s)? .....  Yes  No
  - d. Does the applicant only allow drivers with CDLs to drive the van(s)? .....  Yes  No
  - e. Are drivers given special training on the operation of 15 passenger vans? .....  Yes  No

**ABUSIVE ACT LIABILITY  N/A**  
(complete this section only if requesting this coverage)

**DEFENSE EXPENSES ARE SUBJECT TO LIMITS OF INSURANCE  
FOR ALLEGED PARTICPANT COVERAGE AND FOR CLAIMS MADE COVERAGE.**

- 1. Current/prior insurance coverage, if written separately from general liability:  
Carrier: \_\_\_\_\_ Effective/expiration dates: \_\_\_\_\_ to \_\_\_\_\_
- 2. Claims-Made  Occurrence  Claims-Made Retro Date: \_\_\_\_\_
- 3. Limits of Liability: \_\_\_\_\_ Deductible: \_\_\_\_\_
- 4. Limits of Insurance requested:  
**Occurrence Coverage:**
  - \$250,000 Each Abusive Act/\$250,000 Aggregate  \$500,000 Each Abusive Act/\$500,000 Aggregate
  - \$1,000,000 Each Abusive Act/\$1,000,000 Aggregate  \$1,000,000 Each Abusive Act/\$2,000,000 Aggregate
  - Other: \_\_\_\_\_**Claims-Made Coverage:**
  - \$250,000 Each Abusive Act/\$250,000 Aggregate  \$500,000 Each Abusive Act/\$500,000 Aggregate
  - \$1,000,000 Each Abusive Act/\$1,000,000 Aggregate  \$1,000,000 Each Abusive Act/\$2,000,000 Aggregate
  - Other: \_\_\_\_\_
- 5. Requested Retroactive Date: \_\_\_\_\_ (**Required only for Claims-Made Coverage**)
- 6. Deductible:  \$1,000  \$2,500  \$5,000  \$7,500  \$10,000  \$25,000  \$50,000  
 \$100,000  No Deductible

**ABUSIVE ACT LIABILITY** (continued)

7. Alleged Participant Coverage (Optional Endorsement):

Limits of Insurance (Applicable to Defense Expenses and Settlements):

- \$100,000 Each Abusive Act/\$100,000 Aggregate       \$250,000 Each Abusive Act/\$250,000 Aggregate
- \$500,000 Each Abusive Act/\$500,000 Aggregate       \$1,000,000 Each Abusive Act/\$1,000,000 Aggregate
- \$1,000,000 Each Abusive Act/\$2,000,000 Aggregate       Other: \_\_\_\_\_

8. What is your annual employee turnover? \_\_\_\_\_ (# of new employees/#of total employees)

9. What is your annual volunteer turnover? \_\_\_\_\_ (# of new volunteers/#of total volunteers)

10. Are signed and dated applications required of:

- a. all prospective employees? .....  Yes     No
- b. all prospective volunteers? .....  Yes     No
- c. If the answer to a. or b. is "yes", where is the documentation stored and for how long?  
\_\_\_\_\_

11. Do the employment and volunteer applications include a question(s) concerning whether the individual has ever been convicted of any crime, including any sex-related crime, or child abuse?

Employees     Yes     No                      Volunteers     Yes     No

12. Are application references checked and documentation maintained? .....  Yes     No

13. Is there a written policy with procedures for screening prospective volunteers that includes a personal interview by a staff member? .....  Yes     No

14. Is there a written policy addressing abusive acts? .....  Yes     No

a. If "yes", how often is the policy communicated to:

Employees:    \_\_\_\_\_ time(s) every \_\_\_\_\_ year or     Other \_\_\_\_\_  
Volunteers:    \_\_\_\_\_ time(s) every \_\_\_\_\_ year or     Other \_\_\_\_\_  
Students:        \_\_\_\_\_ time(s) every \_\_\_\_\_ year or     Other \_\_\_\_\_  
Parents:         \_\_\_\_\_ time(s) every \_\_\_\_\_ year or     Other \_\_\_\_\_

b. Are the following individuals required to sign an acknowledgement of receipt and understanding of the abusive act policy?    Employees:  Yes     No                      Volunteers:  Yes     No

15. Have procedures been developed and publicized to employees and volunteers for reporting and investigating alleged incidents of abusive acts?    Employees:  Yes     No    Volunteers:  Yes     No

a. Has complaint management and investigation been assigned to any person(s)? .....  Yes     No

b. If b. is "yes", has that person(s) been adequately trained in these responsibilities? .....  Yes     No

16. How often are the policies and procedures regarding abusive acts reviewed or revised by:

Applicant:        \_\_\_\_\_ time(s) every \_\_\_\_\_ months/year(s) or     Other \_\_\_\_\_  
Legal counsel:    \_\_\_\_\_ time(s) every \_\_\_\_\_ months/year(s) or     Other \_\_\_\_\_

17. Is training conducted on your abusive acts policies and procedures including training on how to recognize signs of child or sexual abuse?

Employees:     Yes     No                      Volunteers:     Yes     No

18. Is documentation maintained on the training of staff and volunteers regarding the abusive act policy including how to recognize signs of child or sexual abuse and what to do if someone reports abuse?

Employees:     Yes     No                      Volunteers:     Yes     No

a. How frequently is training conducted for:    Employees: \_\_\_\_\_    Volunteers: \_\_\_\_\_

b. Provide details on the trainer(s), including qualifications and company affiliation.  
\_\_\_\_\_

**ABUSIVE ACT LIABILITY (continued)**

19. Are any activities involving direct contact with children subcontracted to others?.....  Yes  No  
If "yes":
- a. Do the subcontractors of such exposure have their own liability insurance, including coverage for abuse or molestation (including sexual misconduct or sexual molestation), with limits at least equal to those being requested hereunder? .....  Yes  No
  - b. Is the Insured named as Additional Insured on the subcontractor's liability policy, which includes coverage for abuse or molestation (including sexual misconduct or sexual molestation)? .....  Yes  No
  - c. Are certificates of liability insurance required? .....  Yes  No
  - d. Describe services provided by subcontractors: \_\_\_\_\_  
\_\_\_\_\_
  - e. Are subcontractors government licensed? .....  Yes  No
20. Are procedures in place so that more than one employee/volunteer is present at all times when a child is in your care in order to avoid one-on-one situations? .....  Yes  No
21. In the last 10 years: (Questions a & b are not applicable in MO)
- a. Has any business insurance been refused, cancelled or non-renewed? .....  Yes  No
  - b. Has the applicant or any employee had abusive act (or similar) insurance coverage declined, cancelled or non-renewed? .....  Yes  No
  - c. Has the applicant or any employee or volunteer had any claim or suit brought against them as a result of abusive acts? .....  Yes  No
  - d. Have any public authorities investigated the applicant relating to claims or allegations of abusive acts? .....  Yes  No
- \*\*If the answer is "yes" to any part of question 21, provide complete details by attachment.
22. Does the applicant have knowledge of any fact, circumstance or situation which it has reason to suppose might give rise to a claim or allegation of an abusive act? .....  Yes  No
- \*\*If the answer is "yes" to question 22, provide complete details by attachment.

**FRAUD STATEMENTS**

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN, and VA, insurance benefits may also be denied)**

**COLORADO**

**IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.**

**FRAUD STATEMENTS**

**FLORIDA**

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

**HAWAII**

FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

**MASSACHUSETTS**

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**MARYLAND**

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.

**OHIO**

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.

**OKLAHOMA**

WARNING: 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.

**WASHINGTON**

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

\_\_\_\_\_  
Signature of Authorized Representative of Insured/Date

\_\_\_\_\_  
Signature of Licensed Producer, Agent or  
Broker/Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
License Number

**COVERAGE CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.**