

# Application for Educators Legal Liability Insurance Coverage



THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY.  
IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.

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

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dismissal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Background Checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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

	Yes	No	In Writing		Yes	No	In Writing
Suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dismissal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corporal Punishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acceptance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<u>Policy Type</u>	<u>Company Name</u>	<u>Expiration Date</u>	<u>Limits</u>	<u>Deductible</u>	<u>Premium</u>
ELL					

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

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

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

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

If "Yes", provide details: \_\_\_\_\_

e) 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

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

g) 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, Fraud Warning 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.

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 civil penalties.

Signature of Authorized Entity Representative

\_\_\_\_\_

Date: \_\_\_\_\_

## 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: \_\_\_\_\_