



Claims Made School Board Legal Liability Insurance Application

- New application
 Renewal of policy # _____

I. Applicant Information

1. Legal name of Entity _____

2. Address _____
3. City _____ State _____ Zip _____
County _____
4. Entity's location is: rural urban suburban
5. Current population of district: _____
6. Have you had on-site monitoring visits by state or federal regulatory agencies? Yes No
If yes, provide name of agency and purpose of visit.

7. Type of educational entity: Public Private
 Education Service District
 Other _____
If Private, attach brochure
8. Board Members/Trustees are: Elected Appointed
If elected, are they elected by single member districts
or at large?
9. Number of Board Members: _____

10. Term of office: _____
11. Terms staggered: Yes No
12. Student Enrollment (if a college, the number of students should include the full-time equivalent of part-time students)

	Current Year	Last Year	Next Yr. Est.
No. of Students	_____	_____	_____
Teacher/Student ratio	_____	_____	_____
No. of Disabled Students	_____	_____	_____
Teacher/Disabled Student ratio	_____	_____	_____
No. of Special Ed. Students	_____	_____	_____
Teacher/Special Ed. Student ratio	_____	_____	_____
Average Class size	_____	_____	_____
13. List the number of each of the following:

Employees	_____
Teaching Faculty	_____
Non-Professional	_____
Administration	_____
Counselors/Psychologists	_____
Other	_____
14. Does this entity operate daycare facilities or services? Yes No
Details of services _____
15. Has entity been criticized by the state board of education? Yes No
16. Is entity operating under a court's supervision? Yes No
If yes, provide details. _____

II. Financial Bond Information

1. Budget (last three years) – please provide actual amounts from all sources.

2. Fiscal year ends on	Year	Actual Revenues	Actual Expenditures	Surplus (+) Deficit (-)	Accumulated Surplus
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- A. If surplus/deficit exists, indicate how it will be eliminated: _____
3. How much of the operating budget is State aid? _____ Federal aid? _____
4. A. Does the entity have the authority to issue bonds? Yes No
 B. What is the entity's bond rating? Current _____ Previous _____ Not rated
 C. Has entity been in default of principal or interest on any bond? Yes No If yes, explain: _____
5. Has any bond or tax increase been defeated in the past three years? Yes No If yes, explain: _____
6. Do you expect a budget reduction in the next year? Yes No Please give amount and impact of shortfall _____

III. Operational Administrative Information

1. When was your entity established? _____
2. 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
3. A. Any school openings in next 18 months: Yes No
 If yes, explain: _____
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
- B. Do you expect a reduction in staff in the next 18 months? Yes No
- C. If yes, has your attorney reviewed your staff reduction plan? Yes No
4. Do you have a Title VII or 504 coordinator? Yes No
5. Did any of the following take place in the past 3 years?
Explain all "yes" answers on an attached sheet.
 - A. Strike, slowdown or other disruption? Yes No
 - B. 1. Lay-off of staff or reduction in service? Yes No
 2. Do you expect a reduction in staff in the next 18 months? Yes No
 3. If yes, has your attorney reviewed your staff reduction plan? Yes No
 - C. Disputes involving integration, segregation, discrimination or violations of civil rights? Yes No
 - D. Has any employee been suspended, dismissed, demoted, transferred or tenure contract non-renewed? Yes No
 - E. **Attach a copy of the log of all Equal Opportunity Employment Commission claims or complaints filed against the entity in the past five years.**
6. For which of the following services does the school district use subcontractors: (Check all that apply)

<input type="checkbox"/> Transportation	<input type="checkbox"/> Medical
<input type="checkbox"/> Accounting/Financial	<input type="checkbox"/> Specialized Educational
<input type="checkbox"/> Food	<input type="checkbox"/> Secretarial/Administrative
<input type="checkbox"/> Custodial	<input type="checkbox"/> Legal
<input type="checkbox"/> Other Educational	

 Describe in detail _____
7. Do you require all subcontractors or independent consultants to carry liability insurance? Yes No
 Do you require to be added as an additional insured?
 Yes No
8. Has entity/board established written policies/procedures governing teachers/supervisory personnel and non-professional employees in the areas of:

	Yes	No
Suspension	<input type="checkbox"/>	<input type="checkbox"/>
Dismissal	<input type="checkbox"/>	<input type="checkbox"/>
Promotion	<input type="checkbox"/>	<input type="checkbox"/>
Transfer	<input type="checkbox"/>	<input type="checkbox"/>
Demotion	<input type="checkbox"/>	<input type="checkbox"/>
Hiring	<input type="checkbox"/>	<input type="checkbox"/>
Background checks	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>
Drug testing	<input type="checkbox"/>	<input type="checkbox"/>
9. Has entity/board established written policies/procedures governing all students in the areas of:

	Yes	No
Suspension	<input type="checkbox"/>	<input type="checkbox"/>
Dismissal	<input type="checkbox"/>	<input type="checkbox"/>
Promotion	<input type="checkbox"/>	<input type="checkbox"/>
Transfer	<input type="checkbox"/>	<input type="checkbox"/>
Corporal Punishment	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance	<input type="checkbox"/>	<input type="checkbox"/>
Student use of lockers	<input type="checkbox"/>	<input type="checkbox"/>
Parking facilities	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>
Drug testing	<input type="checkbox"/>	<input type="checkbox"/>

10. Has entity/board established written policies/procedures governing "special" students in the areas of:

	Yes	No
Suspension	<input type="checkbox"/>	<input type="checkbox"/>
Dismissal	<input type="checkbox"/>	<input type="checkbox"/>
Promotion	<input type="checkbox"/>	<input type="checkbox"/>
Transfer	<input type="checkbox"/>	<input type="checkbox"/>
Corporal Punishment	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>
Drug testing	<input type="checkbox"/>	<input type="checkbox"/>
11. A. Do you conduct background checks on all:

	Yes	No
Applicants	<input type="checkbox"/>	<input type="checkbox"/>
New hires	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>
- B. Do your background checks on the above include: (check appropriate areas)

	Teachers	Other Employees	Volunteers
<u>Type</u>			
Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal references	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior employers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal checks: home state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal checks: all states	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal checks: federal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic credentials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- C. Does the school have a written policy that is distributed to employees, volunteers and parents that addresses:
 1. Relationships between student and employees? Yes No
 2. Written definition of what the school considers as harassment or inappropriate sexual behavior between students and employees? Yes No
 3. Consequences of finding inappropriate sexual behavior? Yes No
 4. Procedures for reporting and investigating allegations of sexual misconduct? Yes No
 5. Instructions to avoid situations where an employee's behavior could be open to allegations, such as being alone with a student behind a closed door, having students in their home when no one is present, or being alone with a student in locker rooms or bathrooms, or being on trips with students without another adult always present?
 Yes No
 6. That these policies are to be communicated yearly to all employees? Yes No
 7. Employees are encouraged and have a duty to report behavior they may feel is inappropriate?
 Yes No
 8. A senior administrator of each facility is charged to randomly inquire of personnel and visit all facilities to insure rules are being followed? Yes No
 9. Students receive age appropriate instruction about acceptable and unacceptable behavior between adults and students? Yes No
 10. Students are given instructions and appropriate avenues to report any circumstances where they feel threatened or need help? Yes No
12. A. Have your policies and procedures been reviewed by counsel? Yes No
- B. Have all employment applications and procedures been reviewed by legal counsel and found in compliance with EEOC regulations (including ADA)?
 Yes No
- C. Are formal written job descriptions in place for all positions? Yes No

III. Operational Administrative Information (continued)

13. Do you have policies and procedures for mandatory random drug testing of: Students? Yes No
Employees? Yes No
14. Do guidelines provide for administrative hearings and appeals? Yes No
A. How many hearings/appeals have taken place in the last 12 months? _____
In what areas? _____
B. How many hearings/appeals from "14A" are in the area of special education? _____
In what areas? _____
15. A. Have all asbestos inspections and tests been made by:
 Certified Employees Independent Contractors as required under AHERA? Yes No
- B. Have you filed an asbestos abatement plan?
 Yes No
1. If no, why not? _____
2. If yes, are they completed? Yes No
3. If no, when is completion scheduled? _____
16. Are lead levels monitored within the school area?
 Yes No
Are students tested for lead poisoning? Yes No
If no, why not? _____
17. Explain level of training and/or experience required of special education teachers? _____

IV. Policy/Claims History – Incidents – Insured/Uninsured Losses – Current and Prior Four Years (including insured and uninsured losses). If no losses, check here

1. Please attach copy of current insurance company loss runs.

Year	Policy Number	Premium	Company	No. of Losses	Dollars of Paid Loss	Paid Expenses	Dollars Open Loss Reserve	Dollars Open Expense Reserve	Total Dollars Paid & Open Loss & Expenses
Total									

2. A. Has any claim been made/presented to your current or prior insurers? Yes No
B. Has any claim been made against the entity that was not covered by insurance? Yes No
C. Has any person, former employee or job applicant made claim alleging unfair or improper treatment regarding hiring, salary, advancement, demotion, suspension or termination? Yes No
D. Has entity been formally criticized by the state board of education? Yes No
E. Has any claim been made or is one now pending against any person in his/her official capacity as an official employee or volunteer of the entity? Yes No
F. 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
G. Is the applicant aware of any claims, acts, omissions, incidents or circumstances which might reasonably be expected to be the basis of a claim or suit? Yes No
H. Have any of the claims, acts, omissions, incidents or circumstances identified in response to the preceding question been reported to an insurance carrier? Yes No

Disclosure to the Company is required of any such acts which become known to the applicant between the date of application and the date when coverage becomes effective. These acts shall include EEOC notice.

Section IV "yes" answers must be explained fully giving date of incident, complainant's name, cause of action, damages claimed, amount of settlement and legal cost paid and current status of each open incident/claim including open loss reserve, open loss adjustment/defense cost reserve and paid defense costs to date.

V. Current Insurance Coverage Information (Please answer for all coverages now in force.)

1. A. Has any such insurance been declined, canceled or not renewed? Yes No (Question not applicable to Missouri residents.)
B. If yes, please explain _____
2. A. Has the entity maintained continuous E&O (errors and omissions) coverage for the last five years at the limits requested?
 Yes No If no, since when? _____
B. What is the retroactive date on your current E&O coverage? (If none, indicate here) _____

Policy Type	Policy Number	Company Name	Expiration Date	Limits	Deductible	\$ Premium
1. General Liability						
2. Personal Injury						
3. E&O						

Does your current coverage under 1 & 2 above cover sexual abuse/molestation, discrimination and corporal punishment? Yes No

VI. Coverage Requested

1. Limits of liability each claim and policy year aggregate: \$1,000,000 \$2,000,000 Other \$ _____
2. Dollar deductible each claim: \$1,000 \$2,500 \$5,000 \$10,000
 \$15,000 \$25,000 Other \$ _____

VII. Authorized Entity Representative

1. The official designated to receive any and all notices from the insurer to the entity concerning any policy issued as a result of this application shall be (please type or print).

Name _____

Title _____

2. **Entities Attestation - The authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true; that no fact, circumstance nor situation indicating the probability of a claim or action now known to any entity 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 action from coverage under the insurance being applied for. It is further acknowledged that the signing of this application does not bind the signer to purchase the insurance, but it 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.**

STATE NOTICES

Notice to New York Applicants: 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 material thereto, commits a fraudulent insurance act which is a crime. (Note: This notice is required by New York insurance regulations, but may also be a crime in other states.)

FRAUD WARNING – APPLICABLE IN KENTUCKY, MINNESOTA, OHIO AND PENNSYLVANIA

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.

NEW JERSEY FRAUD WARNING – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Authorized signatory of entity

Date

Title

Phone Number

VIII. Agency Information

Telephone Number

Agency Name

Fax Number

Contact

E-Mail Address

Address

Will you make the surplus lines filings for this policy?

Yes No

City

State

Zip

Your surplus lines license number _____

IX. Please attach:

**Carrier Loss Runs
Current Budget**

**Current Year End Financial Statement
Personnel Practices for questions 8, 11, 14 under Section III.**