



SCHOOL BOARD LEGAL "INDICATION" SUBMISSION CLAIMS MADE POLICY FORM

PLEASE NOTE: THIS IS FOR INDICATION PURPOSES ONLY - PRIOR TO BINDING, WE MUST RECEIVE, REVIEW AND ACCEPT OUR SCHOOL BOARD APPLICATION FULLY COMPLETED. INDICATION MAY BE WITHDRAWN OR AMENDED AT THAT TIME.

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:
7. Type of Educational Entity:
8. Have you had any on-site monitoring visits by a State or Federal Regulatory Agency within the last 3 years, other than routine visits?

Teacher/Student Ratio
Average Class Size

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

Table with 3 columns: Policy Area, Yes, No. Rows include Transfer, Demotion, Promotion, Corporal Punishment, Dress Code, Attendance, Extracurricular Activities, Locker Use, Parking Facility Use.

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)

Table with 3 columns: Policy Area, Yes, No. Rows include Transfer, Demotion, Promotion, Corporal Punishment, Dress Code, Attendance, Extracurricular Activities, Locker Use, Parking Facility Use.

4. 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

5. 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.

SECTION II - Student Information

1. Student Enrollment

Table with 4 columns: Category, Current Year, Last Year, Next Year. Rows include Total # of Students, Teacher/Student Ratio, Number of Special Education Students.

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. Total number of terminations over the past year:

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

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

5. 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.

6. 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. 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

3. 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: _____

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

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

5. 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? _____

6. 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: _____

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 CURRENTLY VALUE CARRIER LOSS RUNS.

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.

Authorized signatory for entity

Date

Title

Phone Number