

SCHOOL LEADERS PROFESSIONAL LIABILITY INSURANCE APPLICATION



APPLICANT DETAILS

(INCLUDE ALL LEGAL NAMES AND DBA'S):

1. Name(s): _____
Principal Address: _____ City: _____ State: _____ Zip: _____
Mailing Address (if yes, please attach details): _____ City: _____ State: _____ Zip: _____
Web Site Address: _____
2. a. Date established: ____/____/____ Applicant is ☐ Individual ☐ Partnership ☐ Corporation ☐ Other
b. List all States in which the Applicant operates: _____
c. What percentage of work is done outside of US? _____%
d. Is the entity owned, controlled by or affiliated with any other entity? (if yes, please attach details) ☐ Yes ☐ No
e. During the past 5 years:
 - i. Has the name of the Applicant been changed? ☐ Yes ☐ No
 - ii. Has the Applicant been involved in any merger, acquisition, consolidation or sale? ☐ Yes ☐ No
3. a. Please indicate the number of principals, partners and professional employees directly engaged in providing professional services to clients: _____ (Attach resume of each when Applicant has been in business less than 3 years)
b. Please indicate the number of all other nonprofessional and/or clerical employees: _____
c. Are any material changes in the nature or the size of the Applicant's business anticipated over the next 12 months? (if yes, please attach details) ☐ Yes ☐ No
4. a. During the past 5 years, has any Applicant, or any of its employees, ever been subject to an investigation by a state regulatory agency, administrative agency and/or an insurance department investigation or inquiry or disciplinary investigation or proceeding in any way? (if yes, please attach details on a separate sheet) ☐ Yes ☐ No
b. During the past 5 years, has any Applicant, or any of its employees, ever had his license revoked or suspended, or been fined or disciplined by any state or regulatory department? (if yes, please attach details on a separate sheet) ☐ Yes ☐ No
5. Please complete the following information for each principal/partner/director/officer/owner:

Name	Title	License Status	Professional Designations	Years Experience	Years with Applicant

GENERAL INFORMATION

Type of School Entity

CHECK ALL THAT APPLY

- | | | |
|--|---|--|
| <input type="checkbox"/> Elementary/Primary | <input type="checkbox"/> Vocational/Technical | <input type="checkbox"/> Private School – Not for Profit |
| <input type="checkbox"/> High School/Secondary | <input type="checkbox"/> Charter | <input type="checkbox"/> Private School – For Profit |
| <input type="checkbox"/> College/Post Secondary – 2 year | <input type="checkbox"/> Boarding School | |
| <input type="checkbox"/> College/Post Secondary – 4 year | <input type="checkbox"/> Public School | |

Student Enrollment	Current	Projected		Current	Projected		Current	Projected
	<i>Full Time:</i>			<i>Part Time:</i>			<i>Pre-School:</i>	

FINANCIALS

Fiscal Year	Current	Projected
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Total Budget	\$	\$
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Total Expenditures	\$	\$
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Surplus/Deficit	\$	\$
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Total accumulated surplus or deficit \$

If a deficit exists, what steps are being taken to eliminate it?

6. Does the School Entity anticipate any special projects which will result in a substantial budget increase or decrease in the next 3 years? ☐ Yes ☐ No

7. Total amount of School Entity's bond authority: \$

Total amount of outstanding bonds: \$

Latest Moody's, Standard and Poor's and/or Finch's bond rating:

If the bonds are not rated, explain:

8. Has the School Entity been in default on the principal or interest of any Bond? ☐ Yes ☐ No

If 'Yes', explain:

9. Please provide the following financial information:

a. Fiscal year end date: ____/____/____

c. Gross revenues for current year: \$ _____

b. Gross revenues for last year: \$ _____

d. Projected gross revenues for next year: \$ _____

OPERATIONS

10. Does the School Entity have any Special Education Programs in place? ☐ Yes ☐ No

If 'Yes', # of Students:

11. Does the School Entity have guidelines for:

Suspension or dismissal of students ☐ Yes ☐ No

Reporting and investigating allegations of sexual harassment brought by students ☐ Yes ☐ No

Reporting any instance of suspected child abuse to the proper authorities ☐ Yes ☐ No

If any 'No', provide details:

CLIENT INFORMATION

12. Does the Applicant have a procedure requiring the review or follow-up of complaints? ☐ Yes ☐ No
13. Does the Applicant have any of the following risk management procedures in place? ☐ Yes ☐ No
- ☐ Limitation of Liability clauses are included at least 75% of the time
 - ☐ Membership in professional associations or organizations
 - ☐ Continuing education program for professional employees
 - ☐ Other: (please attach a copy of the procedures)
14. Does the Applicant have a formalized training program for newly hired employees? ☐ Yes ☐ No
15. Does the Applicant belong to any professional associations? ☐ Yes ☐ No
- If yes, please list the associations: _____

SAFETY PROCEDURES

PLEASE PROVIDE DETAILS OR COPIES OF ALL POLICIES, ACTION PLANS OR PROCEDURES RELATED TO THE SAFETY AND SECURITY OF THE CAMPUS, STUDENTS AND STAFF

ENTRY/PROPERTY

16. How many points of entry into the school while school is in session? _____
17. Are the doors locked when school is in session? ☐ Yes ☐ No
If yes, how many? _____
18. Are there camera's at every point of entry? ☐ Yes ☐ No
If yes, are they monitored? ☐ Yes ☐ No
19. Do visitors have access to classrooms or any other rooms within the school other than the front office? ☐ Yes ☐ No
If yes, explain protocol: _____
20. Are all visitors monitored prior to entry? ☐ Yes ☐ No

SECURITY

21. Is there a school recourse officer on school grounds at all times when school is in session? ☐ Yes ☐ No
If yes, how many? _____
22. Are there any security officers on campus other than a school resource officer? ☐ Yes ☐ No
If yes, how many are _____ Armed: _____ Unarmed: _____

TRAINING/DRILLS

23. Does the insured have a plan of action, protocol, and procedures (in written form) for active shootings? ☐ Yes ☐ No
Is the local police department informed of the school's plan of action, protocols, and procedures? ☐ Yes ☐ No
24. Does the insured have regular active shooting drills? ☐ Yes ☐ No
If yes, how many during the school year? _____
Is the local police department involved with these drills? ☐ Yes ☐ No
25. Are there any other procedures, policies, and/or protocols the insured has in place in order to keep the students and staff safe in the event of an active shooting? ☐ Yes ☐ No

EMPLOYMENT PRACTICES

COMPLETE THIS SECTION IF YOU ARE APPLYING FOR EMPLOYMENT PRACTICES COVERAGE

Staff Size

Total number of employees (including Elected and Appointed Board Members):

Number of instructors currently employed:

Number of volunteers:

Number of student teachers:

Number of non-instructional employees currently employed:

26. Does the School Entity have the following?

FOR ANY 'YES', BELOW, PLEASE ATTACH DETAILS AND COPIES TO APPLICATION

- a. Human Resources Department ☐ Yes ☐ No
- b. Human Resources Manual ☐ Yes ☐ No
- c. Guidelines related to procedures for suspension, dismissal, or non-renewal of employment contracts ☐ Yes ☐ No
- d. Employment handbook ☐ Yes ☐ No
- e. Anti-sexual harassment policy ☐ Yes ☐ No
- f. Procedure for handling employee complaints of discrimination and sexual harassment ☐ Yes ☐ No
- g. Policies as required by the Americans with Disabilities Act and related laws ☐ Yes ☐ No

27. Does the School Entity anticipate any reduction in staff in the next twelve (12) months? ☐ Yes ☐ No

If 'Yes', explain:

28. How many employees Current Year Prior Year

- a. Have either resigned or retired
- b. Been terminated (with or without cause)

29. Will the School Entity be adding any entity(ies) as an additional insured? ☐ Yes ☐ No

CLAIMS INFORMATION

NOTE: THE APPLICANT'S DISCLOSURE OF CLAIM INFORMATION BY RESPONSE TO THE FOLLOWING QUESTIONS DOES NOT INDICATE OR IMPLY IN ANY WAY THAT ANY ACT OR OMISSION IS COVERED BY THIS POLICY.

30. After inquiry, have any errors and omissions claims been made during the past 5 years against the Applicant or any past or present principals, partners, directors, officers or professional employees? *(if yes, please attach a supplemental claims questionnaire)* ☐ Yes ☐ No
31. After inquiry does the Applicant or any principal, partner, director or officer or professional employee have knowledge or information of any circumstance or any allegation or contentions of any incident which may result in any claim being made against them.
(if yes, please attach a supplemental claims questionnaire) ☐ Yes ☐ No
32. Have all matters in question 30 or 31 been reported to the Applicant's former or current insurers or to the former or current insurers of any predecessors in business? ☐ Yes ☐ No

PRIOR ERRORS AND OMISSIONS INSURANCE

Year	Insurance Company	Limit of Liability	Deductible	Premium	Claims Made or Occurrence	Policy Period	Retroactive Date (if any)
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Current Year		\$	\$	\$			
Previous Year 1		\$	\$	\$			
Previous Year 2		\$	\$	\$			
Previous Year 3		\$	\$	\$			
Previous Year 4		\$	\$	\$			

33. Is any extended reporting period (ERP) currently in place? (if yes, please attach a copy of the endorsement including effective and expiration date) ☐ Yes ☐ No
34. During the past 5 years, has any similar errors and omissions coverage been canceled, declined or nonrenewed? ☐ Yes ☐ No

ADDITIONAL INFORMATION

35. a. Limit of Liability requested: _____ b. Deductible requested: _____

SIGNATURE REQUIRED ON FOLLOWING PAGE

PLEASE PROVIDE THE FOLLOWING:

1. A copy of standard contracts utilized with clients.
2. Latest audited financial statements.
3. Resumes of key Principals.

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.
4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

Applicant's Authorized Representative:

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Print Name of Authorized Representative

Title of Authorized Representative

Date: ____/____/____
mo day year