



SCHOOL BOARD LEGAL LIABILITY INSURANCE APPLICATION  
CLAIMS MADE POLICY FORM

ALL QUESTIONS MUST BE COMPLETED IN ORDER TO REVIEW FOR QUOTATION

**SECTION I - Applicant Information**

1. Name of Entity: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_

4. Zip: \_\_\_\_\_ County: \_\_\_\_\_

5. Entity created in \_\_\_\_\_(year)

6. Entity's location is:

- rural** (not located within 25 miles of 250,000 population)
- suburban** (located within 25 miles of 250,000 population)
- urban** (located within a population of 250,000 or more)

7. Type of Educational Entity:

- Public       Private       Private Parochial
- Educational Service District (*need supplement app.*)
- Charter School (*provide copy of charter*)
- Community College (*complete supplement*)
- Four Year College/ University – **ineligible for program**

a. If private school or community college, do you provide financial aid for students? Yes  No

b. Do you offer scholarship money? Yes  No

c. Do you have students living on campus? Yes  No

d. If educational service district, provide complete description of responsibilities of your district.

8. How many schools comprise this district? \_\_\_\_\_

9. Have you had any on-site monitoring visits by a State or Federal Regulatory Agency within the last 3 years, **other than routine visits**? Yes  No

Advise the name of the agency, purpose of visit and results:

\_\_\_\_\_  
\_\_\_\_\_

10. Has the entity been criticized by the state board of education? Yes  No  If yes, attach details.

11. Board Members/Trustees are:  Elected  Appointed

a. If elected, they are elected by:  Single Member Districts  At large

**SECTION II - Student Information**

1. Student Enrollment (If a college, the number of students include the full-time equivalent of part-time students).

	Current Year	Last Year	Next Year
Total # of Students	_____	_____	_____
Teacher/Student Ratio	_____	_____	_____
Number of Special Education Students (included above)	_____	_____	_____
Teacher/Student Ratio	_____	_____	_____
Average Class Size	_____	_____	_____

2. Has the entity established written policies and procedures governing **students** in the following areas?

	Yes	No
Transfer	<input type="checkbox"/>	<input type="checkbox"/>
Demotion	<input type="checkbox"/>	<input type="checkbox"/>
Promotion	<input type="checkbox"/>	<input type="checkbox"/>
Corporal Punishment	<input type="checkbox"/>	<input type="checkbox"/>
Dress Code	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular Activities	<input type="checkbox"/>	<input type="checkbox"/>
Locker Use	<input type="checkbox"/>	<input type="checkbox"/>
Parking Facility Use	<input type="checkbox"/>	<input type="checkbox"/>

3. Has the entity established written policies and procedures governing **special students** in the following areas? (special students are those requiring special programs or services)

	Yes	No
Transfer	<input type="checkbox"/>	<input type="checkbox"/>
Demotion	<input type="checkbox"/>	<input type="checkbox"/>
Promotion	<input type="checkbox"/>	<input type="checkbox"/>
Corporal Punishment	<input type="checkbox"/>	<input type="checkbox"/>
Dress Code	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular Activities	<input type="checkbox"/>	<input type="checkbox"/>
Locker Use	<input type="checkbox"/>	<input type="checkbox"/>
Parking Facility Use	<input type="checkbox"/>	<input type="checkbox"/>

4. Is the student handbook, including the above policies and procedures, distributed to all students at the time of enrollment? Yes  No

5. Do you have written policies and procedures for drug testing students? Yes  No

a. Do these procedures allow for random drug testing of students? Yes  No

6. Do you allow strip searches on students? Yes  No

a. Do you have a written policy regarding your strip search policy? Yes  No

**If you allow strip searches, provide a copy of the policy.**

7. Have the following policies been reviewed by an attorney?

	Yes	No	N/A
Student Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Student Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Testing Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strip Search Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you allow field trips for students? Yes  No

a. If yes, do you require a signed permission slip from parents or legal guardians for each student? Yes  No

b. Do you allow students to take field trips to the following institutions/places?

I. Inside a Jail or Detention Facility? Yes  No

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

II. Amusement Parks? Yes  No

- III. Swimming Pools? Yes  No
- c. Are students always accompanied by an adult?  
Yes  No

**SECTION III - Employee Information**

1. Please indicate the number of employees in the following categories:

Total number of employees: \_\_\_\_\_  
 Certified Teaching Faculty: \_\_\_\_\_  
 Non-Certified Faculty: \_\_\_\_\_  
 Administration: \_\_\_\_\_  
 Medical Personnel: \_\_\_\_\_  
 Counselors: \_\_\_\_\_

2. Are nurses/psychologists: employed  or contracted   
 Do they have medical malpractice coverage? Yes  No

3. Are bus drivers: employed  or contracted

4. Percent of workforce that are union members: \_\_\_\_\_%

5. Do you use an employment application during your hiring process? Yes  No

If yes, does it contain:	Yes	No
a. An employment at will statement?	<input type="checkbox"/>	<input type="checkbox"/>
b. Authorization to check references & criminal conviction records?	<input type="checkbox"/>	<input type="checkbox"/>
c. The applicant's signature attesting that all representations are true?	<input type="checkbox"/>	<input type="checkbox"/>
d. An equal employment opportunity statement?	<input type="checkbox"/>	<input type="checkbox"/>

6. Total number of terminations over the past year:  
 \_\_\_\_\_

7. Total number of employee initiated terminations over the past year: \_\_\_\_\_

8. Do you have a risk manager on staff? Yes  No

9. Who is responsible for the Human Resources or Personnel functions?  
 Title: \_\_\_\_\_

10. Who is designated to handle all employment-related incidents? Title: \_\_\_\_\_

11. Are the persons in #9 and #10 above educated and experienced in employment practices issues? Yes  No

12. Do you require all employment terminations be reviewed by the person listed in #9 or #10 above prior to the termination?  
 Yes  No

13. Have you informed supervisory personnel, in writing, of their responsibility to provide you with prompt notice of any claims, incidents or allegations? Yes  No

14. Do you have a written personnel policies and procedures manual? Yes  No

15. Has the manual been reviewed by an attorney prior to implementation? Yes  No

16. Is the manual periodically reviewed and updated by an attorney? Yes  No

17. Does the written manual apply to all departments?  
 Yes  No  If no, which departments have own manual?  
 \_\_\_\_\_

18. Date of manual:\_\_\_\_\_

19. Date of last revision/update:\_\_\_\_\_

20. Is the manual distributed to all personnel? Yes  No

21. Is the manual reviewed with them as part of their employee orientation? Yes  No

22. Does the policies and procedures manual address:	Yes	No	In Writing?
a. Hiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Termination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Background Checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sexual Harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Medical Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Grievance Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please attach an explanation for all NO answers.

23. Do you have policies and procedures for drug testing:	Yes	No
Bus Drivers?	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Faculty?	<input type="checkbox"/>	<input type="checkbox"/>
Other Employees?	<input type="checkbox"/>	<input type="checkbox"/>
a. Do these procedures allow for random drug testing of:	Yes	No
Bus Drivers?	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Faculty?	<input type="checkbox"/>	<input type="checkbox"/>
Other Employees?	<input type="checkbox"/>	<input type="checkbox"/>

25. Are criminal background checks performed on **all** employees? Yes  No

a. Are prior employment background checks performed on **all** employees? Yes  No

If no, which employees are not checked and why?\_\_\_\_\_

**SECTION IV - Operations Information**

1. In the last 3 years, have you been involved in any school mergers/closings or plan to do so in the next 12 months? Yes  No

a. If yes, has your attorney reviewed the plan? Yes  No

b. Were any employees or are any expected to be laid off as a result of the merger/closing? Yes  No

c. If schools are merging, did the merged school carry school board liability coverage? Yes  No

2. Are any school openings expected in the next 18 months? Yes  No

a. Estimate the increase in personnel:\_\_\_\_\_

b. Estimate the increase in enrollment:\_\_\_\_\_

3. Is your attorney an employee of the educational entity?  or on retainer?

4. Does your attorney regularly participate in all grievances or administrative hearings? Yes  No  If not, why?  
\_\_\_\_\_

5. Do you expect a reduction in staff in the next 18 months? Yes  No

a. If yes, has your attorney reviewed your staff reduction plan? Yes  No

6. Did any of the following take place in the past 3 years? Explain all yes answers below.

a. Strikes, slowdown or other disruptions? Yes  No

If yes, did it involve teachers?  other employees?

b. Lay-offs or staff reduction? Yes  No

If yes, did it involve teachers?  tenured teachers?

other employees?

Explanations: \_\_\_\_\_

7. Does the district have written guidelines for administrative hearings and appeals? Yes  No

a. Have these guidelines been reviewed by an attorney?

Yes  No

8. How many administrative hearings have taken place in the last 12 months? \_\_\_\_\_

How many involved students? \_\_\_\_\_

How many involved teachers? \_\_\_\_\_

How many involved other staff? \_\_\_\_\_

In what areas were these hearings? \_\_\_\_\_

9. Do you have an emergency plan in place in case of a natural or terrorist catastrophe regarding early student dismissal and student evacuation? Yes  No

If no, please attach an explanation.

If yes, have you notified parents of the procedure?

Yes  No

10. Do you employ any security or law enforcement officers? Yes  No

11. Do you have metal detectors or other screening devices in any of the schools? Yes  No

12. Do you have a written policy and procedure on handling threats of violence in the schools? Yes  No

13. In the past year, have you had any violent acts involving weapons/guns or threats of violence at any school, including bomb threats? Yes  No

If yes, how many and the type of violence/threat:

\_\_\_\_\_

**SECTION V - Insurance Information**

1. Current general liability carrier:

\_\_\_\_\_

Limits: \_\_\_\_\_ Ex-Date: \_\_\_\_\_

2. Current school board liability carrier:

\_\_\_\_\_

Ex- date: \_\_\_\_\_ Limits: \_\_\_\_\_

Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_

Retroactive Date (if any): \_\_\_\_\_

3. Has any insurance been declined, canceled or not renewed in the past 5 years? Yes  No

If yes, please attach an explanation.

**SECTION VI - Financial Information**

1. Provide budget figures for past three years:

Year	Revenues	Expenditures
-----	-----	-----
-----	-----	-----
-----	-----	-----

Provide an explanation for any budget deficits:

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2. Has state or federal aid been reduced or eliminated in the past year? Yes  No

3. Do you expect a budget reduction in the next year?

Yes  No

a. If yes, how much: \$ \_\_\_\_\_

b. What programs will be affected:

Programs  Personnel  Other

4. What is the amount of outstanding bonds?

\$ \_\_\_\_\_

5. What is your latest bond rating (Moody's or Standard & Poor's) \_\_\_\_\_

6. Has any bond been defeated in the past 3 years?

Yes  No

If yes, what was bond for? \_\_\_\_\_

7. Has your public entity been in default on principal or interest on any bond? Yes  No

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

**SECTION VII - Claims Information**

1. Is the entity operating under any court orders?

Yes  No

If yes, why? \_\_\_\_\_

2. Has any claim been made in the past five years or is now pending against any person in their capacity as an official or employee of the entity? Yes  No

3. Does any board member, employee or volunteer have any knowledge of any negligent act, error, omission, or breach of duty which may reasonably be expected to give rise to a claim? Yes  No

4. Has any person alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment in the past five years? Yes  No

5. Have any lawsuits regarding disputes of integration, segregation, discrimination or civil rights violations been filed in the past five years? Yes  No

6. Has any employee been suspended, dismissed, demoted, transferred or tenure contract non-renewed in the past five years?

Yes  No

If yes, how many? \_\_\_\_\_

Please attach details of each.

7. Has any person alleged sexual molestation/abuse against any:

Student? Yes  No

Employee? Yes  No

Other? Yes  No

If yes to any of the above questions, please explain in a separate form or include them in Section VIII.

**SECTION VIII. - Claims History for the Last 5 Years**

Provide complete five year loss history. Provide five year loss runs or attach a summary including the following information: year, dollars in premium, number of losses, loss payments, expense payments, loss reserves, expense reserves, loss date, description of loss, claimant name, open or closed claim and if a lawsuit was filed in claim. Please include all insured and uninsured losses. If no losses in the past five years, check here:  NO LOSSES

**Entity's Attestation** - The authorized signer of this application attests to the best of his/her knowledge that statement set forth herein are true; that no fact, circumstances or situation indicating the probability of a claim or action now known to any public official or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim or signing of this application does not bind the signer to purchase the insurance, but is agreed this form shall be the basis of the contract should a policy be issued, and this form will serve as the basis of and will be referenced in the policy.

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.

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Authorized signatory for entity

Date

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Title

Phone Number

SB-APP 1/02