



SCHOOL BOARD LEGAL LIABILITY INSURANCE RENEWAL APPLICATION
CLAIMS MADE POLICY FORM

ALL QUESTIONS MUST BE COMPLETED IN ORDER TO REVIEW FOR QUOTATION

SECTION I - Applicant Information

Renewal of Policy Number: \_\_\_\_\_

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

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

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

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

5. Entity's location is:

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

6 Have you had any on-site monitoring visits by a State or Federal Regulatory Agency within the last year, other than routine visits? Yes checkbox No checkbox

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

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

SECTION II - Student Information

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

Total # of Students \_\_\_\_\_
Teacher/Student Ratio \_\_\_\_\_
Number of Special Education Students \_\_\_\_\_
(included above)
Teacher/Student Ratio \_\_\_\_\_

2. Do you allow field trips for students? Yes checkbox No checkbox
If yes, do you require a signed permission slip form parents or legal guardians for each student? Yes checkbox No checkbox

a. Do you allow students to take field trips to the following?
I. Inside a Jail or Detention Facility - in areas with inmates (not court or administration building)?
Yes checkbox No checkbox If yes, explain purpose: \_\_\_\_\_

II. Amusement Parks? Yes checkbox No checkbox
III. Swimming Pools? Yes checkbox No checkbox

b. Students always accompanied by an adult? Yes checkbox No checkbox

3. Do you allow strip searches on students? Yes checkbox No checkbox
a. Do you have a written policy regarding your strip search policy? Yes checkbox No checkbox

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

SECTION III - Employee Information

1. Please indicate the number of employees as follows:

Total number of employees: \_\_\_\_\_
Certified Teaching Faculty: \_\_\_\_\_
Non-Certified Faculty: \_\_\_\_\_
Nurses: \_\_\_\_\_
Counselors: \_\_\_\_\_
Psychologists: \_\_\_\_\_

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

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

4. Do you have written personnel policies and procedures manual addressing the following areas:

Table with 4 columns: Yes, No, In Writing? and rows for Hiring, Termination, Background Checks, Suspension, Sexual Harassment, Medical Leave, Grievance Procedure.

Please attach an explanation for all NO answers.

5. Are criminal background checks performed on all employees? Yes checkbox No checkbox
a. Are prior employment background checks performed on all employees? Yes checkbox No checkbox
If no, which employees are not checked and why? \_\_\_\_\_

SECTION IV - Operations Information

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

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

b. Were any employees or are any expected to be laid off as a result of the merger/closing? 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. Did any of the following take place in the past year? 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?  other employees?  Explanations: \_\_\_\_\_

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

a. Have these guidelines been reviewed by an attorney? Yes  No

7. How many administrative hearings have taken place in the last 12 months? \_\_\_\_\_  
How many involved students? \_\_\_\_\_  
How many involved teachers? \_\_\_\_\_

8. 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: \_\_\_\_\_

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

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

11. 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

**SECTION V - Insurance Information**

1. General Liability Carrier and Limits: \_\_\_\_\_

**SECTION VI - Financial Information**

1. Provide budget figures for past year:

Year	Revenues	Expenditures
_____	_____	_____

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

Yes  No

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

b. What programs will be affected: \_\_\_\_\_

3. What is the amount of outstanding bonds?

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

4. What is your latest bond rating: \_\_\_\_\_

5. Has any bond been defeated in the past year?

Yes  No

If yes, what was bond

for? \_\_\_\_\_

6. 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 year 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. Provide loss history for the past year. Please include all insured and uninsured losses. If no losses in the past year, 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.

\_\_\_\_\_  
Authorized signatory for entity

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

SBAPPR 6/01