



# School Application

## GENERAL INFORMATION

Named Insured: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Risk Manager:  Yes  No Name of Risk Manager \_\_\_\_\_

**FEIN Number:** \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

Quote Needed By: \_\_\_\_\_

Average Daily Attendance \_\_\_\_\_

### Claims Question

Has any insurance coverage been cancelled the past 3 years?  Yes  No  
If yes, line of coverage, reason and date \_\_\_\_\_

### Submission Checklist – additional reports and information may be requested in other sections

Application  Current Financial  Property SOV  Auto Schedule  5 years currently valued loss runs



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## GENERAL INFORMATION

### EXPIRING PREMIUM

<u>Coverage</u>	<u>Premium</u>	<u>Current Carrier / Pool</u>
Property	\$ _____	_____
Crime	\$ _____	_____
General Liability	\$ _____	_____
Auto Liability	\$ _____	_____
Auto Physical Damage	\$ _____	_____
Law Enforcement Liability	\$ _____	_____
Excess Liability	\$ _____	_____
Total Annual Premium	\$ _____	

### Agent Notes

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## PROPERTY & INLAND MARINE

 N/A

Total Insured Values \$ \_\_\_\_\_

Property Deductible  \$1,000  \$2,500  \$5,000  \$10,000  \$15,000  \$25,000

Wind / Hail Deductible, If any  1%  2%  3%

Coinsurance Percentage  80%  90%  100%  Agreed Amount

Protection Class  1  2  3  4  5  6  7  8  9  10

Equipment Breakdown Limit \$ \_\_\_\_\_ Deductible same as property

Flood (Excluding A, V)  \$1mil  \$2 mil  \$3 mil  \$4 mil  \$5 mil

Flood Deductible  \$25,000  \$50,000  \$100,000

Earthquake (Excluding 1, 2)  \$1mil  \$2 mil  \$3 mil  \$4 mil  \$5 mil

Earthquake Deductible  \$25,000  \$50,000  \$100,000

Inland Marine Deductible  \$250  \$500  \$1,000  \$2,500  \$5,000

Business Income  \$100,000  \$250,000  \$500,000  \$1,000,000  \$ \_\_\_\_\_

Terrorism Coverage  Yes  No

### Statement of Values must be attached

### \*Must purchase Extra Expense

Limit Included		Requested Limit	Limit Included		Requested Limit
Appurtenant Structures	\$5,000	\$5,000 max	Spoilage Perishable Prop	\$10,000	
At any other location	\$100,000		Surface Water	\$15,000	\$15,000 max
Building Ordinance	\$250,000		Utility Service Dir Damage	\$25,000	
Debris Removal	\$25,000		Arson Reward	\$5,000	\$5,000 max
Emergency Evacuation	\$5,000	\$5,000 max	Crime Reward	\$2,500	\$2,500 max
Fire Dept. Service Charge	\$5,000		BI any other location	\$100,000*	
Fire Suppress EQ Recharge	\$5,000		Contingent Bus. Inc.	\$100,000*	
Interior Water Damage	\$10,000		Accounts Receivable	\$25,000	
Inventory Costs/Claim Prep	\$10,000		EDP Hardware	\$25,000	
Lock Replacement	\$1,000		EDP Data & Media	\$10,000	
Newly Acquired Building	\$1,000,000		EDP Extra Expense	\$5,000	
Newly Acquired Per. Prop	\$500,000		Contractors Equipment		
Personal Effects	\$10,000		Fine Arts		
Personal Property of others	\$10,000		Cameras, Projection, Musical Instr.		
Pollutant Cleanup/Removal	\$25,000		Valuable Papers	\$25,000	
Golf Course Greens Coverage			Miscellaneous Equipment		
Property in Transit	\$15,000		Band Equipment		
Signs		Included	Police Equipment		



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<b>Crime</b> <span style="float: right;"><input type="checkbox"/> N/A</span>		
	<b>Limit</b>	<b>Deductible</b>
Employee Theft – Per Loss Coverage		<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
Employee Theft – Per Employee Coverage		
Forgery or Alteration		
Inside the Premises – Theft of Money & Securities		\$100,000 maximum limit
Inside the Premises - Robbery or Safe Burglary or Other Property		\$100,000 maximum limit
Outside the Premises		\$100,000 maximum limit
Computer Fraud		
Funds Transfer Fraud		
Money Orders & Counterfeit Money		

**Optional Coverage**

- Faithful Performance of Duty   
  Extortion   
  Designated Persons (Names needed if bound)  
 Treasurers & Tax Collectors   
  Include Volunteers   
  Students as Employees  
 Include Chairman   
  Include Non-compensated Officers

Security Provisions (check those that apply):

- CPA Audit?   
  Internal Audit?   
  Reconciliations   
  Bank Statements  
 Countersignature   
  Employee Background Checks   
  Alarms Type

**General Information**

- Is more than \$2,000 kept at premises overnight?     Yes     No
- Type of Safe if any:     B     C     G     H     Other \_\_\_\_\_
- Number of locations where money is located other than initial location?    \_\_\_\_\_
- Number of employees handling money?    \_\_\_\_\_



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## GENERAL LIABILITY

N/A

General Aggregate:  \$500,000  \$1,000,000  \$2,000,000  \$3,000,000

Bodily Injury & Property Damage:  \$500,000  \$1,000,000

Personal & Advertising Injury:  \$500,000  \$1,000,000 (Limit must equal above limit)

Employee Benefits Liability:  \$500,000  \$1,000,000 (Limit must equal above limit)

Fire, Lightning & Explosion:  \$100,000  Other \$ \_\_\_\_\_

Medical Payments Limit:  \$10,000  Exclude

GL Deductible:  \$0  \$500  \$1,000  \$5,000  \$10,000  \$25,000

### Optional Coverage

Corporal Punishment  Exclude  Yes  No

Terrorism  Exclude  Yes  No

Sexual Abuse / Molestation  Exclude  \$100,000  \$250,000  \$500,000  \$1,000,000

### Sports Activities Checklist

Please check if the following activities apply:

- |                                     |   |                                     |  |
|-------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> Baseball   | <input type="checkbox"/> Basketball     | <input type="checkbox"/> Boxing     | <input type="checkbox"/> Football      |
| <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Field Hockey   | <input type="checkbox"/> Lacrosse   | <input type="checkbox"/> Rugby         |
| <input type="checkbox"/> Swimming   | <input type="checkbox"/> Soccer         | <input type="checkbox"/> Softball   | <input type="checkbox"/> Skateboarding |
| <input type="checkbox"/> Skiing     | <input type="checkbox"/> Tennis         | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Wrestling  | <input type="checkbox"/> Weight Lifting |                                     |  |

If you have a football program, what is the minimum age that Children are allowed to play tackle football? \_\_\_\_\_

Is trained medical assistance available on-site during all games?  Yes  No

Are certified trainers/coaches used in the athletic programs?  Yes  No

Are trampolines used at any of the schools?  Yes  No

Financial Data - **Please attach copy of most recent Financial Statement.**



# School Application

## Exposure Information

Student enrollment K-8	_____	Student enrollment 9-12	_____
Number of Teachers	_____		
Number of Nurses	_____		
Do Nurses carry professional liability coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Background checks for Nurses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are Nurses references checked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any previous or pending allegation of sexual or physical abuse by Teachers or Nurses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Grandstand Receipts?	\$_____	Grandstand Capacity?	_____
Number of Bleachers?	_____	Bleachers Capacity?	_____
Number of Swimming Pools?	_____	Is the pool open to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are the receipts?	\$_____		

## EXCESS LIABILITY

N/A

Limit Requested:  \$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000

Terrorism  Yes  No

### UNDERLYING COVERAGE REQUESTED

**Check if Excess Requested. Underlying limit must be at least \$1,000,000**

General Liability:

Auto Liability:

Law Enforcement Liability:

Employers Liability:  (If a Pool or Trust, provide name of excess carrier) \_\_\_\_\_

If coverage bound, need policy number and effective date  
Excess carrier must be "A" rated. \_\_\_\_\_



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## AUTOMOBILE LIABILITY & PHYSICAL DAMAGE

 N/A

Combined Single Limit  \$500,000  \$1,000,000 (includes hired & non-owned auto)

Medical Payments  \$5,000  \$10,000  EXCLUDED

Uninsured/Underinsured Motorist CSL  \$500,000  \$1,000,000  EXCLUDED

Uninsured Motorist Limit  \$500,000  \$1,000,000 Other \_\_\_\_\_

Underinsured Motorist Limit  \$500,000  \$1,000,000 Other \_\_\_\_\_

UM PD Limit (IL only)  \$15,000 Deductible:  \$250  \$500  \$1,000

UM / UIM Deductible \$ \_\_\_\_\_

Auto Liability Deductible:  \$0  \$1,000  \$5,000  \$10,000  \$25,000

### Auto Physical Damage

Comprehensive Deductible  \$250  \$500  \$1,000  Other \_\_\_\_\_  EXCLUDED

Collision Deductible  \$250  \$500  \$1,000  Other \_\_\_\_\_  EXCLUDED

Hired Physical Damage Limit \$ \_\_\_\_\_

Hired PD Comp. Deductible  \$250  \$500  \$1,000  Other \_\_\_\_\_  EXCLUDED

Hired PD Coll. Deductible  \$250  \$500  \$1,000  Other \_\_\_\_\_  EXCLUDED

Garagekeepers  \$250,000  \$500,000  \$1,000,000  EXCLUDED

### Summary of Automobile Exposures (PLEASE ATTACH AUTO SCHEDULE w/ COST NEW & CLASS CODE)

Type	Number Owned	Type	Number Owned
Private Passenger Autos		Heavy Trucks	
Police Private Passenger		Extra Heavy Trucks	
Police Vans or Trucks		Tractor Trailers	
Police Motorcycles		15 Passenger Vans	
Light Trucks		Buses	
Medium Trucks		Trailers	
Other		<b>Total number of all units</b>	

- Do any of the above transport explosives, inflammables or radioactive material?  Yes  No
- Do you have a vehicle maintenance program for all of your vehicles?  Yes  No
- Do you utilize a safety program?  Yes  No
- Do you request MVR's on all drivers? How often? \_\_\_\_\_  Yes  No
- Is any coverage provided for any non-owned buses?  Yes  No

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



# School Application

## LAW ENFORCEMENT LIABILITY - OCCURRENCE

N/A

Complete if School has a Law Enforcement Department

### General Information

Current Coverage Form:  Occurrence  Claims Made Retro Date if any \_\_\_\_\_

Annual Aggregate Limit:  \$500,000  \$1,000,000  \$2,000,000  \$3,000,000

Per Occurrence Limit:  \$500,000  \$1,000,000

Deductible:  \$1,000  \$2,500  \$5,000  \$10,000  \$25,000  \$50,000  \$100 K

Is Insured within 25 miles of a city over 250,000 population?  Yes  No Name of City \_\_\_\_\_

LETN subscriber?  Yes  No (Law Enforcement Network Television)

Have personnel attended a sponsored seminar the past year?  Yes  No

Consent to Settle Coverage?  Yes  No

### A. APPLICANT INFORMATION (please attach copies of any contracts below)

1. Any seasonal increase in population?  Yes  No
  - a. Percentage of increase \_\_\_\_\_
  - b. If there is a seasonal population change, are there any borrowed officers?  Yes  No
  - c. If yes, how many? \_\_\_\_\_
2. d. Are they trained in your agency's policies and procedures?  Yes  No
3. Name and size of any significant operations within your jurisdiction (military institutions, colleges, resort areas, convention centers, arenas, amusement parks) \_\_\_\_\_
4. Do you contract law enforcement to any other public or private entity?  Yes  No
5. Does the department perform any administrative work for any other police department? If yes, explain  Yes  No
6. Are you party to any mutual aid, reciprocal, or regional task force agreements?  Yes  No
7. Do you authorize employee moonlighting  Yes  No
  - a. If so, who authorizes? \_\_\_\_\_
  - b. What percentage of staff moonlight? \_\_\_\_\_
  - c. Is employee moonlighting allowed in bars or taverns?  Yes  No
8. Does the department participate in any of the following specialized units?
 

Critical Incident Team  SWAT  Drug Task Force  Other units

If yes to any of the above, please explain \_\_\_\_\_



# School Application

<b>B. POLICIES &amp; PROCEDURES (please attach copy of manuals)</b>		
1. Do you have a written policies and procedures manual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Date of manual _____ Date last revised or updated _____		
3. Is manual distributed to all personnel and reviewed with them periodically?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the department perform procedures compliance monitoring? If no, explain _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you require use of force reports to be filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are they followed up? If no, explain _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does the manual have written policies concerning the following?		
a. Domestic Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Use of deadly force	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Use of non-deadly force	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Vehicle "hot" pursuit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Communicable disease (AIDS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Handling of Intoxicated persons	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>C. EDUCATION &amp; TRAINING</b>		
1. What is the minimum education requirement for hiring officers? <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Other		
2. Is psychological testing required prior to hiring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Are results reviewed by a person trained in this field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Is applicant interviewed by a psychologist/psychiatrist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are background checks completed prior to hiring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. What law enforcement training is required of armed street officers prior to assignment? Formal Academy? # Of Hours _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have annual minimum in-service training updates? # Of Hours _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is formal training required before armed and assigned street duty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If no, confirm officer is not armed and is accompanied by trained personnel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are Officers trained and qualified before using:		
Baton <input type="checkbox"/> Yes <input type="checkbox"/> No	Mace / Chemicals <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stun Guns <input type="checkbox"/> Yes <input type="checkbox"/> No	Control Holds <input type="checkbox"/> Yes <input type="checkbox"/> No	
Canine Handling <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. How often must an officer re-qualify with the following		
Service Revolver	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi –annual <input type="checkbox"/> Annual	
Personal Weapon	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi –annual <input type="checkbox"/> Annual	
Other Weapons	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi –annual <input type="checkbox"/> Annual	
9. What training do part-time/auxiliary armed officers receive?		
a. Is training given before duty assignment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. What types of assignments do these officers perform?	_____	
10. Has Department provided any training regarding racial profiling prevention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



# School Application

D. PERSONNEL			
Group A		Group B	
Full Time Officers, Detectives, Investigators, Sergeants		Animal Control	
Full Time Chief, Sheriff, Deputies		Dispatchers	
Police Dogs		Jail Medical / Coroner	
Full & Part-Time Jailers		Other unarmed personnel	
Part-time reserve/auxiliary/court officers with arrest powers		Other unarmed Jail Personnel	
		School Crossing Guards	
		Unarmed Part-time reserve/auxiliary/court officers without arrest powers	
<b>Total Group A</b>		<b>Total Group B</b>	

E. CLAIMS HISTORY	
1. Does any official, employee or volunteer have any knowledge of any action, error, omission, or breach of duty which may be expected to give rise to a claim or lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____
2. Has any lawsuit been made or is now pending against any person in his/her official capacity as an employee or volunteer for the department? If yes, explain _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



# School Application

## SUPPLEMENTAL INFORMATION SECTION

<b>Day Care</b>	<input type="checkbox"/> n/a
Number of Children: _____ Describe all activities: _____	
Number of staff: _____ Describe play equipment: _____	
Is the facility licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of years in operation	_____
Maximum number of children permitted under license	_____
Days & hours of operation	_____
How are the staff evaluated / hired? _____	
Background Checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
References checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any previous or pending allegations of sexual or physical abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are parental permission/waiver forms required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Miscellaneous</b>	<input type="checkbox"/> n/a
1. Provide the total number of the following: Libraries _____ Museums _____	
2. If coverage is requested, provide the size, construction, and location of any Wharves or Marinas. _____	
3. If Fire Legal Liability is requested, provide details of any leased premises exposure. _____	
4. Describe any additional operations not included above. _____	
5. Provide details of any contractual agreements other than lease of premises, easement, or sidetrack agreements: _____	

<b>Property</b>	<input type="checkbox"/> n/a
1. How were property values calculated? _____ Date of last appraisal? _____	
2. Have roofs been updated the past 20 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Is any property located within 25 miles of coastal water? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is there a disaster recovery plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach plan	
5. Are any locations in the 100 year flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No Please note on SOV	
6. Are any locations in Earthquake Zones 1 or 2? <input type="checkbox"/> Yes <input type="checkbox"/> No Please note on SOV	
7. Describe maintenance and overall upkeep of the property <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	



# School Application

## SEXUAL ABUSE MOLESTATION SUPPLEMENT

N/A

Requested Limit:  \$100,000  \$250,000  \$500,000  \$1,000,000  EXCLUDED

1. Do you provide the following services/programs for children under the age of 18?
- Student Dorms  Yes  No
  - Day care/preschool/after school care?  Yes  No
  - Overnight care/programs-if yes, number of children any one time \_\_\_\_\_  Yes  No
  - Overnight care/retreats-if yes, number of children any one time \_\_\_\_\_  Yes  No

What is the adult to child ratio? \_\_\_\_\_

Please describe any other recreation, overnight or residential program. \_\_\_\_\_

2. Do you provide services for (a) seniors (b) those with disabilities or (c) special needs?  Yes  No  
If yes, describe: \_\_\_\_\_

3. Does your staff (paid/volunteer) employment application include questions regarding conviction of a crime including sex-related or child abuse related offenses?  Yes  No

4. Do you verify employment related references / conduct personal interviews?  Yes  No

5. Do you conduct criminal background screenings on the following individuals who may be in regular Contact with children, elderly or people with special needs?
- |                   |                              |                             |
|-------------------|------------------------------|-----------------------------|
| Employees?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| No Volunteers?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Contracted Staff? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

6. Do you have written guidelines addressing prevention of sexual abuse & molestation that include the following
- A description of sexual abuse & molestation  Yes  No
  - Reporting procedures?  Yes  No
  - Investigation procedures?  Yes  No
  - How to identify and respond to situations where sexual abuse may happen?  Yes  No
  - Do you provide in-service training and education on sexual abuse & molestation?  Yes  No
  - Do you require staff to sign a written acknowledgement of receipt, review and Understanding of the sexual abuse & molestation policy?  Yes  No

7. Have you ever had an incident which resulted in a claim or allegation of sexual abuse or Molestation? If yes, provide details on a separate page.  Yes  No
- Is the claim open?  Yes  No
- If closed, settlement amount? \$ \_\_\_\_\_
- Is the person identified in any claim/allegation still employed or volunteering?  Yes  No



# School Application

<b>SIGNATURE</b>
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No fact, circumstance or situation indicating the probability of a claim or action is now known to any person proposed for this insurance; and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating there from shall be excluded from coverage under the insurance for here which being applied. The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking insurance, has read and understands this application, and declares all statements set forth herein are true, complete and accurate.

The undersigned further declares and represents that any occurrence taking place prior to the inception of the policy for which being applied, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the company. The undersigned acknowledges and agrees that the submission and the company's receipt of such report, prior to the inception of the policy for which being applied, is a condition precedent to coverage.

The undersigned acknowledges and agrees this application contains requests for information and requests for data on a range of exposures, but such requests do not imply that coverage is afforded in the policy for which is being applied.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_