

SCHOOL BOARD LEGAL LIABILITY INSURANCE APPLICATION

Educators Legal Liability and Employment Practices Liability Coverage

CLAIMS MADE POLICY FORM

ALL QUESTIONS MUST BE COMPLETED IN ORDER TO REVIEW FOR QUOTATION. THIS POLICY IS NOT AN AUTOMATIC RENEWAL. AN APPLICATION MUST BE SUBMITTED PRIOR TO THE EXPIRATION DATE OF THIS POLICY.

SECTION I — APPLICANT INFORMATION

Educational Entity: _____

Named Insured: _____

Street Address: _____

City: _____ State: ____ Zip: _____ County: _____

Mailing Address (if different): _____

City: _____ State: ____ Zip: _____ County: _____

1. Educational Entity location is:

- Rural (not located within 25 miles of 250,000 population)
- Suburban (located within 25 miles of 250,000 population)
- Urban (250,000 population, or more)

2. Do you have a risk manager?

Yes

No

If yes, name: _____

Full Time Part Time

3. Number of board members: _____

4. When was your entity organized or incorporated? _____

5. How long has the charter been in place? _____

6. What is the largest city within 25 miles? _____

INSURED:

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7. Please describe your institution by checking every box that applies:

- | | |
|---|---|
| <input type="checkbox"/> Municipal | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> County | <input type="checkbox"/> Elementary School |
| <input type="checkbox"/> State | <input type="checkbox"/> Secondary School |
| <input type="checkbox"/> Special District Mult. | <input type="checkbox"/> Charter School |
| <input type="checkbox"/> District Co-op | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Public | <input type="checkbox"/> Vocational / Technical |
| <input type="checkbox"/> Private Non-profit | <input type="checkbox"/> Junior College |
| <input type="checkbox"/> Private for profit | <input type="checkbox"/> College / University |
| <input type="checkbox"/> Parochial | <input type="checkbox"/> Other |
| <input type="checkbox"/> Pre-school | |

8. Do you have your own Law Enforcement or Security Department? Yes No
If no, do you contract with an outside agency for these services? Yes No
If contracted, with what outside entity? _____

9. Have you had any on-site monitoring by State or Federal Regulatory Agencies within the last 12 months, for other than a routine visit? Yes No

SECTION II — INSURANCE INFORMATION

1. Current School Board Legal Liability Insurance

Company: _____

Policy Term: _____

Limits: _____ Deductible: _____ Premium: _____

Prior Acts retroactive date (if any) _____

2. Does your policy include Employment Practices Liability? Yes No

3. Has there been continuous claims made coverage for the past 5 years? Yes No

4. Has your Educators Legal Liability coverage ever been denied, cancelled or non-renewed? Yes No

If yes, please explain. _____

5. Limits of Insurance requested:

- \$500,000/500,000 \$1,000,000/1,000,000 \$1,000,000/\$2,000,000

6. Deductibles:

- \$2,500 \$7,500 \$15,000 \$25,000
 \$5,000 \$10,000 \$20,000

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7. Optional Coverages:

A. Educators Legal Liability (Coverage A) Non-Monetary Defense Costs

Limit Options:

- \$ 50,000 per claim/\$100,000 aggregate
- \$100,000 each claim/\$100,000 aggregate
- No Coverage

B. Reimbursement for Defense Costs for dishonest, fraudulent or criminal, acts or omission by any insured

- \$50,000 per insured/\$300,000 aggregate

SECTION III — INSTITUTION PROFILE

Enrollment	Current Year			Prior Year		
	Full time	Part time	Total	Full time	Part time	Total
1. What is your total enrollment?						
Do you have?						
a. Special Education students						
b. Disabled students						
2. What is your average Student to Teacher ratio for all students?						

3. In the past 12 months, have you been involved in any mergers or consolidations? Yes No

4. Has there been a reduction in staff in the last 12 months? Yes No

5. Is any reduction in staff expected in the next 12 months? Yes No

6. For which services does your entity contract with independent contractors?

- | | |
|---|---|
| <input type="checkbox"/> Food | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Specialized |
| <input type="checkbox"/> Custodial / Janitorial | <input type="checkbox"/> Clerical / Administrative |
| <input type="checkbox"/> Medical / Health Care | <input type="checkbox"/> Extracurricular Activities |

7. Do you require all subcontractors to carry their own liability coverage? Yes No

If yes, please provide limits. _____

8. Do you require all subcontractors to include you as an Additional Insured? Yes No

INSURED:

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SECTION IV — GENERAL OPERATIONS AND PROCEDURES

1. Do you have written policies and procedures for the following as pertains to students? *Please provide a copy.*

Policy	Yes	No	Date Updated
Suspension			
Expulsion			
Corporal Punishment			
Possession of Weapons			
Drug Testing and Searches			
Internet Access			
Individuals with Disabilities			
Special Education			
Sexual Misconduct			
Strip Searches			

2. Do all students receive a “student handbook” addressing these issues? Yes No

3. Do you have emergency and contingency plans for the following?

Policy	Yes	No	Date Updated
Fire			
Flood			
Hurricane			
Tornado			
Earthquake			
Unauthorized Intrusions			
Violent Acts			

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4. Do you have written policies and procedures for the following as pertains to teachers?

Policy	Yes	No	Date Updated
Suspension			
Expulsion			
Transfer			
Use of Corporal Punishment			
Disciplinary Actions			
Minimum Standards Testing			
Teacher/Student Relationships			
Sexual Harassment/Molestation			
Drug Testing			
Reporting Physical Abuse			

5. Do you conduct background investigations on all employees before employment? Yes No

6. Do you provide special education programs and related services? Yes No

7. Do other districts have access to your special education programs or facilities? Yes No

8. How many students have an Individual Education Plan (IEP)? _____

9. Do you create your own IEP's? Yes No

If not, who does? _____

10. Do you allow field trips for students? Yes No

If yes, do you require a signed permission slip from parents or legal guardians? Yes No

11. Do you allow student field trips to the following:

Inside Jail or detention facility? Yes No

Amusement Parks? Yes No

Swimming Pools? Yes No

12. Are students always accompanied by an adult? Yes No

ATTACHMENT: Please provide a copy of your current student handbook.

INSURED:

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SECTION V — EMPLOYMENT PRACTICES AND PROCEDURES

	Current Year			Prior Year		
	Full time	Part time	Total	Full time	Part time	Total
1. Total Employees:						
a. Certified Instructors / Faculty						
b. Non-Certified Instructors / Aide						
c. Administrative Personnel						
d. Counselors / Psychologists						
e. Nurses / Medical Professionals						
f. Custodial / Janitorial						
g. Other: Police / Security						
h. Contract Teachers						

Please advise the number of terminations in the past 2 years:

	Current Year			Prior Year		
	Full time	Part time	Total	Full time	Part time	Total
a. Voluntary Terminations						
b. Involuntary Terminations						

Do you have a human resources coordinator? Yes No

1. Describe their training and experience: _____

2. Do you have a written employment manual including all personnel policies and procedures? Yes No

3. Do all of your administrative and supervisory employees maintain a copy? Yes No

4. Do these supervisors receive training in the proper implementation of your policies and procedures? Yes No

When was this manual last updated? _____

5. Is this manual reviewed by counsel experienced and qualified in employment law? Yes No

6. Is this manual distributed to all employees upon hiring? Yes No

7. Do you have a written policy with respect to both sexual and non-sexual harassment? Yes No

INSURED:
POLICY NUMBER:

8. Do you follow a formal written procedure for employee disputes/complaints? Yes No
9. Are all actions to dismiss or demote employees reviewed in advance by legal counsel? Yes No
10. Do you require that due process be served and documented for all proceedings involving dismissal demotion or suspension? Yes No
11. Are all probationary or disciplinary actions recorded in writing and signed by the employee? Yes No
12. Are you an Equal Opportunity Employer? Yes No
13. Has there been a layoff or employees or reductions in service in the last 3 years? Yes No
- If yes, provide details by attachment.
14. Have you had a strike, slowdown, or other employee disruption in the last 3 years? Yes No
- If yes, provide details by attachment.
15. Has any person, former employee or job applicant filed a complaint or claim alleging unfair or improper treatment regarding employee hiring, remuneration, advancement, or termination of employment? Yes No
- If yes, provide details by attachment.
16. Have you had any disputes involving integration, segregation, discrimination or violation of civil rights? Yes No
- If yes, provide details by attachment.
17. Have any complaints been filed with the EEOC within the last 3 years? Yes No
- If yes, provide details by attachment.
18. Have all disputes, complaints and claims been reported to your current or prior carriers? Yes No
- If yes, provide details by attachment.

ATTACHMENT: *Please provide a copy of your current employment manual including policies and procedures pertaining to sexual harassment, discrimination, and employee grievances, and your current EEOC log.*

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SECTION VI — FINANCIAL/BOND INFORMATION

1. Please complete the following chart using budget figures for the past 3 years (Mandatory):

Year	Revenue	Expenditures	Surplus/Deficit	Accumulated

2. What is the amount of your outstanding bonds? _____

3. What is your latest bond rating? (Moody's or Standard & Poor's)? _____

4. What is your previous bond rating? _____

5. Has any bond issue been defeated within the past 3 years? Yes No

If yes, has the proposal been resubmitted, or is it expected to be resubmitted? _____

If surplus/deficit exists, indicate use of _____

6. Has your institution been in default on the principal or interest on any bond? Yes No

If yes to any of these questions, please give details:

ATTACHMENT: Please attach your most recent audited financial statement. If your entity does not have a formal audit on a regular basis, please provide your most current annual budget.

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SECTION VII — LOSS HISTORY

- 1. 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 educational entity, including EEOC or other similar administrative hearings? Yes No
- 2. 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
- 3. Has any person alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment in the past five years? Yes No
- 4. Have there been any sexual harassment, EEOC, human rights or civil rights claims in the past five years? Yes No
- 5. Do you have any special education students who are represented by an attorney? Yes No

Please list the students: _____

- 6. Do you have any employees who were reinstated pursuant to a settlement, court order or similar binding order? Yes No

Please list the employees: _____

If yes to any of the above questions, please explain in a separate attachment.

ATTACHMENT: Please provide a currently valued copy of your Educators Legal Liability and Employment Practices Liability Loss Runs for the past 5 years. NOTE: Your current and previous carriers are obligated and required to forward currently valued loss runs at your request.

FRAUD WARNING

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.

APPLICABLE IN ARKANSAS AND DISTRICT OF COLUMBIA

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.

APPLICABLE IN FLORIDA

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.

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APPLICABLE IN INDIANA

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN KENTUCKY

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.

APPLICABLE IN MARYLAND

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

APPLICABLE IN MICHIGAN

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information, shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.

APPLICABLE IN MAINE, TENNESSEE AND VIRGINIA

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.

APPLICABLE IN NEW JERSEY

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

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she 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.

APPLICABLE IN 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 the person to criminal and civil penalties.

APPLICABLE IN RHODE ISLAND

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.

INSURED:

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This Application and any supplements thereto shall be incorporated into any policy that may be issued and the Underwriters are relying on the truth of the statements set forth herein in making a determination to issue any policy.

The signing of this Application does not bind the undersigned to purchase the insurance, nor does the review of this Application bind the Insurance Company to issue a policy.

The undersigned represents to the best of his or her belief and knowledge, after reasonable inquiry and due diligence, the statements set forth in this application and any supplements thereto are true and correct.

The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the insurer. As a result, the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

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

Name: _____

Title: _____

Entity's 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, circumstances, or situation indicating the probability of a claim or action now known to any school board 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 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.

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.

APPLICABLE IN NEW YORK

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 violation.

Authorized signatory for educational entity

Date

Title

() _____
Phone Number

Insurance Agent

Date

**INSURED:
POLICY NUMBER:**

NEW YORK DISCLOSURE FORM CLAIMS MADE COVERAGE

POLICYHOLDER NOTICE — ADDENDUM TO APPLICATION POLICYHOLDER NOTICE — ADDENDUM TO DECLARATION

IMPORTANT NOTICE TO NEW YORK POLICY HOLDERS CLAIMS MADE COVERAGE REQUIRED NEW YORK DISCLOSURE

This disclosure form is not your policy. It merely describes some of the major features of our School Board Legal Management Liability Coverage form. **PLEASE READ THIS DISCLOSURE AND YOUR SCHOOL BOARD LEGAL MANAGEMENT LIABILITY COVERAGE FORM CAREFULLY** to determine your rights, duties and what is and is not covered. Only the provisions of your policy determine the scope of your insurance protection. Please contact your agent if you have any questions. The following disclosure and notice requirements are being provided in accordance with New York Law:

1. THIS COVERAGE IS WRITTEN ON A CLAIMS-MADE BASIS. This policy provides no coverage for “claims” arising out of “wrongful act(s)” or “employment practices wrongful act(s)” which took place prior to the Retroactive Date shown on the Declarations. This policy covers only “claims” actually made against the insured while the policy remains in effect. All coverage under this policy ceases upon the termination of the policy, except for the automatic Basic Extended Reporting Period coverage, unless the insured purchases the additional Supplemental Extended Reporting Period coverage.

2. EXTENDED REPORTING PERIODS:

Upon termination of coverage, a 60 day Basic Extended Reporting Period will automatically be provided. In addition, A Supplemental Extended Reporting Period will be offered for a period of 1, 2, 3 or 5 years, at the insured’s option. The premium for the Supplemental Extended Reporting Period is as follows:

- a. 1 Year option: 75% of the expiring annualized premium
- b. 2 Year option: 125% of the expiring annualized premium
- c. 3 Year option: 150% of the expiring annualized premium
- d. 5 Year option: 175% of the expiring annualized premium

Coverage gaps may arise upon expiration of the extended reporting periods.

3. THE CLAIMS MADE RELATIONSHIP

In general, during the first several years of a claims made relationship, claims made rates are comparatively lower than occurrence rates. You can expect substantial annual premium increases, independent of overall rate level increases, until the claims made relationship reaches maturity.