

## ACADEMIC SCHOOLS SUPPLEMENT

### SUBMISSION REQUIREMENTS

- ACORD Application (for lines of coverage to be written)
- Statement of Valued (for blanket and/or agreed value)
- 4 Years of Currently Valued Company Loss Runs
- Drivers List with License Numbers and DOB
- Schedule of Vehicles
- Financial Statement

### GENERAL APPLICANT INFORMATION

Applicant:  
Mailing Address:  
Website Address:  
Effective Date:

### SECTION I – GENERAL INFORMATION

- |                    |                      |            |          |  |
|--------------------|----------------------|------------|----------|--|
| 1. Type of school: | Private              | Grades:    | through: |  |
|                    | Public               | Grades:    | through: |  |
|                    | Charter              | Grades:    | through: |  |
|                    | Residential/Boarding | Grades:    | through: |  |
|                    | College/University   | Grades:    | through: |  |
|                    | Special Needs        | Grades:    | through: |  |
| The school is:     | For Profit           | Non-Profit |          |  |
2. Total number of students enrolled:
  3. Date school founded: \_\_\_\_\_ Date school chartered: \_\_\_\_\_
  4. Is Applicant's school accredited? Yes No  
**If yes, list accrediting organization:**
  5. Does Applicant have day care on premises? Yes No  
**If yes, please complete the Day Care Supplemental Application.**
  6. Does Applicant want corporal punishment coverage? Yes No  
 Does your school's policy encourage or allow the use of corporal punishment? Yes No  
 Is there a formal, written policy prohibiting the use of corporal punishment? Yes No  
 Have there been any claims or incidents reported? Yes No  
**If yes, please explain the circumstances and details:**
  7. Does Applicant have medical facility/infirmary? Yes No  
 Does the facility dispense medication? Yes No  
 Does the facility provide only immediate care / first aid? Yes No  
 Does the facility only serve students and employees? Yes No  
 Are there only over-the-counter drugs stored on premises? Yes No  
 Are written instructions from parents required prior to dispensing any medications to minors? Yes No  
 Is there any overnight care provided? Yes No  
 How many beds are in the infirmary:  
 Are there written operational procedures in place? Yes No  
 Is there a medical professional on staff? Yes No  
 If yes, please indicate which of the following and how many are employed by the Applicant:  
     Physical Therapist: \_\_\_\_\_ Psychologist: \_\_\_\_\_ Dentist: \_\_\_\_\_ RN: \_\_\_\_\_  
     Nurse Practitioner: \_\_\_\_\_ Physician: \_\_\_\_\_ Counselor: \_\_\_\_\_  
 Does the professional carry their own malpractice insurance? Yes No  
**If yes, who is the carrier and what limit is carried:**  
 Are medical history and care records kept for each patient? Yes No
  8. Does the Applicant have any saddle animals or equestrian teams? Yes No
  9. Are there any fraternities or sororities on the premises? Yes No
  10. Does the Applicant sponsor camps? Yes No

- |   |     |    |
|---|-----|----|
| 11. Does the Applicant have any swimming pools on the premises?                                       | Yes | No |
| If yes, are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? | Yes | No |
| <b>If no, provide timetable and action plan:</b>  |     |    |

**SECTION II – SECURITY**

- |  |     |    |
|--|-----|----|
| 1. Are all visitors to the school required to sign in and out?   | Yes | No |
| 2. Are there security guards at the school daily?  | Yes | No |
| 3. Indicate the number of personnel providing security services:<br>Employed:                      Unarmed Security:                      Armed Security:<br>Contracted:                      Unarmed Security:                      Armed Security:   |     |    |
| 4. When security is contracted to a third party, is the contractor's general liability / law enforcement professional liability policy required to name the educational institution as an additional insured?<br>If yes, does the third party maintain a minimum limit of liability coverage and indemnify the educational institution?<br>If yes, indicate the minimum limit of liability of general / policy professional liability coverage your institution requires: \$ | Yes | No |
| 5. Do security personnel have arresting authority?   | Yes | No |
| 6. If there is employed armed security, are they trained and/or re-certified annually to the standards required for public sector law enforcement personnel within the political subdivision for use of weapons?   | Yes | No |
| 7. Are criminal background checks and psychological reviews provided for all employed security?<br>If yes, how often are these checks and reviews conducted:      Every                      Months  | Yes | No |
| <b>If no, explain:</b>   |     |    |
| 8. Is your security department accredited by the International Association of Campus Law Enforcement Administration (IACLEA)?  | Yes | No |
| 9. Does a mutual aid agreement exist with local city or county police?   | Yes | No |
| 10. Does the Applicant permit staff, volunteers, or visitors to carry open or concealed firearms on your premises?   | Yes | No |
| 11. If the Applicant does not permit open and/or concealed carry of firearms on any premises for which you are requesting insurance coverage do all locations have signage which conspicuously identifies the building as a Gun Free Zone?   | Yes | No |
| 12. Do security personnel store weapons on premises?   | Yes | No |
| 13. Do faculty, staff, or employees store weapons on premises?   | Yes | No |
| 14. Does the Applicant's Weapons Ban Policy have any exceptions?   | Yes | No |
| 15. Does the educational institution have emergency call boxes located throughout the campus that are connected directly to campus security or police?   | Yes | No |
| 16. Does the educational institution provide after-hours security escort service for students?   | Yes | No |

**SECTION III - ATHLETICS**

- |   |     |              |
|---|-----|--------------|
| 1. Does the school obtain a signed release which includes a hold harmless agreement from the parents / guardians of all participants?                             | Yes | No           |
| 2. Are medical exams required for all participants in extra-curricular sports?  | Yes | No           |
| 3. Is someone who is trained in first aid always present during practices or games?   | Yes | No           |
| 4. Is Student Accident insurance carried?<br>If yes, what limit is carried: \$<br>If no, is evidence of personal medical insurance for each participant obtained? | Yes | No           |
| 5. Is the Applicant compliant with the Zackery Lystiedt law ( <b>only applicable in WA</b> )?   | Yes | No           |
| 6. Are any of the following offered: (check all that apply)   |     |              |
| Archery   |     | Scuba Diving |
| Bungee Jumping  |     | Snow Skiing  |
| Climbing (Mountain, Rock or Wall)   |     | Sky Diving   |
| Equestrian  |     | Trampoline   |
| Polo  |     | Water Skiing |
| Rugby   |     | Other:       |

**SECTION IV – FIELD TRIPS**

1. Approximately how many field trips are sponsored each year?
2. Are all trips within the United States? Yes      No  
If no, please list locations outside of the United States:
3. Describe the types of trips that are taken:
4. Is written permission / waiver obtained from each child’s parent or guardian? Yes      No
5. If parents/volunteers or staff vehicles are used, does Applicant obtain proof of Liability coverage? Yes      No

**SECTION V – ABUSE & MOLESTATION**

1. Does your employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? Yes      No
2. Does your state permit you to do criminal background investigations? Yes      No  
If yes, do you routinely request and receive such background investigations? Yes      No  
Are federal and state criminal background checks performed on:  
    Staff Yes      No  
    Volunteers Yes      No
3. Does the Applicant verify employment related references? Yes      No
4. Does the Applicant conduct personal interviews? Yes      No
5. Does the Applicant have written procedures dealing with sexual abuse? Yes      No  
**If yes, please attach a copy.**
6. Does the Applicant have a plan of supervision that monitors staff in day-to-day relationships with students, both on and off premises such as class trips? Yes      No
7. Does the Applicant have a Sexual Abuse Awareness Program for students? Yes      No
8. Does the Applicant have a specific training for the faculty on identifying and reporting incidents of sexual abuse and molestation? Yes      No
9. Has the Applicant ever had an incident which resulted in an allegation of sexual abuse? Yes      No  
**If yes, please describe the incident:**
10. Was a claim made against the organization? Yes      No
11. Was the case settled? Yes      No
12. Was the case taken to trial? Yes      No
13. How much money was paid in damages to the victim: \$
14. Does Applicant’s current insurance program provide abuse and molestation coverage? Yes      No  
**If yes,**              Occurrence                      Claims Made  
Limits: \$    Carrier:    Retroactive Date:

**SECTION VI – PROFESSIONAL EDUCATIONAL LEGAL LIABILITY**

(Complete this section **only** if Educators Liability is desired)

1. Does Applicant’s current insurance program provide Professional coverage? Yes      No  
If yes,              Occurrence                      Claims Made  
Limits: \$    Carrier:    Retroactive date:

**2. UNDERWRITING INFORMATION:**

- a. Number of board members:
- b. Student enrollment (include the full-time equivalent of part-time students)

|                    | Current Year | Last Year | Next Year Estimate |
|--------------------|--------------|-----------|--------------------|
| Number of Students |              |           |                    |
| Average Class Size |              |           |                    |

3. Is Applicant’s attorney              an employee of the educational entity              on retainer  
Does Applicant’s attorney regularly participate in all grievances or administrative hearings? Yes      No  
Did the following take place in the past three (3) years? Yes      No
  - a. Disputes involving integration, segregation, discrimination or violations of civil rights? Yes      No**If yes, please explain.**

**4. POLICIES AND PROCEDURES:**

- a. Do guidelines provide for administrative hearings and appeals? Yes      No
- b. How many hearings / appeals have taken place in the last twelve (12) months:  
In what areas:
- c. How many hearings appeals from **4.b.** above are in the area of special education:
- d. Have Applicant’s policies and procedures been reviewed by counsel? Yes      No

e. Has entity / board established policies / procedures governing all students in the area of

|            | Yes | No | In Writing |                     | Yes | No | In Writing |
|------------|-----|----|------------|---------------------|-----|----|------------|
| Suspension |     |    |            | Harassment          |     |    |            |
| Dismissal  |     |    |            | Corporal Punishment |     |    |            |
| Promotion  |     |    |            | Acceptance          |     |    |            |
| Transfer   |     |    |            |                     |     |    |            |

f. Are all teachers required to be certified?

Yes No

5. **COVERAGE A: PROFESSIONAL EDUCATIONAL LEGAL LIABILITY**

Limits of Insurance

\$250,000 \$500,000 \$1,000,000

Deductible Requested

\$1,000 \$2,500 \$5,000 \$7,500 \$10,000  
 \$15,000 \$20,000 \$25,000 Other:

**COVERAGE B: DEFENSE REIMBURSEMENT FOR ANY "SUIT" SEEKING NON-MONETARY OR INJUNCTIVE RELIEF**

Limit of Insurance (Each Suit / Policy Year Aggregate)

\$10,000/\$30,000 \$25,000/\$75,000 \$50,000/\$150,000 \$100,000/\$300,000

Deductible requested

\$1,000 \$2,500 \$5,000 \$10,000 \$25,000

6. Employment Specifics / Number of Employees: 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, 5 days per week, 7 hours per day on a regular basis.

\*\*Part-time employees are employees hired to work less than 35 hours per week on a regular basis. Part-time employees

7. **FINANCIAL INFORMATION**

a If surplus/deficit exists, indicate use of surplus or cause of deficit and how it will be eliminated:

b Does the Applicant expect a budget reduction in the next year?

Yes No

8. **PAST CLAIMS ACTIVITIES**

Claims History, Incidents, Insured/Uninsured Losses – Current and prior two years:

a. Has any claim been made/presented to Applicant's current or prior professional liability carrier with respect to the coverages listed above?

Yes No

b. Has any claim been made against the entity that was not covered by insurance?

Yes No

c. Is the entity operating under a court's supervision?

Yes No

**If yes, provide details:**

d. Has any claim been made or is now pending against any person in his/her official capacity as an official, employee, or volunteer of any entity?

Yes No

3. Are you aware of any facts or circumstances which you have reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which you have applied for?

Yes No

**SIGNATURE**

The undersigned warrants that to the best of his/her knowledge and belief the statements set forth herein are true. The Undersigned further declares that any occurrence or event that takes place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Underwriter. The underwriter may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Underwriter is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this application. The signing of this Application does not bind the Undersigned to purchase the insurance, nor does the review of this Application bind the insurance company to issue a policy. It is agreed that this Application shall be the basis of the contract should a policy be issued.

Name (please print)

Academic Schools Supplement

Title (President, Chairman, or Executive Director)

**SECTION VII - DIRECTORS & OFFICERS / EMPLOYMENT PRACTICE LIABILITY**

N/A

**THIS SECTION IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY.**

(Complete this section only if D&O, EPLI, coverage is desired.)

**DIRECTORS & OFFICERS LIABILITY INFORMATION**

1. Does the Applicant have a tax-exempt status under the U.S. Internal Revenue Code? Yes No  
**If no, provide an explanation:**

| FINANCIAL INFORMATION     | CURRENT FISCAL YEAR | PREVIOUS FISCAL YEAR |
|---------------------------|---------------------|----------------------|
| Total Assets              | \$                  | \$                   |
| Net Assets / Fund Balance | \$                  | \$                   |
| Annual Revenue            | \$                  | \$                   |
| Net Revenue               | \$                  | \$                   |

3. Provide a list of all direct and indirect subsidiaries or any other entity or organization the Applicant controls

| Name / Type of Business                             | Percent the Applicant Owns/Controls | Date Created / Acquired | For Profit / Non-Profit |
|---|-------------------------------------|-------------------------|-------------------------|
| <i>I.E.: ABC Foundation / Charitable Foundation</i> | <i>100%</i>                         | <i>01/01/2000</i>       | <i>Non-Profit</i>       |
|   |                                     |                         |                         |
|   |                                     |                         |                         |

Additional entities listed by attachment

4. Has the Applicant or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five (5) years? Yes No  
**If yes, please attach details.**  
 Any disciplinary action by any regulatory agency or association? Yes No  
 Any administrative proceeding charging violation of a federal or state law or regulation? Yes No  
 Any other criminal actions? Yes No

**EMPLOYMENT PRACTICE LIABILITY INFORMATION**

1. Please provide the following employee count information:  
 U.S. based employees  
 Total Full-Time:                      Total Part-Time:  
 Volunteers:                              Temporary:  
 Leased:                                      Total Non U.S. based employees:  
**TOTAL SUM OF ABOVE:**
2. How many employees have been terminated or demoted in the past 12 months:  
 a. Voluntary:                      Involuntary:  
 b. Laid Off:                              Demoted:
3. Is any reduction of employees or change of status anticipated in the next year?  
 Voluntary:                      Involuntary:                      Layoffs:
4. Does the Applicant have an employment handbook? Yes No
5. Does the Applicant use an employment application for every potential employee? Yes No
6. Does the Applicant use outside employment counsel for employment advice? Yes No

**CURRENT COVERAGE**

| COVERAGES          | Insurance Company | Limit of Liability | Deductible | Policy Effective Dates | Premium |
|--------------------|-------------------|--------------------|------------|------------------------|---------|
| D & O              |                   | \$                 | \$         |                        | \$      |
| EPLI               |                   | \$                 | \$         |                        | \$      |
| Fiduciary          |                   | \$                 | \$         |                        | \$      |
| Workplace Violence |                   | \$                 | \$         |                        | \$      |
| Internet Liability |                   | \$                 | \$         |                        | \$      |

**WARRANTY INFORMATION**

- 1 With respect to this coverage, has any Underwriter refused, canceled or non-renewed coverage?  
**(Not Applicable in Missouri)** Yes No  
**If yes, please provide details:**
  
- 2. As of this date, or the date on which the Applicant first applied for prior similar coverage and has maintained such prior similar coverage continuously in force, no person applying for this coverage is/was aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant has applied, except: None or as noted below:
  
- 3. Have any claims, suits, or demands for arbitration that would fall within the scope of the proposed insurance been made against the Applicant, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years? None or as noted below:

**With regard to questions 2. and 3., it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.**

The Undersigned warrants that to the best of his/her knowledge and belief the statements set forth herein are true. The Undersigned further declares that any occurrence or event that takes place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Underwriter. The Underwriter may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Underwriter is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The signing of this Application does not bind the Undersigned to purchase the insurance, nor does the review of this Application bind the insurance company to issue a policy. It is agreed that this Application shall be the basis of the contract should a policy be issued. This Application will be attached and become a part of the policy.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title **(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

**FRAUD NOTICE STATEMENTS**

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN 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 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.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** 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 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 WHICH 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.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

Name (Please Print/Type)

Title  
**(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)**

\_\_\_\_\_  
Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the Applicant and their respective Directors, Officers or other insured persons.

**Produced By: (Section to be completed by Producer/Broker)**

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)