



EDUCATIONAL SERVICES & SCHOOL SUPPLEMENTAL APPLICATION

PLEASE COMPLETE AND ATTACH TO ACORD APPLICATIONS

Please review the policy carefully and discuss the coverage with your insurance advisor.

Please answer all questions completely. If there is insufficient space to complete an answer, please continue on a separate sheet indicating the question number. This Application must be completed, signed, and dated by an authorized person for the district. Please include all attachments referenced throughout the Application. Please type or print.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Insurer under any Policy of a Claim or potential Claim. All such notices must be submitted to the Insurer pursuant to the terms of the Policy, if and when issued.

GENERAL INFORMATION SECTION

- 1) Name of Educational Organization: _____
- 2) Telephone number: (____) _____ Fax number: (____) _____
- 3) E-mail address: _____ Web site address: _____
- 4) Contact name: _____ Title: _____
- 5) Type of Educational Organization: _____
- 6) Please indicate how your organization is chartered or incorporated and the original date filed:
_____ / ____ / ____.
- 7) Do you have a Risk Manager or Safety Officer? Yes No
- 8) Name _____ Title: _____
- 9) Do you have a formal safety and loss control program? Yes No
- 10) Do you have program for facility and equipment inspection? Yes No
Documented? Yes No Frequency _____
- 11) Are there any vacant or unoccupied school buildings? Yes No If "yes" please provide location, description, and inspection procedures _____
- 12) Do you have any renovation and/or new building construction planned for the next 12 months? Yes No
If yes, please describe type of project and estimated projected cost _____

- 13) Does the school require certificates for any contractor? Yes No
Amount of Insurance Required? _____
Do contracts require school to be named as additional insured? Yes No

GENERAL LIABILITY SECTION

14) Is there regular outside use of school property? Yes No, If yes,

Do you have a formal Building Use Form? Yes No

15) Do you have Daycare or Latch Key Facilities Yes No If "yes", is it operated by the school? Yes No Number of children daily _____ Age of children _____

16) Bleachers-Please complete the following:

Number with seating capacity of Less than 250 _____

Number with seating capacity of 251 - 500 _____

Number with seating capacity of 501 - 1,000 _____

Number with seating capacity of More than 1,000 _____

17) Does the school have swimming pools? Yes No If yes, please complete the following

No Indoor _____ No Outdoor _____ Open to public? Yes No

No of diving boards _____ Maximum Height _____ Depth _____

18) Please list the school sponsored events or classes relating to any of the following

Carpentry Program Forestry Program Vocational Agriculture Aircraft
 Watercraft Rifle Range Skateboard Parks Trampoline
 Rock Climbing Walls Rodeo Events Wilderness Adventure Survival

19) Does the school have a Student Accident Policy? Yes No

Is it voluntary or are all students covered? _____ Are all students athletes required to

Have medical coverage? Yes No

20) Does the school have a comprehensive written policy for handling violence? Yes No

21) Does the school have a written disaster plan? Yes No

22) Does your organization;

- Publish written or recorded materials? Yes No
- Have a website, host an internet chat room or message board? Yes No
- Produce commercials, television show or radio show? Yes No

Please provide details: _____

ADDITIONAL LIABILITY COVERAGES

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23) Please indicate the number of full time equivalent (FTE) in each position

Position	No.	Position	No.
Athletic Trainers	_____	Nurses	_____
Occupational Therapists	_____	Psychologist	_____
Speech Therapist	_____	Speech Pathologist	_____
Social Workers	_____	Counselor	_____
Emergency Medical Technicians	_____	Nursing Instructor	_____
Nursing Students	_____	Veterinary Instructors	_____
Veterinary Assistant Students	_____	Dental hygienists/assistant Teachers	_____
Dental hygienist/assistant Students	_____	Other (please describe)	_____

24) Total # of Teachers (FTE) _____ Total Employees _____ Volunteers _____

25) Total # of students(ADA) Preschool _____ K-8 _____ 9-12 _____

26) Does the school have a police department? Yes No If yes, # of officers _____
Other police department staff # _____

27) Does the school have Security staff? Yes No Total# _____
Are any Security Officers armed? If so # _____

AUTOMOBILE

28) If the school has a contract for transportation, what limit of liability coverage is required to be carried by contractor? _____

29) Does the school require and retain a certificate from the transportation contractor? Yes No

30) What is the minimum and maximum age permitted for drivers? MIN _____ Max _____

31) Do you have a formal training, vehicle maintenance and safety program? Yes No

32) Are all drivers transporting students required to have CTL's? Yes No

33) Are the CTL random drug and alcohol testing followed? Yes No

34) Are regular medical checkups required for drivers? Yes No

35) Do you order Motor Vehicles Reports on all drivers at time of hiring? Yes No
How often are MVR ordered once employed? _____

- 36) Do you have written drivers procedures manual Yes No
- 37) What combination of accidents and traffic violations in a three year period is permissible before driver is Reprimanded?_____ Removed from duty?_____
- 38) If transportation of handicapped or special needs students is needed, are the drivers required to receive special training? Yes No
- 37) If employee uses their own personal vehicle on school business, what limits of liability do you require on the personal automobile policy? \$ _____ Copy of policy or certificate retained in file? Yes No

ADDITIONAL INFORMATION SECTION:

Provide any additional information that you feel is relevant to our review of your application on a separate page.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO ALABAMA APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

FRAUD STATEMENT TO ARKANSAS APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO COLORADO APPLICANTS

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FRAUD STATEMENT TO DISTRICT OF COLUMBIA APPLICANTS

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FRAUD STATEMENT TO FLORIDA APPLICANTS

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

FRAUD STATEMENT TO KENTUCKY APPLICANTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

FRAUD STATEMENT TO LOUISIANA APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO MAINE APPLICANTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

FRAUD STATEMENT TO MARYLAND APPLICANTS

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO NEW JERSEY APPLICANTS

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

FRAUD STATEMENT TO NEW MEXICO APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

FRAUD STATEMENT TO NEW YORK APPLICANTS

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD STATEMENT TO OHIO APPLICANTS

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

FRAUD STATEMENT TO OKLAHOMA APPLICANTS

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FRAUD STATEMENT TO OREGON APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO PENNSYLVANIA APPLICANTS

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.

FRAUD STATEMENT TO RHODE ISLAND APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, including failing to disclose whether the applicant or applicants have been convicted of any degree of the crime of arson, is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD STATEMENT TO TENNESSEE APPLICANTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT TO VERMONT APPLICANTS

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 may be a crime and subjects such person to criminal and civil penalties.

FRAUD STATEMENT TO VIRGINIA APPLICANTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT TO WASHINGTON APPLICANTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT TO WEST VIRGINIA APPLICANTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICANT AUTHORIZATION AND CERTIFICATION:

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking insurance, has read and understands this Application including the appendixes and any supplements, and declares all statements set forth herein are true, complete and accurate. The undersigned acknowledges and agrees that the submission and the Insurer's receipt of such written report, prior to the inception of the policy applied for, is a condition precedent to coverage.

The undersigned understands the information submitted herein becomes a part of my Educator's Management Liability Insurance Application.

The signing of this Application does not bind the undersigned to purchase the insurance, nor does review of the Application bind the insurance company to issue a policy. This Application including any appendixes and supplemental applications shall be the basis of the contract should a policy be issued

This application must be signed by the ranking elected or appointed official of the Entity making the Application (e.g. School Board President or Superintendent or equivalent officer) or the Risk Manager (or the Ranking Official assigned this function).

Date Signed _____

Signature of Applicant _____

Print Name and Title _____

SIGNATURE AND AGREEMENTS

THE APPLICANT ACCEPTS NOTICE THAT HE/SHE IS REQUIRED TO PROVIDE WRITTEN NOTIFICATIONS TO THE COMPANY OF ANY CHANGES IN THE RESPONSES GIVEN TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE.

The undersigned is an authorized representative of the applicant and certifies that reasonable enquiry has been made to obtain the answers to questions on this application. He/She certifies that the answers are true, correct and complete to the best of his/her knowledge.

Signature of Applicant _____

Print Name and Title _____

Date: _____

This application form duly completed, together with any supplementary information must be signed in ink by the applicant

Please Print Name of Producer

Signature of submitting Producer _____ Date Signed _____
 Retailer Wholesaler

Producing Agency: _____

Address: _____

Telephone: () _____

General Reminders; Did you remember to:

- Complete Acord applications for all applicable coverages requested?
- Did you complete each question in all applicable sections as we cannot offer a quote based on incomplete information?
- Did you sign and date all applications?
- Did you attach current loss runs?
- Did you attach a Statement of Values (if applicable)?
- Did you attach an Educators Management Liability Application (if applicable)?
- Did you provide a copy of the following?
 - Employee & Student Handbook
 - Most Recent Financials
 - Sexual Abuse & Harassment Policy
 - Building Use Form