

Named Insured: _____

Website Address: _____ Effective Date: _____

Please attach the following:

ACORD Application (for lines of coverage to be written)
Statement of Values (for blanket and/or agreed value)
List of Faculty Members by Position
Brochure, Handbook, Student Application List

Loss Runs (3 Years Currently Valued)
Financial Statement
Schedule of Vehicles
Drivers List with License # and DOB

This application consists of the following sections:

Section I - General Information
Section II - Residential (Boarding) Schools
Section III - Athletics
Section IV - Field Trips / Special Events

Section V - Camps/Summer Programs
Section VI - Dormitories
Section VII - Swimming Pools
Section VIII - Abuse & Molestation

Section I - General Information

1. Type of School:

- | | | |
|---|---------|---------|
| <input type="checkbox"/> Private School | Grades: | Through |
| <input type="checkbox"/> Public School | Grades: | Through |
| <input type="checkbox"/> Charter School | Grades: | Through |
| <input type="checkbox"/> Residential / Boarding | Grades: | Through |
| <input type="checkbox"/> College / University | Grades: | Through |

The School is For Profit Non Profit

2. Total number of students enrolled: _____

Average daily attendance: _____

3. Date School founded or chartered: _____

4. Do you have a child care, after school care or a pre-school program? Yes No

If Yes, please indicate the staff-to-child ratios:

Less than 18 months:	_____ #Staff	_____ #Children
18 - 30 months:	_____ #Staff	_____ #Children
30 months - 4 years:	_____ #Staff	_____ #Children
Preschool:	_____ #Staff	_____ #Children
After School:	_____ #Staff	_____ #Children

Do you have written procedures for signing children in and out of the facility? Yes No

If you have an actual Day Care on premise where children spend the entire day, please complete the Day Care Supplemental Application.

5. Do you have an Athletic Program? Yes No
 If Yes, please complete Section III of the application.
6. Do you have a playground on your premises? Yes No
 If Yes, please indicate the type of surface underneath the playground equipment:
 Sand Mulch Wood Chips Gravel Other: _____
 Are there any trampolines? Yes No
 Playground equipment properly checked? Yes No
7. Do you have dormitories? Yes No
 If Yes, please complete Section VI of the application.
8. Do you have a cafeteria or restaurant on premises? Yes No
 Do you cook on premises? Yes No
 Does cooking protection comply with NFPA 96 requirements? Yes No
 Do you ever serve liquor on premises? Yes No
 Is the manual pull for extinguishing system readily accessible? Yes No
 Are there portable fire extinguishers in the kitchen area? Yes No
9. Are there Science Laboratories present in the school? Yes No
 Is the laboratory sprinklered? Yes No
 Are fire extinguishers present? Yes No
 Are chemicals stored in a locked area? Yes No
 Is proper safety apparel worn by students (goggles, masks, gloves)? Yes No
10. Do you have any bleachers or grandstands on the premises? Yes No
 Indoor Outdoor
 What is the age of the bleachers/grandstands? _____
 How many bleachers/grandstands are on the property? _____
11. Is the public ever invited on the premises? Yes No
 If Yes, explain how often and for what purpose:

12. Do you use volunteers? Yes No
 If Yes, explain how often and for what purpose:

 Do all volunteers report directly to a staff member? Yes No
 Are all tasks to be performed by the volunteer outlined and distributed prior to the work being performed? Yes No
13. Do you 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:

14. Do you have a medical facility/infirmery and/or 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 infirmery? _____
 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 insured:
 RN: _____
 Physician: _____
 Dentist: _____
 Psychologist: _____
 Nurse Practitioner: _____
 Counselor: _____
 Physical Therapist: _____
 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
15. Do you accept special needs students? Yes No
 If Yes, please describe the types of students and accommodations made:

16. Do your students travel on school-sponsored field trips? Yes No
 If Yes, please complete Section IV of the application.
17. Do you sponsor a Summer Camp or Summer Program? Yes No
 If Yes, please complete Section V of the application.
18. Are all visitors to the school required to sign in and out? Yes No
19. Are there security guards at the school daily? Yes No
 If Yes, are they armed or have arresting powers? Yes No
 Are they employed by the school or are they subcontracted out?

20. Are students required to stay on school grounds during lunch hours? Yes No
21. Do all doors except the main entrance remain locked during school hours? Yes No
 If Yes, are all doors equipped with panic hardware. Yes No
22. Do you offer any vocational- technical programs? Yes No
 If Yes, please list:

23. Is Abuse & Molestation coverage required? Yes No
 If Yes, please complete Section VIII of the application.
24. Are there any fraternities or sororities on the premises? Yes No
25. Do you have any Foreign Travel Exposure within the next 12 months? Yes No

Section II - Residential/ Boarding Schools

1. Please indicate which type of residential / Boarding School this is:
- Boarding/Day (Majority of the students board, but some commute locally)
 - Day/Board (Majority of the students commute, but a few live on campus)
 - Five Day (Students go home on the weekends)
 - All Boarding
2. Please indicate which of the following apply:
- All Girls School All Boys School Co-Ed School Religious School Military School
 - Other
3. Are the following policies in place, written into the student handbook and strictly enforced?
- No Smoking No Alcohol No Drugs No Hazing Curfews
 - Student Sexual Behavior including Abuse and Awareness
4. Are students allowed to leave the campus without permission? Yes No
5. Is someone trained in emergency first aid on campus at all times? 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 instructors/coaches trained in physical education? Yes No
3. Are medical exams required for all participants in extra-curricular sports? Yes No
4. Is someone who is trained in first aid always present during practices or games? Yes No
5. Is Student Accident Insurance carried? Yes No
If Yes, what limit is carried? Yes No
If No, is evidence of personal medical insurance for each participant obtained? Yes No
6. Please check all sports played and indicate whether they are interscholastic (O) or Intramural (I):
- | | |
|--|---|
| <input type="checkbox"/> Archery _____ | <input type="checkbox"/> La Crosse _____ |
| <input type="checkbox"/> Baseball _____ | <input type="checkbox"/> Polo _____ |
| <input type="checkbox"/> Basketball _____ | <input type="checkbox"/> Rugby _____ |
| <input type="checkbox"/> Bungee Jumping _____ | <input type="checkbox"/> Scuba Diving _____ |
| <input type="checkbox"/> Cheerleading _____ | <input type="checkbox"/> Snow Skiing _____ |
| <input type="checkbox"/> Climbing (Mountain, Rock or Wall) _____ | <input type="checkbox"/> Sky Diving _____ |
| <input type="checkbox"/> Cross Country Track _____ | <input type="checkbox"/> Soccer _____ |
| <input type="checkbox"/> Diving _____ | <input type="checkbox"/> Softball _____ |
| <input type="checkbox"/> Equestrian _____ | <input type="checkbox"/> Swimming _____ |
| <input type="checkbox"/> Field Hockey _____ | <input type="checkbox"/> Tennis _____ |
| <input type="checkbox"/> Football _____ | <input type="checkbox"/> Trampoline _____ |
| <input type="checkbox"/> Golf _____ | <input type="checkbox"/> Volleyball _____ |
| <input type="checkbox"/> Gymnastics _____ | <input type="checkbox"/> Water Skiing _____ |
| <input type="checkbox"/> Ice Hockey _____ | <input type="checkbox"/> Wrestling _____ |
| <input type="checkbox"/> Other: _____ | |

Section IV - Field Trips/Special Events

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. What is the ratio of chaperones to students?

5. Is written permission/waiver obtained for each child's parent or guardian? Yes No

6. Are buses hired to transport the children to and from the location? Yes No

7. If parents/volunteers or staff vehicles are used, do you obtain proof of Liability coverage? Yes No

8. Do all parents receive detailed information about the trip in advance? Yes No

9. What is the youngest age allowed for attending field trips?

Section V - Camp/Summer Program

1. Is the camp operated at the school premises? Yes No
If No, please fill out the Camps Application.

2. Date camp begins: _____ Date camp ends: _____

3. Average number of campers per day _____ Number of days camp operates _____ Camper Days _____

4. Total number of staff members: _____

5. Total number of volunteers: _____

6. Please list the types of activities that are offered:

7. Is written permission obtained from every child's parent or guardian? Yes No

8. What is the age range of the children attending? _____

9. Is the summer program open to the public? Yes No

10. Are criminal background checks performed on:
Staff Yes No
Volunteers Yes No

11. If field trips are taken, please fill out Section IV of the application.

Section VI – Dormitories

1. How many dormitory buildings are owned by your institution?

2. What is the maximum number of stories?

3. Are the dormitories sprinklered in all areas? Yes No

4. Is each room equipped with hard-wired smoke detectors? Yes No

5. Are any of the following allowed in dorm rooms:

- Incense Burners Space Heaters Hot Plates
 Candles Toasters or Toaster Ovens

6. Does the dorm have a no smoking policy? Yes No

7. How many means of egress does each building have?

8. Are there emergency procedures in place including evacuation? Yes No

9. Are there scheduled fire drill and regular testing of fire alarms? Yes No

10. Is emergency lighting provided in the stairwells and hallways? Yes No

11. Are staff members present in the dorms on all nights when occupied by students? Yes No

12. Is there a scheduled security patrol for each building? Yes No

Section VII - Pools

1. Do you utilize swimming facilities? Yes No
 On Premises Off Premises

2. Are pool depths marked? Yes No
Maximum depth of water (in feet) _____
Are depth markings confirmed and documented to be accurate? Yes No

3. Is the staff trained in water safety including CPR? Yes No

4. Are there lifeguards present at all times? Yes No

5. Is there adequate supervision at all times? Yes No

6. Is the pool area completely fenced in? Yes No
Is there a locked gate when the pool is not in use? Yes No

7. Is there a slip resistant deck? Yes No

8. Are there any slides or diving boards? Yes No
 If Yes, is diving only allowed when there is proper supervision? Yes No
9. Are pool chemicals kept in a locked storage area? Yes No
10. Is the pool ever open to the public? Yes No
 If Yes, please explain:
-

Section VIII - Abuse & Molestation

1. Does your staff (paid or volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child abuse-related offenses? 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. Do you verify employment related references? Yes No
4. Do you conduct personal interviews? Yes No
5. Do you have written procedures dealing with sexual abuse? Yes No
 If Yes, please attach a copy.
6. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? Yes No
7. Does the school have a Sexual Awareness Program for students? Yes No
8. Does the school have a specific training for the faculty on identifying and reporting incidents of sexual abuse and molestation? Yes No
9. Has your organization ever had an incident which resulted in an allegation of sexual abuse? Yes No
 If Yes, please describe the incident:

-
- Was a claim made against the organization? Yes No
 Was the case settled? Yes No
 Was the case taken to trial? Yes No
 How much money was paid in damages to the victim?
-

10. Regarding coverage for Abuse & Molestation, does your current insurance program:
 exclude coverage? Yes No
 limit coverage (please indicate limit of liability)? Yes No
 neither excludes nor limits coverage? Yes No

The Applicant warrants that all answers to the questions on this application are true and correct. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

Applicant's Signature

Date: