

### EDUCATIONAL SUPPLEMENTAL APPLICATION

In addition to this Educational Supplemental Application, please submit all the following:

- Completed ACORD® applications/schedules
- Signatures on applications and Statement of Values (property and equipment) where required
- For Private schools, provide copy of entity's most recent fiscal year-end financials
- Currently valued five year carrier Loss Runs, including details on large losses (over \$25,000)

Submit completed application to your Underwriter or submissions@glatfelterpublicentities.com

690 Stockton Drive, Suite 110 | Exton, PA 19341  
888.855.4782 Fax: 717.747.7033

### GENERAL INFORMATION

#### Entity

Application Date: \_\_\_\_\_ FEIN: \_\_\_\_\_

Legal Name of Entity: \_\_\_\_\_

Legal Address: \_\_\_\_\_  
(Street) (City) (County) (State) (Zip Code)

Mailing Address: \_\_\_\_\_  
(If different from Legal Address) (Street) (City) (County) (State) (Zip Code)

Extended Named Insured(s): \_\_\_\_\_

Website address: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_ Quote Due Date: \_\_\_\_\_

Type of Educational Entity:

- Charter School                       Private School                       Vocational-Technical School  
 Higher Education                       Public School  
 Other \_\_\_\_\_                      Years in Operation: \_\_\_\_\_

Is entity accredited?  Yes  No If yes, list the accrediting organization: \_\_\_\_\_

Inspection and Insurance Contact Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

### Coverage Requested / Expiring Information

Check to request coverage	Line of Coverage	Carrier	Limit	Deductible	Premium
<input type="checkbox"/>	Property				
<input type="checkbox"/>	Equipment/Inland Marine				
<input type="checkbox"/>	Crime				
<input type="checkbox"/>	General Liability				
<input type="checkbox"/>	Law Enforcement Liability				
<input type="checkbox"/>	Educators Legal Liability				
<input type="checkbox"/>	Auto Liability & Physical Damage				
<input type="checkbox"/>	Excess Liability				
<input type="checkbox"/>	Other:				

**Operations Information**

Program	Total Student Count	# of Teachers, Staff Members and Volunteers
<b>K-12 Schools:</b>		
Daycare (< 3 yrs. old)		
Pre-K (> 3 yrs. old) through 8 <sup>th</sup> grade		
9 <sup>th</sup> through 12 <sup>th</sup> grade		
Vo-Tech		
<b>Adult Education:</b>		
Vo-Tech		
Junior/Community College		
All Other		
<b>Total:</b>		

**Health Care & Personal Care Professionals**

List all types of Health Care & Personal Care employees, instruction programs, students & teachers.

Professional Staff	Number Employed			Health Care/Personal Care Programs	Number of Students & Teachers	
	Full Time	Part Time	Independent Contractors		Students	Teachers
Athletic Trainers				Cosmetology		
Nurses				Dental Hygienists		
Physical Therapists				Nursing		
Psychologists				Other:		
Social Workers				Other:		
Speech Therapists						
Occupational Therapists						
Other:						

**Note:** Professional Healthcare coverage is included within the General Liability limits.

**Site Security**

N/A

- Yes  No Do you have a formal written crisis management/emergency response plan in place with a minimum of annual testing and do emergency services (police, fire, and medical) participate?
- Yes  No Does the school perform at least one lock down or security drill per year?
- Yes  No Are the exterior doors of each school kept locked during the school day?
- Yes  No Are visitors required to show a photo ID?
- Yes  No Are staff monitoring cafeteria/lunchrooms, playgrounds and all other outdoor student activity while students are present?
- Yes  No Are security cameras utilized at school buildings?
- Yes  No Are visitors required to check in at a central location?

**Educational Activities**

N/A

- Our program contemplates the school having traditional athletic activities (i.e., football, basketball, cheerleading). Please check all of the following other activities that apply:
 

<input type="checkbox"/> 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"/> Traverse Walls	<input type="checkbox"/> Print Shop	<input type="checkbox"/> Challenge Course
<input type="checkbox"/> Other _____			

2.  Yes  No Does the insured have policies and procedures in place to require a release from a healthcare professional for a known or pre-existing injury?
3.  Yes  No Is the staff trained in first aid (CPR, defibrillators)?
4.  Yes  No Do Concussion Management protocols and guidelines exist and are they consistently enforced?  
\*\*\* Please submit a copy or direct us to the area of your website where we can obtain these protocols. \*\*\*
5.  Yes  No Are Sports Liability waivers (informed consent) from parents and/or players secured?
6.  Yes  No Are athletic participants prohibited from playing when they have had multiple concussions?
7.  Yes  No Do independent physicians conduct pre-participation physical exams clearing athletes to play?
8.  Yes  No Are neurological assessments a part of the pre-participation exams?
9. Are Trainers and/or Team Physicians:
  - Yes  No empowered with absolute discretion over parents, coaches, players, and other outside forces when deciding if an athlete is prohibited from playing?
  - Yes  No licensed and credentialed by the appropriate governmental body?
  - Yes  No certified by the National Athletic Trainers Association or local equivalent?
10.  Yes  No Are you in compliance with guidelines in the NCAA Sports Medical Handbook or local equivalent?
11.  Yes  No Have you identified sources of student medical, accident and/or health insurance for participants prior to participation?

**Science Labs**  N/A

1. Are the science labs equipped with:
 

<input type="checkbox"/> Sprinklers	<input type="checkbox"/> Eye washers	<input type="checkbox"/> Portable fire extinguishers	<input type="checkbox"/> Personal protective equipment
<input type="checkbox"/> Smoke Alarms	<input type="checkbox"/> Showers	<input type="checkbox"/> Ventilation system for fumes, etc.	
2.  Yes  No Does the science lab have a chemical acquisition and disposal policy?
3.  Yes  No Does the science lab meet all NFPA requirements?

**Industrial Arts Buildings/Rooms**  N/A

1.  Yes  No Do the areas meet all NFPA requirements?
2.  Yes  No Is there dust control for wood working operations?
3.  Yes  No Are the spray painting/welding operations properly vented?
4.  Yes  No Is there machine guarding in place and unaltered?

**Commercial Kitchens**  N/A

1.  Yes  No Are there regularly scheduled inspections and grease duct cleaning?
2.  Yes  No Are there automated fire suppression systems (UL 300) where required?

**Student Field Trips**  N/A

1.  Yes  No Are written procedures in place regarding chaperone/student ratio for field trips?
2.  Yes  No Are school-sponsored overnight field trips allowed?  
If "Yes", describe (including grades, destinations, and chaperone/student ratio):  
\_\_\_\_\_

3.  Yes  No Are school-sponsored foreign field trips offered? If yes, describe:  
\_\_\_\_\_

- Yes  No Is there Foreign Liability coverage in place?
4.  Yes  No Are written parental permission slips required for all field trips?

**Day Care, Nursery (School operated)**  N/A

1. What childcare services are provided by the entity?  Day Care  Nursery  Other: \_\_\_\_\_
2. What facility or location is used? \_\_\_\_\_
3.  Yes  No Is the facility licensed? If licensed, by what agency? \_\_\_\_\_
4. Number of years in operation? \_\_\_\_\_
5. How many children are enrolled? 0-2 years: \_\_\_\_\_ 3-5 years: \_\_\_\_\_
6. What are the days and hours of operation? Days: \_\_\_\_\_ Hours: \_\_\_\_\_
7. How many staff members? Teachers: \_\_\_\_\_ Volunteers: \_\_\_\_\_

**Camps**  N/A

What type of Camps does the school offer? (complete all that apply)

Program	# of Campers	Age Range	# of Camper Days	Describe
Adventure				
Climbing				
Dude/Guest Ranch				
Hiking				
Boating				
Archery				
Equestrian				
Rifle				
Other				

1.  Yes  No Is the Camp accredited by the American Camping Association?
2.  Yes  No Is the Camp a Day Camp only (no over-nights)?
3.  Yes  No Does the Camp have emergency plans in place?
4. What are the qualifications and training of counselors relative to the activities they supervise? \_\_\_\_\_

**Security Personnel**  N/A

1.  Yes  No Does the school have security personnel? If yes, are they:
  - a.  Employed  Sub-contracted
  - b.  Armed  Unarmed

If "employed" and "armed" are checked above, please complete the **Law Enforcement Liability Supplement**.
2. Are employees/volunteers, other than security and/or law enforcement, permitted to have firearms?
  - Yes  No In school buildings
  - Yes  No On school premises
  - Yes  No At school activities
- 3.a)  Yes  No Is anyone other than the employed or contracted security personnel allowed to carry a firearm?  
If yes, who? \_\_\_\_\_
- b)  Yes  No Does the insured plan within the next 12 months to allow anyone other than the employed or contracted security personnel to carry a firearm?
4.  Yes  No Have there been any incidents in the last 3 years of violence amongst students involving weapons (firearms/knives)?  
If so, describe: \_\_\_\_\_

**Junior / Community Colleges**  N/A

1.  Yes  No Does the college perform MVR checks on any students allowed to operate school vehicles?
2.  Yes  No Does the college have a student lounge or pub that sells alcohol?
3.  Yes  No Does the school have fraternities and sororities?
4.  Yes  No Are the fraternities/sororities required to carry their own liability insurance, including liquor liability?
5.  Yes  No Does the school have a written anti-hazing policy?

**Risk Management**

N/A

Yes  No

Does the school have a formalized risk management procedure or program? If yes, check those items that are included:

- Written Safety or Loss Prevention Manual
- Emergency Planning / Disaster Recovery Planning
- Employee training meeting
- Property or equipment inspection and maintenance logs
- Procedures to prevent and report sexual harassment
- Accident investigation program

Describe any other formal or informal operating controls. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROPERTY**

1. Loss of Income Limit requested? \_\_\_\_\_ (\$250,000 is the default minimum)  
 Extra Expense Limit requested? \_\_\_\_\_ (\$250,000 is the default minimum)

**NOTE:** The property form only provides for separate loss of income and extra expense limits.

2. Fine Arts Blanket Limit requested?  \$50,000  \$100,000

For limits greater than \$50,000, please provide an itemized schedule.

Fine arts means property that is rare or that has historic or artistic value, including antiques, rare articles, etchings, pictures, awards, trophies, historic memorabilia, statuary, marbles, bronzes, porcelains and similar property for which you have secured a certified appraisal.

3. Outdoor Property Limit requested? \_\_\_\_\_ \$150,000 is the default minimum  
 4. Property in Transit or Off Premises Limit requested?  \$100,000  \$250,000  
 5. Software Limit requested? \_\_\_\_\_ \$500,000 Per Occurrence is the default minimum  
 6.  Yes  No Any vacant buildings? If yes, for EACH vacant building, please provide the following information:

a) How long has the building been vacant? \_\_\_\_\_

- Yes  No Are there any obvious signs of vandalism or water damage?
- Yes  No Are the utilities turned off for all premises listed above?
- Yes  No Are the pipes drained for all vacant premises?
- Yes  No Are these premises routinely monitored? If yes, how often? \_\_\_\_\_

b) What is the intended future use? \_\_\_\_\_

- Selling? Expected sale date: \_\_\_\_\_  Demolition? Date of demolition: \_\_\_\_\_
- Renovating for School use? Date of renovations: \_\_\_\_\_

7.  Yes  No Any buildings over 30 years old?  
 If yes, list premises on the ACORD Application and/or SOV and show when the roof, plumbing, heating and wiring were updated.

Yes  No Are there any buildings with historic or unique construction? If yes, identify building(s) and explain:  
 \_\_\_\_\_

Yes  No Are there any buildings on the Historic Register? If yes, identify building(s):  
 \_\_\_\_\_

8.  Yes  No Do any pumps or motors exceed 750 HP?
9.  Yes  No Do any individual specialized equipment items exceed \$100,000 in value? Specialized equipment items include fuel cells, micro turbines, rotating biological contractors and submersible pumps.
10.  Yes  No Does the entity have on-premises electrical generation capability (including emergency generators) of 250 kilowatts or higher?

If yes, please identify the type of power generation and kilowatts generated (check all that apply):

**Type of Source:**  Hydroelectric  Wind  Solar  Geothermal  Other \_\_\_\_\_

**Kilowatts Generated:** \_\_\_\_\_

What is the generated power used for (check all that apply):

Primary Power  Standby  Supplemental  Emergency Power  Peak Shaving  Unsure

11.  Yes  No Does the school currently have any property in the "course of construction" or have any new additions, renovations or expansions planned?

If yes, describe: \_\_\_\_\_ Cost of construction: \_\_\_\_\_

12.  Yes  No Does the school have any hydro-electric equipment?

If yes, describe: \_\_\_\_\_

13.  Yes  No Does the school have any dormitories? If yes, please complete the Dormitories Supplemental Application.

Property Comments: \_\_\_\_\_

**INLAND MARINE**

The following options are available for the Inland Marine coverage form:

**Coverage A** provides Replacement Coverage (RC) coverage to Blanket Tools and Equipment, subject to the chosen occurrence limit and a per item maximum limit of \$10,000.

**Coverage A Limit requested?** \_\_\_\_\_

**Coverage B** provides RC or Actual Cash Value (ACV) coverage to Scheduled Equipment (high-valued tools and equipment such as air compressors, backhoes, etc.) with individual values greater than \$10,000 as per the schedule.

**Coverage B – Please provide an equipment schedule for all equipment greater than \$10,000.**

Inland Marine Comments: \_\_\_\_\_

**Service Animals**

Please list any scheduled service animals.

Breed	Name	Sex	Year of Birth	Agreed Value

**Unmanned Aircraft Systems (Drones)**

1.  Yes  No Does the school own or operate drones? If yes, please complete the schedule below.

Model	Serial Number	Weight (lbs./oz.)	Value of Drone	Value of Attached Equipment

2.  Yes  No Are all operations being conducted in accordance with FAA rules?

3. How many personnel are authorized to operate the drones? \_\_\_\_\_

4. How many hours of training are required prior to personnel being authorized to operate the drones? \_\_\_\_\_

5.  Yes  No Does the school loan, rent or lease the drones to others? If yes:

a. Describe to whom: \_\_\_\_\_

b. Will you loan, rent or lease:  with your authorized operator  without your operator

**CRIME**

The Crime coverage form has limits of insurance available as shown in the chart below.

1. Limits Option requested? (Select one of the following)

Limits Option	Employee Theft	Forgery or Alteration	Inside the Premises		Outside the Premises	Computer & Funds Transfer Fraud	Money Orders	Fraudulent Impersonation
			Theft of Money & Securities	Robbery/Safe Burglary				
<input type="checkbox"/> 1	\$10,000	\$10,000	\$10,000	\$5,000	\$10,000	\$20,000	\$10,000	\$10,000
<input type="checkbox"/> 2	\$25,000	\$25,000	\$25,000	\$5,000	\$25,000	\$20,000	\$10,000	\$10,000
<input type="checkbox"/> 3	\$50,000	\$50,000	\$50,000	\$5,000	\$50,000	\$50,000	\$25,000	\$25,000
<input type="checkbox"/> 4	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
<input type="checkbox"/> 5	\$250,000	\$250,000	\$250,000	\$100,000	\$250,000	\$250,000	\$250,000	\$250,000
<input type="checkbox"/> 6	\$500,000	\$250,000	\$250,000	\$100,000	\$250,000	\$250,000	\$250,000	\$250,000
<input type="checkbox"/> 7	\$1,000,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000
<input type="checkbox"/> 8	\$1,500,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000
<input type="checkbox"/> 9	\$2,000,000	\$500,000	\$250,000	\$100,000	\$250,000	\$500,000	\$250,000	\$250,000

**Note:** Money and Securities is only offered within the Crime coverage form.

2. Deductible requested? (Deductibles above \$1,000 are only available with Limits Options 5, 6, 7, 8 and 9.)

- \$250       \$1,000       \$5,000       \$15,000  
 \$500       \$2,500       \$10,000       \$25,000

3. Crime Type requested?

- Commercial Crime (used for private entities, including private educational institutions)  
 Government Crime (used for public entities, including public educational institutions)

4.  Yes  No Is Faithful Performance Coverage needed? (Government Crime Form only)

5.  Yes  No Are Specific Excess Limits required for Employee Theft? If yes, specify names or positions:

Position or Name	Location of Covered Position	# in Position	Excess Limit *

**The Employee Theft Limit plus the requested Specific Excess Limit must equal one of these Total Limits:**  
**\$25,000 \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000 \$1,500,000 \$2,000,000**

6. Indicate what security provisions apply and identify how often:

- Audit \_\_\_\_\_  Reconciliations \_\_\_\_\_  
 Bank statements \_\_\_\_\_  Other \_\_\_\_\_  
 Countersignature \_\_\_\_\_

7. Number of ratable employees? \_\_\_\_\_

*Ratable employees consist of all employees or volunteers who regularly handle, have custody or maintain records of money, securities or other property, and all department and division heads and assistant managers.*

Crime Comments: \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL LIABILITY**

For all Independent Contractors, Subcontractors & Third Parties	All Construction Work School Contracts Out	Use of School Facilities	School's Subcontracted Busing Operations	Medical or Clinical Services Provided by a Third Party on School Property	Child Care &/or Camp Services Provided by a Third Party on School Property
	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA
Does the school utilize a uniform written contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the school require to be named as an additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the school require hold harmless, defense & indemnification clauses in favor of the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the school require that the third party have sexual misconduct and abuse coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the school confirm that independent contractors & sub-contractors purchase WC insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

1.  Yes  No Are there any owned watercraft in excess of 100 horsepower?  
 If yes, describe: \_\_\_\_\_
2.  Yes  No Are any dwellings owned and/or leased to others?  
 Number of dwellings: \_\_\_\_\_ Location numbers: \_\_\_\_\_  
 If yes, describe: \_\_\_\_\_
3.  Yes  No Are fund raising activities conducted?  
 If yes, describe: \_\_\_\_\_  
 Total gross receipts from all fund raising activities: \_\_\_\_\_
4. Which of the following best describes the school's policy regarding alcoholic beverages?  
 The school prohibits alcohol on the premises and at all sponsored functions.  
 The school permits alcohol on the premises or at sponsored functions, but does not sell it.  
 The school sells alcohol only at special events.  
 Describe events: \_\_\_\_\_  
 \_\_\_\_\_

The school sells alcohol year round (bar or club), which may include special events.

If the school sells alcohol, please indicate the following:

Annual gross receipts: \_\_\_\_\_

- Yes  No License/permit required by the state?  
 Yes  No License/permit obtained?  
 Yes  No Have the servers been TIPS trained?

5.  Yes  No Does the school purchase Workers' Compensation insurance?  
6.  Yes  No Is Employer's Liability (Stop Gap) Coverage required (available in ND, OH, WA, WY)?

If yes, Limit of Insurance: \_\_\_\_\_ Payroll: \_\_\_\_\_

7.  Yes  No Any bleachers, grandstands, or stadiums with a seating capacity >5,000?  
If yes, how many: \_\_\_\_\_

8. What protective surface is used in playground areas? \_\_\_\_\_ Depth of surface: \_\_\_\_\_

9.  Yes  No Are students supervised while using playground equipment during recess?

10. How often are playgrounds inspected and by whom? \_\_\_\_\_

11. Number of indoor pools? \_\_\_\_\_ Number of outdoor pools? \_\_\_\_\_

12.  Yes  No Is swimming area locked/no access when not in use?

13.  Yes  No Are certified lifeguards on duty whenever the facility is open?

14.  Yes  No Do any swimming areas include a diving area? If yes, please complete the following:

# of Diving Boards: 1 Meter \_\_\_\_\_ 3 Meters \_\_\_\_\_ 10 Meters \_\_\_\_\_ Other \_\_\_\_\_

15.  Yes  No Do any swimming areas include a waterslide? If yes, how many? \_\_\_\_\_

Describe: \_\_\_\_\_

16.  Yes  No Is Workplace Violence Accidental Death benefit coverage desired for a premium charge?  
Limit of Insurance available is \$10,000 per person/\$100,000 aggregate. (Applicable states only)

General Liability Exposure Comments: \_\_\_\_\_

**Abusive Act Liability**  N/A

**Defense expenses are subject to limits of insurance for alleged participant 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 Retroactive Date: \_\_\_\_\_

3. Limits of Insurance requested:

- \$1,000,000 Each Abusive Act/\$1,000,000 Aggregate  \$1,000,000 Each Abusive Act/\$3,000,000 Aggregate  
 \$1,000,000 Each Abusive Act/\$2,000,000 Aggregate

4.  Yes  No Is Alleged Participant coverage desired? If yes, select requested limits.

Limits of Insurance (Applicable to Defense Expenses and Settlements)

- \$250,000 Each Abusive Act/\$500,000 Aggregate  \$1,000,000 Each Abusive Act/\$2,000,000 Aggregate  
 \$500,000 Each Abusive Act/\$1,000,000 Aggregate  \$1,000,000 Each Abusive Act/\$3,000,000 Aggregate

5. In the last 10 years:

Yes  No Has the school or any employee had abusive act (or similar) insurance coverage declined, cancelled or non-renewed? (This question is not applicable in Missouri.)

Yes  No Has the school or any employee or volunteer had any claim or suit brought against them as a result of abusive acts?

Yes  No Have any public authorities investigated the school relating to claims or allegations of abusive acts?  
If yes to any part of question 5, provide complete details on a separate page.

6.  Yes  No Does the school 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?  
If yes, provide complete details on a separate page.
7. Do the employment and volunteer applications include a question concerning whether the individual has ever been convicted of any crime, including any sex-related crime, or child abuse?  
 Yes  No Employees?  Yes  No Volunteers?
8.  Yes  No Are application references checked and documentation maintained?
9.  Yes  No Is there a written policy with procedures for screening prospective volunteers that includes a personal interview by a staff member?
10. Has the school established policies/procedures in the following areas:
- | <u>Policies/Procedures</u>   | <u>In Writing?</u>           |                             | <u>Training Completed?</u>   |                             |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Avoidance of one-on-one situations between employees/volunteers and a child? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Anti-bullying?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Abusive acts?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reporting and investigating alleged abuse?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
11. Are the abuse policies reported at least annually to:  
Employees:  Yes  No    Volunteers:  Yes  No    Students/Parents:  Yes  No
12. Are employees required to sign an acknowledgement of receipt and understanding of the abuse act policy?  
 Yes  No
13.  Yes  No Are the abusive acts policies and procedures reviewed at least annually by legal counsel:  
If "No", how often? \_\_\_\_\_

**AUTO**

1.  Yes  No Are all of the school's owned or leased vehicles to be insured under this policy?  
If "No", list vehicles insured elsewhere. \_\_\_\_\_
2.  Yes  No Does the school require any motor carrier filings?  
If yes, indicate vehicles and usage: \_\_\_\_\_
3.  Yes  No Does the school hire automobiles? If yes, indicate cost and usage:  
\_\_\_\_\_
4.  Yes  No Does the school permit employees to use their own vehicles in the course of employment?  
If yes, list employees, for what purpose, and the limit of insurance that an employee must provide:  
\_\_\_\_\_
5.  Yes  No Does the school permit employees to use its own autos for personal use?  
If yes, describe vehicle usage: \_\_\_\_\_

6.  Yes  No Does the school require Commercial Drivers Licensing (CDL)?
7.  Yes  No Does the school obtain Motor Vehicle Records on a pre-hire basis?
8.  Yes  No Are motor vehicle records checked for current employees?
9.  Yes  No Does the school have written guidelines defining an acceptable Motor Vehicle Report?
10.  Yes  No Does the school require formal driver training for its employees?
11.  Yes  No Does the school have a formalized automobile safety program in place?
12.  Yes  No Does the school review each motor vehicle accident?
13.  Yes  No Does the school have a formalized automobile maintenance program in place?
14.  Yes  No Does the school own or use any 15 passenger vans? If yes:  
 Yes  No Has the school modified the vans with either dual rear wheels or removed the rear seat?  
 Yes  No Does the school have a policy that prohibits fully loading the vans?  
 Yes  No Are drivers given special training on the operation of 15 passenger vans?
15.  Yes  No Does the school have an Auto Technology program?  
 Yes  No If yes, does the school need Garage Keepers Coverage? If yes, please provide the following:

Location: \_\_\_\_\_

Coverage: \_\_\_\_\_ Legal Liability \_\_\_\_\_ Direct Primary Basis \_\_\_\_\_ Direct Excess Basis

Limit: \_\_\_\_\_

Comprehensible Deductible: \_\_\_\_\_ \$100/\$500 \_\_\_\_\_ \$250/\$1,000 \_\_\_\_\_ \$500/\$2,500

Collision Deductible: \_\_\_\_\_ \$100 \_\_\_\_\_ \$250 \_\_\_\_\_ \$500

Auto & School Bus Aggregation of Values			
Location Address	Type of Storage Inside/Outside Bldg	# of Buses and/or Autos	Type of Protection Ex. Fencing, alarms, etc.
	<input type="checkbox"/> In or <input type="checkbox"/> Out		
	<input type="checkbox"/> In or <input type="checkbox"/> Out		
	<input type="checkbox"/> In or <input type="checkbox"/> Out		
	<input type="checkbox"/> In or <input type="checkbox"/> Out		
	<input type="checkbox"/> In or <input type="checkbox"/> Out		

**Educator's Legal Liability**  N/A

**Claims Made Retroactive Date:** \_\_\_\_\_

**Coverage A** protects you when claims are made against you for monetary damages arising out of a wrongful act or employment practices offense resulting from your school operations.

\$1,000,000 Each Wrongful Act or Offense / \$3,000,000 Aggregate

**Coverage B** reimburses reasonable defense expenses you incur to defend an injunctive or declaratory relief action because of a wrongful act or employment practices offense resulting from your school operations.

\$100,000 Each Action / \$300,000 Aggregate

\$250,000 Each Action / \$500,000 Aggregate

\$400,000 Each Action / \$600,000 Aggregate

<b>Deductible Options</b>	\$5,000	\$10,000	\$15,000	\$25,000	\$50,000	\$75,000	\$100,000
Cov A – Wrongful Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cov A – Employment Practices Offense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cov B – Injunctive or Declaratory Relief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identify the number of each:

\_\_\_\_\_ Board Members, Public Officials, Directors or Officers

\_\_\_\_\_ Temporary or Seasonal Workers

\_\_\_\_\_ Full-Time Paid Employees

\_\_\_\_\_ Volunteers (do not include volunteer board members)

\_\_\_\_\_ Part-Time Paid Employees

Yes  No Does the school fund, operate or control other boards, commissions or authorities? If yes, explain:

- 
1.  Yes  No Does the school have an Employee Handbook?
  2.  Yes  No Do all employees and volunteers receive a copy of the handbook?
  3.  Yes  No Does the handbook establish "employment at will"?
  4.  Yes  No Does the handbook specifically include volunteers?
  5.  Yes  No Are employment policy changes communicated to employees?
  6.  Yes  No Are any of the school employees unionized?
  7.  Yes  No Does the school perform criminal background checks on all new hires?
  8.  Yes  No Does the school apply specific hiring guidelines?
  9.  Yes  No Does the school apply specific termination guidelines?
  10.  Yes  No Are there specifically defined disciplinary actions?
  11.  Yes  No Are there specific employment grievance procedures?
  12.  Yes  No Are there specific guidelines concerning Sexual Abuse and Harassment?
  13.  Yes  No Are termination actions subject to external oversight?
  14. What is the estimated employee turnover rate annually? \_\_\_\_\_%
  15. How many involuntary employee terminations annually? \_\_\_\_\_
  16.  Yes  No Are any EEOC or comparable state agency hearings outstanding?  
If yes, describe any outstanding employment disputes that are not yet a claim: \_\_\_\_\_

- 
17.  Yes  No Does the school have any knowledge of any incidents, accidents or occurrences which may result in a claim? If "Yes, explain: \_\_\_\_\_

Identify if any of the above events have been reported to a current or previous carrier: \_\_\_\_\_

- 
18.  Yes  No Does the school use an employment application for all applicants for hire?
  19.  Yes  No Have all the school's policies and procedures been reviewed by counsel?
  20.  Yes  No Did the school have any reduction in staff in the last (12) months?
  21.  Yes  No Does the school anticipate any reduction in staff in the next (12) months? If yes, explain: \_\_\_\_\_

- 
22.  Yes  No Does the school's attorney review your staff reduction plan?

23.  Yes  No Has any person, former employee or job applicant alleged unfair or improper treatment regarding employee hiring, non-remuneration, advancement or termination of employment within the last 24 months?

If yes, explain: \_\_\_\_\_

24.  Yes  No Do guidelines provide for administrative hearings and appeals?  
a) How many hearings/appeals have taken place in the last (12) months? \_\_\_\_\_  
In what areas? \_\_\_\_\_

25.  Yes  No Does the school's attorney regularly participate in all grievance or administrative hearings?

**CYBER LIABILITY & PRIVACY CRISIS MANAGEMENT EXPENSE**  N/A

**Claims Made Retroactive Date** \_\_\_\_\_

**Cyber Liability** protects you when claims are made against you for monetary damages arising out of an electronic information security event.

\$1,000,000 Each Electronic Information Security Event, subject to

\$3,000,000 Annual Aggregate (Public Officials and Management Liability or Educators Legal Liability, as applicable)

**Privacy Crisis Management Expense** reimburses for expenses you incur as a result of a privacy crisis management event first discovered during the policy period. This first party coverage is intended to provide professional expertise in the identification and mitigation of a privacy breach while satisfying Federal and State statutory requirements.

\$50,000 Each Privacy Event / \$50,000 Aggregate automatically included

\$100,000 Each Privacy Event / \$100,000 Aggregate

\$250,000 Each Privacy Event / \$250,000 Aggregate

\$500,000 Each Privacy Event / \$500,000 Aggregate

**Cyber Extortion Expense** reimburses for expenses you incur as a result of a cyber extortion threat first made against you during the policy period. A \$20,000 limit applies to Each Cyber Extortion Threat, subject to the Privacy Crisis Management Expense Aggregate.

1.  Yes  No Is Firewall technology used at all internet points of presence to prevent unauthorized access to internal networks?

2.  Yes  No Do you use antivirus software on all desktops, portable computers and mission critical servers?

3.  Yes  No Are antivirus applications updated in accordance with the software provider's requirements?  
How often? \_\_\_\_\_

**QUESTIONS 4 and 5 BELOW MUST BE ANSWERED IF \$500,000 LIMIT IS REQUESTED.**

4.  Yes  No Are your employee, customer, and other physical and electronic records maintained in a secure environment with limited access?

5.  Yes  No Has your organization suffered a computer attack, such as a hacking attack, breach of personal information, denial of service attack, virus or malware infection or ransomware attack, in the last 12 months? If Yes, please explain \_\_\_\_\_

**QUESTIONS 6, 7 and 8 BELOW MUST BE ANSWERED FOR SCHOOLS WITH A STUDENT COUNT OVER 10,000**

6.  Yes  No Do you have a written information security and privacy policy?

7.  Yes  No Do you backup your computer data and store it off site?

Cyber Liability and Privacy Crisis Management Expense Comments: \_\_\_\_\_

**EXCESS LIABILITY**

The Excess Liability coverage form is available with limits up to:

\$10,000,000 Each Occurrence

\$10,000,000 Aggregate

Excess Limit requested: \_\_\_\_\_  
\_\_\_\_\_

All underlying coverage to be scheduled must be provided by the program. Exceptions are permitted for Employer's Liability coverage. If coverage is insured elsewhere, then the minimum underlying limits required to schedule Employer's Liability are:

\$500,000 Each Accident

\$500,000 Disease per Employee

\$500,000 Disease Aggregate

For Employer's Liability Coverage insured elsewhere, provide the following:

Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Policy Limits: \_\_\_\_\_

Carrier Name: \_\_\_\_\_

**NOTE:** Underlying requirement for Employer's Liability is \$500,000/\$500,000/\$500,000, Commercial Carrier's A.M. Best's Rating of B+ or better and a copy of Declarations. (A pool or similar group self-insurance facility might be eligible, but needs to be underwritten/reviewed.)

Excess Liability Comments: \_\_\_\_\_  
\_\_\_\_\_

## FRAUD WARNING NOTICE – PLEASE READ CAREFULLY

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 act, which is a crime, and may subject such person to criminal and civil penalties.

<b>Alabama</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
<b>Arkansas</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>California</b>	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
<b>Colorado</b>	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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.
<b>District Of Columbia</b>	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
<b>Florida</b>	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.
<b>Kansas</b>	Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance that such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.
<b>Kentucky</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
<b>Louisiana</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Maine</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
<b>Maryland</b>	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Minnesota</b>	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
<b>New Jersey</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
<b>New York</b>	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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
<b>Ohio</b>	Any person who, with intent to defraud or knowing that he 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.
<b>Oklahoma</b>	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.
<b>Oregon</b>	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, may be guilty of a fraudulent act, which may be a crime, and may subject such person to criminal and civil penalties.
<b>Pennsylvania</b>	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 such person to criminal and civil penalties.
<b>Rhode Island</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Tennessee</b>	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.
<b>Vermont</b>	Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
<b>Virginia</b>	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.
<b>Washington</b>	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.
<b>West Virginia</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Your signature below acknowledges that you have read the Fraud Warning Notice that applies to your state of domicile.**

**The undersigned is an authorized representative of the applicant and certifies the information provided to obtain this coverage is accurate to the best of their knowledge; this includes any applications, locations schedules, valuation statements, loss history information and engineering reports.**

**Applicant's signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agent's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_