



SELECTIVE SCHOOLS (*Public or Private*) QUESTIONNAIRE

Please provide the following with your submission:

- Completed ACORD forms
- Five years hard copy loss runs
- Drivers list
- Statement of Property Values (if requesting Blanket or Replacement Cost)
- School Handbooks - Faculty

GENERAL INFORMATION

Named Insured: _____ Policy Number: _____

Address: _____

Contact: _____

Phone: _____ Fax: _____

E-Mail/Website: _____

Type of accredited school:

- | | |
|---|--|
| <input type="checkbox"/> Private School | <input type="checkbox"/> Private college or university |
| <input type="checkbox"/> Trade or Vocational School | <input type="checkbox"/> Community college |
| <input type="checkbox"/> Public School | |

Other Describe:

Charter School or other publicly funded independent school? **Yes** **No**

If yes, when was the last date that your charter was renewed? _____ and when will it expire? _____

Total Student Population _____
 Elementary students _____ Jr High # students _____ High School # students _____

Does your school participate in the SafeSchools® Online Staff Training? **Yes** **No**

Is your school a member of the National Association (or State Association) of Independent Schools? **Yes** **No**

If yes, please provide the name of your State Association _____

RISK MANAGEMENT INFORMATION

1. Does the school have a formal written safety plan and Emergency Preparedness/Evacuation Plan including employee training and a safety committee? **Yes** **No**

2. Does the school have a safety coordinator? **Yes** **No**

3. To what extent does the school perform MVR, criminal, child abuse, drug and alcohol and/or workers compensation background checks? _____

4. Is Pesticide/Herbicide coverage requested? **Yes** **No**

If yes, complete Pesticide and Herbicide Applicator Coverage Supplemental Application — Form PH 00 03.

5. Are the exterior doors of each school kept locked during the school day? **Yes** **No**

6. Is access to the school limited to a single entry point and monitored by staff? **Yes** **No**

7. Does the school have a written Emergency/Safety Plan when an active shooter is on premises including instruction on evacuation, hiding in place and alert system? **Yes** **No**

8. Does the school complete at least one lock down or security drill per school year? **Yes** **No**

9. Does the school have surveillance video (inside and out) with "real time" viewing? **Yes** **No**
10. Does the school have police academy trained security or law enforcement personnel:
 Employed by the school
 Independent contractor – if so, does the independent contractor provide the school with a certificate of insurance and name the school as additional insured? **Yes** **No**
 None
11. Does the school have the ability to lock all internal doors in the event of an emergency? **Yes** **No**
12. Do the school employees and students wear/display visible and recognizable identification? **Yes** **No**
13. Does the school have alarms/panic buttons to alert all parties in the event of an emergency? **Yes** **No**
14. Does the school authorize or grant permission for school employees to carry firearms on school property? **Yes** **No**
 If yes, please explain

15. Does the school have and enforce a written "zero tolerance" policy prohibiting hazing, harassment, intimidation and bullying? **Yes** **No**
16. Do you utilize metal detectors or closed circuit cameras? **Yes** **No**
 If yes, please describe their placement (areas monitored): _____

PROPERTY INFORMATION

1. Are any owned buildings on a historic registry? **Yes** **No**
 If yes, please provide a copy of this historic appraisal.
2. Have all buildings been checked for asbestos, lead paint and/or toxic mold? **Yes** **No**
 If found, were these substances removed or properly remediated? **Yes** **No**
 Details: _____
3. Are any buildings now, or scheduled to be, vacant or unoccupied? **Yes** **No**
 Please explain: _____
4. Is there any automotive repair, woodworking or spray painting done on premises? **Yes** **No**
 Please explain: _____

AUTOMOBILE INFORMATION

1. School Buses are operated by: **School** **Independent Contractor**
(NOTE: If operated by school employees, please attach a School Bus Contractor Supplemental Application - Form 2074 with all pertinent questions in Sections B, C and D completed)
2. If contracted, please indicate:
 Contractor's name & web site _____
 Limits Carried \$ _____
 Total Cost of Hire \$ _____
 Certificate Required from Contractor? **Yes** **No**
 Favorable Additional Insured Status Required? **Yes** **No**
3. Are owned buses used during summer recess? **Yes** **No** **NA**
 If yes, details: _____
4. If buses are laid-up for summer, please give dates of lay-up? From _____ To _____
5. Any owned buses loaned, rented or leased to others? **Yes** **No** **NA**
 If yes, do they also provide drivers? **Yes** **No**
 Please provide details: _____

6. Do you offer "behind the wheel" Driver Education to students? **Yes** **No** **NA**
 If yes, are driver education vehicles equipped with dual controls? **Yes** **No**

7. Do you have a written policy that details the disciplinary ramifications for a driver of at-fault accidents and/or moving violations? Yes No

Please complete this section if you own any 15 passenger vans. If not, go to next section - Drivers

General Information

How many 15-passenger vans do you own/operate based on Model Year?

Vehicle count for Model Years 2007 or newer: _____

Vehicle count for Model Years 2005 or 2006: _____

Vehicle count for Model Years 2004 and older: _____

Please list your 15-passenger vans of model year 2006 or 2005 that have electronic stability control (ECS), electronic tire pressure monitoring (TPM), 3-point seat belts (SB), safety glass (SG), or side airbags (SA). Indicate, by abbreviation, which of these exist in each van:

Is there a driver training program for the safe operation of 15-passenger vans that is conducted at least annually? Yes No

If yes, please describe: _____

Are the 15-passenger vans ever loaded with more than 9 passengers including the driver? Yes No

If yes, how frequently? _____

Is the rear seat removed from any of the vans? Yes No

If yes, how many? _____

Any hauling of heavy cargo behind the rear axle? Yes No

Do vans only use tires denoted by 'LT', denoting new pneumatic tires? Yes No
(Standard for model years 2008 & newer)

DRIVERS

Is anyone allowed to drive the vans or just designated individuals? _____

Is there a driver selection process? Yes No

If yes, please describe: _____

Does the organization order motor vehicle reports on all 15-passenger van drivers including, if applicable, any volunteers? Yes No

Do you have written criteria for acceptable/unacceptable MVRs? Yes No

If yes, please describe: _____

What procedures are in place for addressing drivers who develop unacceptable MVRs?

Is there a formal accident review procedure in place? Yes No

If yes, please describe: _____

VEHICLE INFORMATION

Which **public vehicles** are equipped with a mobility aid device or a mechanical lift to load or unload passengers?

- None
- All
- Identify specific vehicle(s):
- All vehicles with model year _____ and newer:
- All vehicles of the following type (e.g. 15 passenger vans/buses):
- See attached list of specific vehicles

Are vans used to transport children High School age or younger to/from schools on a regular basis? **Yes** **No**

Does the organization have documented records on driver screening, vehicle inspections, vehicle maintenance, tire replacement, etc.? **Yes** **No**

Do you outsource transportation service for long distance trips, trips involving high passenger counts, or for other special needs? **Yes** **No**
If yes, please explain: _____

If yes:

(a) Do you receive certificates of insurance from the service provider? **Yes** **No**

(b) Do you require limits of insurance in place that are at least equal to yours? **Yes** **No**

(c) Are hold harmless agreements favoring the insured in place? **Yes** **No**

GENERAL LIABILITY INFORMATION

1. Are all independent/outside contractors required to provide you with certificates of insurance naming the school as an additional insured and sign a hold harmless agreement in favor of the school? **Yes** **No**

If yes, what is the limit of liability insurance required? \$ _____

2. Do you have any owned, leased or borrowed watercraft? **Yes** **No**
Details: _____

3. Do you have a written policy prohibiting corporal punishment? **Yes** **No**

4. Does the school have procedures in place that require staff to conduct regular facility reviews to identify unsafe conditions and take corrective action to prevent accidents in the following areas: Inspection of Interior/Exterior walking surfaces? **Yes** **No**

Please describe the frequency of inspections & how documented: _____

Written snow/ice removal procedures? **Yes** **No**

Life Safety: adequate number of exits, emergency lighting, emergency procedures, and crowd controls? **Yes** **No**

Food Service: quality control measures in place for preparation/storage of food and housekeeping? **Yes** **No**

5. Athletic Programs: please indicate any of the following procedures/activities that apply: Annual submission of student athletic permission slips and injury waiver signed by parent

Student Accident Policy (purchased by school district) offered to parents? **Yes** **No**

6. Bleacher/Grandstand Inspections (NFPA 102 annually by staff/inspected by professional every 2 years)? **Yes** **No**

7. Does the school have a concussion management protocol? **Yes** **No**

a. Does the protocol include training to recognize the signs/symptoms of a concussion or other closed head injury? **Yes** **No**

b. Is the training required for all coaches/faculty involved in physical education or sports instruction? **Yes** **No**

c. Does the suspected concussion protocol require:
i. Removing the athlete/student from play? **Yes** **No**

ii. Evaluation by an appropriate healthcare professional? **Yes** **No**

iii. Informing the athlete/student's parents or guardians about the possibility of a concussion? **Yes** **No**

iv. Giving them information about concussions? **Yes** **No**

v. Keeping the athlete/student out of play until an appropriate healthcare professional certifies that he or she is symptom-free and gives the OK for them to return to play? **Yes** **No**

d. Does the concussion protocol include a post-concussion progressive physical activity program before being allowed to return to full game play? **Yes** **No**

e. Does the concussion protocol provide for adjusted classroom activities during recovery? **Yes** **No**

Extra Curricular Activities and Recreational Facilities - Please indicate the total number of each type of facility and if artificial turf is present:

- | | | |
|--|--|--|
| <input type="checkbox"/> Playground areas with equipment | <input type="checkbox"/> Skateboarding/Rollerblading Areas | <input type="checkbox"/> Bike Trails |
| <input type="checkbox"/> Tennis Courts | <input type="checkbox"/> Roller Hockey Rinks | <input type="checkbox"/> Hunting |
| <input type="checkbox"/> Outdoor Basketball Courts | <input type="checkbox"/> Ice Skating Rinks – Indoor | <input type="checkbox"/> Running Track |
| <input type="checkbox"/> Baseball Fields | <input type="checkbox"/> Ice Skating Areas – Outdoor | <input type="checkbox"/> Trampolines |
| <input type="checkbox"/> Football Fields | <input type="checkbox"/> Climbing Walls | <input type="checkbox"/> Field Event Areas |
| <input type="checkbox"/> Soccer Fields | <input type="checkbox"/> Rope/Confidence/Obstacle Courses | <input type="checkbox"/> Stadiums – Capacity _____ |
| <input type="checkbox"/> Lacrosse Fields | <input type="checkbox"/> BMX Bike Tracks | <input type="checkbox"/> Environmental Study Areas |
| <input type="checkbox"/> Field Hockey Fields | <input type="checkbox"/> Fencing | <input type="checkbox"/> Camps |
| <input type="checkbox"/> Archery Ranges | <input type="checkbox"/> Equestrian Sports | <input type="checkbox"/> Golf Course or Facility |
| <input type="checkbox"/> Shooting Ranges | | <input type="checkbox"/> Other: _____ |

- Which of the above are school-sponsored athletic programs? _____
- Do the following apply:
 - All outside entities that use these facilities provide the school with a certificate of insurance naming the school as an additional insured? **Yes** **No** **NA**
 - Do you regularly inspect all playground equipment and recreation facilities? **Yes** **No** **NA**
 - Do you organize any athletic activities and/or events for the general public? **Yes** **No** **NA**
If yes, please provide details: _____
- Describe the construction and capacity of bleachers or grandstands: _____
- Describe any courses, educational programs, clubs, sports or special programs you sponsor/offer off-site (i.e.: sports camps, day care facilities, parades, festivals, foreign trips, etc.): _____

Special Events

Describe any special events, programs or clubs offered/sponsored by the school district (e.g., sports camps, challenge/rope/climbing, gun club/ROTC, carnivals with rides, fireworks).

- Are amusement rides provided? **Yes** **No**
 - If yes, do you require that all subcontractors provide certificates of insurance naming you as additional insured? **Yes** **No**
 - Does the school require liability limits of one million dollars or more? **Yes** **No**
 - Are hold-harmless provisions protecting the school's interests required in contracts? **Yes** **No**
- Are alcoholic beverages served or sold at any of these events? **Yes** **No**
If yes, please give details: _____

Swimming Pools _____ **Applicable** _____ **Not Applicable**

- Type/Physical Characteristics**

Indoor _____ Minimum Depth _____ Maximum Depth _____
 Number diving boards _____ Height _____
 Outdoor _____ Minimum Depth _____ Maximum Depth _____
 Number diving boards _____ Height _____
 Number of slides _____ (provide photos)

Are handrails in place that extend beyond the top and bottom steps? **Yes** **No**

Are walkways around the pool at least 5 feet wide? **Yes** **No**

Is there a playground or other area that children frequent near the pool? **Yes** **No**

2. **Access**
Outdoor Pool:
 Is there a fence, lighting and signs? Yes No
- Indoor Pool:**
 Is the pool separated from the other common areas and locked when not in use? Yes No
3. **Miscellaneous**
 Is any part of the swimming pool operations subcontracted? Yes No
- Are others allowed to use the pool? Yes No
- If yes, are certificates of insurance obtained? Yes No
- Are limits of liability equal to the schools? Yes No
- Are hold harmless agreements in place favoring the insured? Yes No
- Is maintenance performed by the insured's employees or subcontracted? Yes No
- Are chemicals properly stored in an area that is not accessible to the public? Yes No
- Are premises kept clear of debris and excess water as much as possible? Yes No
4. **Signage & Lighting**
 Are signs used in the pool area to display pool rules and provide emergency procedures? Yes No
- Are there whole number depth markings indicated on both the pool deck and above the water level on the sides of the pool? Yes No
- Are all signs well defined, simple and highly visible? Yes No

SEXUAL ABUSE OR MOLESTATION INFORMATION

Sexual Abuse or Molestation coverage cannot be bound prior to underwriter's approval

Limits Requested:

\$500,000 Each Loss/\$500,000 Annual Aggregate _____

\$500,000 Each Loss/\$1,000,000 Annual Aggregate _____

\$1,000,000 Each Loss/\$1,000,000 Annual Aggregate _____

\$1,000,000 Each Loss/\$2,000,000 Annual Aggregate *(applies to public schools only)* _____

\$1,000,000 Each Loss/\$3,000,000 Annual Aggregate *(applies to public schools only)* _____

1. Do you provide the following services/programs for children under the age of 18?
- a. Student dorms? Yes No
- b. Day care/preschool/after school care? Yes No
- c. Overnight camps/retreats - if yes, number of campers at any one time _____ Yes No
- d. What is the adult to child ratio? _____
- e. Overnight or hourly care including the following:
- Babysitting Yes No
- Group child care Yes No
- Private child care Yes No
- Is this care contracted out? Yes No
- Is care provided by your employed staff? Yes No
2. Do you provide services for seniors or those with disabilities and/or special needs? Yes No
 If yes, describe:
-
3. Are applications required for your staff (paid or volunteer)? Yes No
 Do they include questions regarding charges, arrests or convictions for a crime if this information is permitted by state law in the state which you operate in? Yes No
4. If the applicant answers that he/she has a prior criminal record, including a charge, arrest or conviction for a crime, what is your policy in evaluating the charge, arrest or conviction?
-
-

5. Do you verify employment-related references / conduct personal interviews? **Yes** **No**
6. What controls do you have in place to ensure the safety of seniors, those with disabilities, children or individuals with special needs who may be in unsupervised one on one contact with your employee(s)? Please describe: _____

7. Do you conduct criminal background screenings prior to employment on all employees and contracted staff? **Yes** **No**
Do you conduct criminal background screenings on volunteers who may have repeated contact with children, seniors, and individuals with special needs? **Yes** **No**
8. Are all criminal background screenings clear? **Yes** **No**
9. If the criminal background screenings indicate an arrest, charge or conviction for a crime, including sex-related or child abuse offenses, do you exclude the individual from consideration for a position with your organization? **Yes** **No**
10. Do any of your current employees, staff, volunteers, principals, board members, officers or directors have a history of arrests, charges or convictions for a crime that includes sex-related or child abuse offenses? **Yes** **No**
11. Do you have written guidelines addressing prevention of abuse or molestation that include the following:
- a. A description of abuse or molestation? **Yes** **No**
 - b. Reporting procedures? **Yes** **No**
 - c. Investigation procedures? **Yes** **No**
 - d. How to identify and respond to situations where sexual abuse may happen? **Yes** **No**
 - e. Do you provide in-service training and education on sexual abuse or molestation? **Yes** **No**
 - f. Do you require staff to sign a written acknowledgment of receipt, review & comprehension of the abuse or molestation policy? **Yes** **No**
12. Has your organization ever had an incident which resulted in a claim or allegation of physical or mental abuse or sexual abuse or molestation? **Yes** **No**
If yes, provide details on a separate page.
Is the claim open? **Yes** **No** If closed, settlement amount _____
Is the person identified in any claim/allegation still employed or volunteering? **Yes** **No**

Student Dormitories _____ **Applicable** _____ **N/A**

1. Is the dormitory 100% sprinkler protected? **Yes** **No**
2. Are there central station fire and burglar alarms? **Yes** **No**
3. How many stories are the dormitory facilities? _____
4. Does the fire detection system have a heat and fire detection system in the attic? **Yes** **No**
5. Does the attic area have alarms that are heat and smoke sensitive? **Yes** **No**
6. Do they have a strict policy on smoking, candles, incense and other incendiary items inside of the dorm facility? **Yes** **No**
7. Are there fire extinguishers and pull station alarms on each floor in all dorms and tied to central monitoring station? **Yes** **No**
8. How often are testing and fire drills performed? _____
9. Is there faculty housing on premise? **Yes** **No** If yes, how many? _____
10. Are the dormitories Co-ed? **Yes** **No**
11. Does the school have security measures in place? **Yes** **No**
If yes, is monitoring on a 24-hour basis either by security or house monitor? **Yes** **No**
12. What is the ratio of residents to Housemaster & student resident assistant? _____
13. What percentage of dorm rooms should exceed 2 students per room? _____
14. Is heat producing cooking or smoking allowed in dorms? **Yes** **No**

15. Are dorms in compliance with life safety codes with adequate alarms, emergency lighting, exits, etc. Yes No
16. Do you have a policy prohibiting overload of electrical outlets in dormitories? Yes No
17. Are dorm rooms inspected regularly for overload of electrical outlets? Yes No
18. Are UL[®] approved smoke detectors located in each room & connected to a central monitoring station? Yes No

**SCHOOL LAW ENFORCEMENT
PROFESSIONAL LIABILITY
OCCURRENCE FORM**

Limit of Insurance: \$500,000/\$500,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000
Deductibles: \$2,500 \$5,000 \$7,500 \$10,000 \$25,000

1. Indicate total number of law enforcement personnel: _____
2. Indicate number of personnel in each of the following categories:
- a. Full time employees: _____ Part time employees: _____
- b. School Resource Officer: _____
- c. Employees of police department: _____
Indicate name of police department: _____
With arrest authority: _____ With fire arms: _____
3. Indicate scope of law enforcement personnel operations:
- a. Athletic Events Concerts and Plays Special Events
Explain: _____
- b. On school premises during school hours On school premises after school hours
 Other – Explain: _____
4. Are all law enforcement personnel police academy trained? Yes No
If not, please explain: _____
5. Are law enforcement personnel periodically re-evaluated? Yes No
6. Are background investigations completed prior to hiring law enforcement personnel? Yes No
7. Do all law enforcement personnel receive training in:
- a. First Aid? Yes No
- b. CPR? Yes No
8. Is there a written policy for the use of force? Yes No
9. Is there a written policy for the use of deadly force? Yes No NA
10. List all incidents within the past 5 years involving you or any of your law enforcement personnel that have not yet resulted in claims, complaints or charges but can reasonably be expected to do so:

| Date of Incident | Current Status | Description of Incident |
|------------------|----------------|-------------------------|
| | | |
| | | |
| | | |