GLATFELTER PUBLIC PRACTICE SM
A Division of Glatfelter Insurance Group

Textbook insurance program

SCHOOL SUPPLEMENTAL APPLICATION

FOR USE IN NEW YORK STATE ONLY

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

Name Insured:	FEIN #:

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**

This is Claims Made coverage

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 or ☐ 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

WRITTEN REQUIREMENTS

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. If the insurance had been in force over the last 10 years, would any claim have been presented?

   Describe: _____

   _____

NUMBER OF STUDENTS			NUMBER OF TEACHERS AND STAFF MEMBERS	
Pre-K	_____		Industrial Arts/Vo-Tech Teachers	_____
K-8	_____		Athletic Teachers	_____
9-12	_____		All Other Teachers	_____
Vo-Tech	_____		Teachers Aides	_____
Adult Education	_____		All Other Employees	_____
* Camps	_____	* Complete Camp application		
* Day care	_____	* Complete Day care application		
TOTAL	_____		**TOTAL**	_____

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						
TOTAL				TOTAL		

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/Preschool 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? _____

ACCOUNT HISTORY AND INFORMATION

1. Has the Insured ever had any abuse (including physical or sexual abuse), sexual misconduct or sexual molestation claims (staff to student, student to student, or any other type)? ☐ Yes ☐ No
2. Is there any record or knowledge of any previous incidents that might have resulted in such claims if they had been pursued? ☐ Yes ☐ No
3. Have any public authorities investigated your operation relating to sexual abuse or misconduct? ☐ Yes ☐ No
4. Have any parents, guardians, or others, alleged sexual abuse in connection with your premises or operations? ☐ Yes ☐ No

   Provide details for any positive response to above:

   _____

   _____

   _____

   _____

5. What is the average daily enrollment by age group?

   Number of: _____ (1-5 years) _____ (6-12 years) _____(13-19 years) _____ (Age 20+)

   Is there separation by age group? ☐ Yes ☐ No

   Please Describe: _____

   _____

   _____

   _____

6. What is annual employee/volunteer turnover? _____ (# of new employees/# of total employees)
7. Does Insured operate a day care/preschool program? ☐ Yes ☐ No

   If yes, please complete the Day Care/Preschool Supplemental Application and the following:

   a. Is the Insured facility open to parental visits? ☐ Yes ☐ No
   b. Were the premises utilized for day care built or modified for that particular purpose? ☐ Yes ☐ No
   c. Is the facility licensed? If yes, please attach copies of all current licenses. ☐ Yes ☐ No
8. Does the Insured lease space to a daycare center or preschool program not operated by the Insured or subcontract daycare or preschool operations to another? ☐ Yes ☐ No

   If yes, please complete the following:

   a. Do the operators of such exposure have their own liability insurance, <u>including</u> 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 our Insured named as Additional Insured on the operator's liability policy, which includes coverage for abuse or molestation (including sexual misconduct or sexual molestation)? ☐ Yes ☐ No

POLICIES & PROCEDURES

1. Does the Insured have a policy addressing abuse, molestation or sexual harassment in all its forms (anti-abuse, anti-molestation, anti-sexual harassment)? ☐ Yes ☐ No

   If yes, is the policy communicated annually in the appropriate language (considering age/Equivalent School Level (ESL)) to:

   Staff (employees) ☐ Yes ☐ No Students ☐ Yes ☐ No
   Volunteers ☐ Yes ☐ No Parents/Community ☐ Yes ☐ No

   a. Are employees required to sign an acknowledgement of receipt and understanding of the abuse, molestation and sexual harassment policy? ☐ Yes ☐ No
   b. Are volunteers required to sign an acknowledgement of receipt and understanding of the abuse, molestation and sexual harassment policy? ☐ Yes ☐ No
2. Is documentation maintained on annual training regarding abuse, molestation and sexual harassment for staff, students and volunteers? ☐ Yes ☐ No
3. Does the Insured have a policy and procedure for screening and background checks (finger printing, criminal record check, Teacher Credentialing Bureau) for the following:
   a. Current Employees? ☐ Yes ☐ No
   b. Prospective employees? ☐ Yes ☐ No
   c. Volunteers? ☐ Yes ☐ No
4. Are signed/dated applications required of all:
   a. Prospective employees? ☐ Yes ☐ No
   b. Volunteers? ☐ Yes ☐ No
   c. If a or b are answered yes, does the application ask whether an investigation had been conducted or was pending at the time of separation from prior employment? ☐ Yes ☐ No
5. Are application references checked and documentation maintained? ☐ Yes ☐ No
6. Has the Insured developed and publicized to employees <u>and</u> volunteers abuse, molestation and sexual harassment reporting and investigation procedures? ☐ Yes ☐ No
7. Have persons charged with complaint management and investigation been adequately trained in these responsibilities? ☐ Yes ☐ No

   Details: _____

   _____

   _____
8. Has a Title IX or equivalent officer/coordinator been appointed by the Insured and adequately trained in these duties? ☐ Yes ☐ No
9. Are any services involving direct client contact subcontracted to others? ☐ Yes ☐ No

   If yes, describe: _____

   _____
   a. Are subcontractors government licensed? ☐ Yes ☐ No
   b. Do these subcontractors carry general liability insurance? $_____ Limits ☐ Yes ☐ No
   c. Does it include coverage for abuse and molestation, and is the Insured named as Additional Insured? ☐ Yes ☐ No
10. Are procedures in place so that more than one employee/volunteer is present at all times when a client is in your care? ☐ Yes ☐ No

SAFETY/SECURITY

1. Does applicant have a written safety policy in place? ☐ Yes ☐ No
2. Is there a Safety Committee? If yes, what positions participate: _____ ☐ Yes ☐ No
3. Does the applicant demonstrate controls for safeguarding the property? ☐ Yes ☐ No
4. Is there a security force on campus? ☐ Yes ☐ No
   If yes, whose employees? ☐ Independent contractor ☐ School ☐ Auxiliary of local police
5. Do the local Police patrol regularly? ☐ Yes ☐ No
   Frequency? _____
6. If independent contractor, are their limits of liability coverage 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? If, yes, complete the Armed Guards questionnaire. ☐ Attached. ☐ Yes ☐ No
9. Does risk have: ☐ Intrusion alarms ☐ Central station fire alarms **at** ☐ All or ☐ **Some of their buildings?
   ****If not at all the buildings**, indicate where the alarming is used on the Statement of Values or property applications submitted.

PROPERTY

1. Are there any vacant buildings? ☐ Yes ☐ No
   If there are any vacant buildings, please complete the Vacant Building Supplemental Application.
2. Are there any buildings not being used for there intended occupancy? ☐ Yes ☐ No
   If so, please indicate which building(s) and 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.
   _____
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 (Americans with Disabilities Act) requirements? ☐ Yes ☐ No
   If not, please indicate which building(s) do not comply. _____
   _____
9. Do you have a contingency plan in place in the event that one of your school buildings becomes unusable? ☐ Yes ☐ No
   Please describe: _____
10. Do you have a written emergency response plan in place? ☐ Yes ☐ No

SCIENCE LABS

1. The science labs are equipped with:

   ☐ Sprinklers ☐ Eyewashers ☐ Showers

   ☐ Smoke alarms ☐ Portable fire extinguishers ☐ Ventilation system for fumes, etc.

2. Does the school have a chemical acquisition and disposal policy for the science labs? ☐ Yes ☐ No

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.)
2. Does the school obtain: ☐ Certificate of Insurance from 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.

SPORTS & ACTIVITIES

***Attach details on separate sheet or course catalog**

Aircraft*	☐	Traverse Walls	☐	Wood Shop	☐	Truck Driver Training	☐
Watercraft*	☐	Vo-Ag*	☐	Auto Shop	☐	Special Ed Programs	☐
Rifle Range*	☐	Horseback Riding	☐	Heating/AC	☐	Radio Station	☐
Ski Team/Club	☐	Forestry Program*	☐	Bldg. Construction Prog	☐	Television Station	☐
Skateboard Parks*	☐	Work Study Programs*	☐	Electric Shop	☐	Campus Newspaper	☐
Climbing Walls*	☐	Trampolines	☐	Print Shop	☐	Project Adventure*	☐
_____	☐	_____	☐	_____	☐	_____	☐
_____	☐	_____	☐	_____	☐	_____	☐

	Conference	Intramural		Conference	Intramural
Baseball	☐	☐	Wrestling	☐	☐
Basketball	☐	☐	Volleyball	☐	☐
Football	☐	☐	Softball	☐	☐
Soccer	☐	☐	Tennis	☐	☐
Track	☐	☐	Golf	☐	☐
Swimming	☐	☐	Hockey	☐	☐
Cheerleading	☐	☐	Gymnastics	☐	☐
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐

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

FINE ARTS

1. Does the applicant own any fine arts, paintings, gold/silver articles, religious artifacts, etc.? ☐ Yes ☐ No

   If yes, attach a schedule.
2. Where are they located? _____
3. Describe the school's measures to protect these valuables from theft: _____
4. Does the library contain any rare books or manuscripts? ☐ Yes ☐ No
5. Are they locked in an alarmed, fireproof area with 24 hour monitoring? ☐ Yes ☐ No

EDP

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

EMPLOYEE DISHONESTY

1. Do annual audits include cash accounts and inventories? ☐ Yes ☐ No
2. Are the duties with respect to incoming checks and outgoing 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
5. Is operational access limited to as few designated persons as possible and supervised by the chief financial officer? ☐ Yes ☐ No
6. Are employees who reconcile bank account statements:
   a. Prohibited from handling deposits? ☐ Yes ☐ No
   b. Prohibited from signing checks without a countersignature? ☐ Yes ☐ No
7. Are all incoming checks stamped "For Deposit Only" as soon as they are received? ☐ Yes ☐ No
8. If any of the above answers are "No" please explain: _____

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

1. Describe renovation and/or addition to existing building and construction of any new building 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

AUTO

Submit complete driver information on all full-time and occasional drivers of insured vehicles and drivers of employee-owned vehicles driven on school business, including full name, the 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 have a full-time fleet manager? ☐ Yes ☐ No

   If no, who is responsible for fleet safety and maintenance: _____

   Name and Title

3. Number of employees using their own vehicles for school business (occasional or full-time use): _____

   Examples could include sales, delivery, mail pickup/delivery, etc.

4. How often and for what purpose do employees drive their own vehicles for company business? _____

   _____

5. 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
6. Does the school obtain Motor Vehicle Reports on ALL drivers who operate school vehicles, including non-bus vehicles? ☐ Yes ☐ No
7. Does the school obtain Motor Vehicle Reports on ALL drivers who operate their own vehicles on school business? ☐ Yes ☐ No
8. Does the applicant have written guidelines defining an acceptable Motor Vehicle Report? ☐ Yes ☐ No

   If yes, attach copy of guidelines.

9. What actions are taken if an employee's driving record is considered unacceptable?
10. Does the applicant perform accident investigations for each automobile accident? ☐ Yes ☐ No
11. Does the school have a routine maintenance program for all vehicles? ☐ Yes ☐ No
12. Are maintenance records kept for each vehicle? ☐ Yes ☐ No
13. 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. _____

    _____

12 TO 15 PASSENGER VANS

1. Does the insured own or use any 12 – 15 passenger vans? ☐ Yes ☐ No

   If Yes:

   a. Does the insured have regular maintenance plan in place that includes tire rotation and regular replacement? ☐ Yes ☐ No
   b. Has the insured modified the van(s) with either dual rear wheels or removed the rear seat? ☐ Yes ☐ No
   c. Has the insured removed roof racks &/or trailer hitches from the van(s)? ☐ Yes ☐ No
   d. Does the insured only allow experience drivers to drive the van(s)? ☐ Yes ☐ No
   e. Does the insured have a policy in place to maintain a maximum speed guideline of 45 miles per hour? ☐ 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?	☐ Yes ☐ No	Parent owned and operated vehicles?	☐ Yes ☐ No
Chartered Buses?	☐ Yes ☐ No	Teacher owned and operated vehicles?	☐ Yes ☐ No
Student driven vehicles?	☐ Yes ☐ No	Air Transportation?	☐ Yes ☐ No

FIELD TRIP TRANSPORTATION 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? _____

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.

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

_____
Signature of Authorized Representative of Insured/Date

_____
Signature of Agent/Date

_____
Title

_____
Agency Name

Address: _____

_____

_____

Phone #: _____

E-mail: _____