

**Education Legal
Liability and
Employment Practices
Liability
Application**

The Policy for which you are applying is written on a claims-made and reported basis. Only claims first made against the Insured and reported to the Insurer during the Policy Period are covered subject to the Policy provisions.

The Limits of Liability stated in the Policy are reduced, and may be exhausted, by Claims Expenses. Claims Expenses are also applied against the Retention amount, if any. If you have any questions about coverage, please discuss them with your insurance agent.

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 a president, officer, director or equivalent executive of the Educational Organization. If a Policy is issued, this Application will attach to and become part of the Policy, therefore, it is important that all questions are answered accurately. Please include all attachments referenced throughout the Application and complete any supplemental pieces referenced within 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.

Please attach copies of the following:

- Audited financial statement for the most recent available fiscal year;
- Minimum of last three years of current and prior insurers' loss runs (five years desired);
- Current employee handbook, including procedures on sexual harassment, discrimination and employee grievances;
- Current student handbook; and
- Copy of the Educational Organization's employment termination procedures.

1. Name of Educational Organization: _____
Date incorporated or otherwise legally created: _____
2. Principal address: _____ City: _____ State: _____ Zip: _____
3. Do you have a full-time Risk Manager? Yes No Risk Manager's name: _____
4. Website address: _____ Phone number _____ FEIN: _____
5. Type of Educational Organization (check all boxes that apply):
 Public School Community College Special Ed Facility State
 Private For Profit Public K-12 Vocational/Technical County

- Private Not for Profit Independent School Pre-School Municipal
 Multi-District Coop Charter School Private School Special District
 College / University Other (Explain) _____

6. IRS Tax Status: 501 (c) (3) Public Entity Other

7. Number of board members: _____

a. Are board members: Elected Appointed Length of Term: _____

b. If board members are appointed, by whom are they appointed? _____

c. Do board members serve on rotating or staggered basis? Yes No

d. If elected, are board members elected: At large Single member districts

8. Enrollment and employment information:

ENROLLMENT	CURRENT YEAR	PRIOR YEAR	2 ND PRIOR YEAR
Full Time Students			
Part Time Students			
Special Education			
Disabled Students			
Other			
Total			
EMPLOYMENT	CURRENT YEAR	PRIOR YEAR	2 ND PRIOR YEAR
Full Time Faculty / Instructors			
Part Time Faculty / Instructors			
Non-Certified Instructors			
Administrative Personnel, including officials, principals, administrators, etc			
Other Professional Staff			
Volunteers			
Total			

9. Have you had any staff reductions in the past 24 months? Yes No

a. Were faculty members involved in this reduction in force? Yes No

b. Were waivers obtained from all affected faculty and staff? Yes No

c. How many faculty and staff member were affected? _____

d. How much notice was given to affected faculty and staff? _____

e. How was it decided which faculty and staff members would be let go? _____

10. How many campuses or schools are part of the Educational Organization? _____

a. Any anticipated closings in the next year? Yes No
If yes, please explain _____

b. Any anticipated openings in the next year? Yes No
If yes, please explain _____

11. Have you closed campuses in the past 24 months? Yes No

If yes, how many? _____

12. Do you expect to open new campuses in the next 12 months?

Yes No

If yes, how many? _____

FINANCIAL

Please attach the Educational Organization's audited financial report of the most recent available fiscal year.

- 1. a. Fiscal year end date: _____
- b. Budget for current and prior fiscal years:

	CURRENT YEAR	PRIOR YEAR	2ND PRIOR YEAR
Revenues			
Expenditures			
Budget Surplus (Deficits)			
Accumulated Budget Deficit/Surplus			

- c. Provide an explanation for any budget deficits in the past three years and anticipated steps to address accumulated deficits. _____

2. a. Amount of outstanding bonds: \$ _____

b. Latest Moody's and/or Standard & Poor's bond rating: _____

If not rated, please explain: _____

c. Has any bond been defeated in the past three years?

Yes No

If yes, what was the bond for? _____

d. Has the applicant been in default on principal or interest on any bond?

Yes No

If yes, please explain: _____

OPERATIONS AND POLICY

1. Accreditation is provided by which body: _____ Date of last accreditation: _____

a. Has any accrediting body threatened or taken any probationary activity?

Yes No

If yes, please explain: _____

b. Has any athletic association threatened or taken any disciplinary action?

Yes No

If yes, please explain: _____

2. a. Do you provide special education programs and related services?

Yes No

b. If yes, do you provide other educational entities access to your programs and facilities?

Yes No

3. Have any expansions or reductions in study courses or programs, including music, athletic or other courses or programs, taken place in the past 12 months, or are any anticipated in the next 12 months?

Yes No

If yes, please explain: _____

4. Are individual education programs created? Yes No

5. Does the Educational Organization provide any boarding or daycare facilities? Yes No

a. Number of students in boarding facilities: _____

b. Number of children in daycare facilities: _____

6. Does the Educational Organization have a disaster planning document in place and in practice for natural disasters, terrorist acts, acts of violence or unauthorized intrusions? Yes No

7. Do you perform background checks on all employees before employment? Yes No

If no, please explain: _____

8. Which of the following processes and policies have you adopted?

a. As pertains to teachers:

- | | | |
|--------------------------------------|--|-------------------------------------|
| i. Student suspensions or expulsions | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| ii. Use of corporal punishment | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| iii. Disciplinary action | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| iv. Testing standards | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| v. Teacher/student relationships | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| vi. Sexual harassment/molestation | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| vii. Drug testing | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |

b. As pertains to Students:

- | | | |
|------------------------------------|--|-------------------------------------|
| i. Suspension/expulsion | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| ii. Corporal punishment | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| iii. Possession of weapons | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| iv. Drug testing and searches | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| v. Internet access | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| vi. Students with disabilities | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| vii. Special education | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| viii. Public displays of affection | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |

c. Have the above policies and procedures been reviewed by counsel? Yes No Some

EMPLOYMENT PRACTICES LIABILITY

1. During the last three years has any Educational Organization or unit thereof been involved in any employment or labor related litigation? Yes No

2. During the last three years has any Educational Organization or unit thereof been involved in any administrative proceedings with:

a. the Equal Employment Opportunity Commission? Yes No

b. the U.S. Department of Labor? Yes No

c. any state or local government agency whose purpose is to address employee-related claims? Yes No

If the answer to any question in one and two above is 'yes', please state the type and number of each proceeding and, for each proceeding which has or is expected to exceed \$75,000 in loss (including claims expenses), attach full details.

3. Have there been any strikes, slowdowns or disruptions in the past five years? Yes No
If yes, please explain: _____
4. Is the Educational Organization or unit thereof currently required to comply with any judicial or administrative agreement, order, decree or judgment relating to employment? Yes No
If yes, please attach a copy.

5. Provide the following information:

TOTAL NUMBER OF EMPLOYEES	CURRENT YEAR	1ST PRIOR YEAR	2ND PRIOR YEAR
Employed by the Educational Organization (or any unit thereof):			
Percentage of Employee Turnover:	%	%	%

6. Who is responsible for providing employment counsel for employment advice?
 Outside Legal Counsel Name of Firm _____
 Inside Legal Counsel
 Other, Please explain _____
7. a. How often are Educational Organization's human resources documents, policies, guidelines, and Procedures reviewed? Annually Semi-Annually Other _____
 b. What was the date of the most recent comprehensive review of such documents, policies, guidelines, and procedures? _____
 c. Who was responsible for the review?
 Outside Legal Counsel Name of Firm: _____
 Other _____
8. Does the Educational Organization have written guidelines, policies or procedures for addressing human resources or personnel management in the following areas:
- a. Hiring / Interviewing? Yes No
 - b. Employee at will statement and employee contract disclaimer? Yes No
 - c. Performance appraisals? Yes No
 - d. Discipline? Yes No
 - e. Discharge? Yes No
 - f. Accommodating the disabled? Yes No
 - g. Non-union grievance procedures? Yes No
 - h. Sexual harassment? Yes No
 - i. Use of Educational Organization's electronic mail, voice mail and Internet access? Yes No

Do all employees receive a copy of these guidelines, policies or procedures, and acknowledge such receipt in writing? Yes No

9. Does the Educational Organization have a full-time human resources manager? Yes No

If not, who is responsible for human resources? _____

10. Do supervisors and managers of the Educational Organization receive updated information and training on human resources issues, including performance appraisals, discipline and workplace harassment? Yes No
 How often are updates provided? _____

11. When an employee is discharged:
- a. Is officer approval required and are human resources personnel directly involved? Yes No
 - b. Is an attorney consulted prior to discharging an employee? Yes No
 - c. Does the Educational Organization provide, in references for former employees, any information other than the dates of employment, title(s) and compensation? Yes No
 - d. Does the Educational Organization have an agreement or policy requiring employees to arbitrate all employee-related claims? Yes No

INSURANCE INFORMATION

1. Please provide Educators Legal Liability & Employment Practices Liability policy information:

CURRENT & LAST FOUR YEARS	PROFESSIONAL LIABILITY CARRIER	LIMITS	DEDUCTIBLE / RETENTION	PREMIUM
Current Year				
Prior Year				
2 nd Prior Yr				
3 rd Prior Yr				
4 th Prior Yr				

2. Current general liability carrier and limits: _____
3. Missouri Applicants are not required to answer this question.
 Has any insurance been declined, cancelled or not renewed in the past five years? Yes No
 If yes, please explain: _____
4. Limit of Liability requested:
 \$ 250,000 \$ 1,000,000 \$ 3,000,000 \$ 5,000,000
 \$ 500,000 \$ 2,000,000 \$ 4,000,000 Other \$
5. Retention / Deductible requested:
 ELL: \$ 10,000 \$15,000 \$25,000 \$50,000 \$100,000 Other \$
 EPLI: \$ 25,000 \$35,000 \$50,000 \$75,000 \$100,000 Other \$

CLAIMS EXPERIENCE

1. Do any principals, directors, officer, partners, professional employees or independent contractors of the Educational Organization have knowledge or information of any act or omission which might reasonably be expected to give rise to a claim? Yes No

It is agreed by all concerned that if any such person has any such knowledge or information, whether or not described above, any claim emanating therefrom shall be excluded from coverage under this Policy.

2. Has the Educational Organization, or any of its predecessors in business, subsidiaries or affiliates, or any of its principals, directors, officers, partners, professional employees or independent contractors, ever been the subject of a disciplinary action as a result of professional activities? Yes No
3. During the past five years, have any claims been made or suits brought against the Educational Organization, any predecessors in business, subsidiaries, or affiliates of any principal, director, officer or professional employee? Yes No
4. Has the Educational Organization reported the matters listed in response to questions one through three, above, inclusive, to its current or any former insurance carrier? Yes No

If any response to questions one through four, above, inclusive, was yes, please attach a detailed explanation including date of circumstance or claim, potential or actual claimant, nature of circumstances or claim, defense costs, indemnity amount, reserve amount and current status for each claim, notice or circumstance.

FRAUD WARNINGS

NOTICE TO ARKANSAS, LOUISIANA & 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.

NOTICE 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 a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE 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.

NOTICE 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.

NOTICE 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.

NOTICE 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.

NOTICE 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.

NOTICE 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.

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 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.

NOTICE 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.

NOTICE 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.

NOTICE 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.

NOTICE TO TENNESSEE & 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.

NOTICE TO ALL APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO APPLICANTS. PLEASE READ CAREFULLY

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE

APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED OR MISREPRESENTED IN THIS APPLICATION, SUPPRESSED OR CONCEALED. THE UNDERSIGNED AGREES THAT IF AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION, ANY OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE UNDERSIGNED SHALL NOTIFY THE INSURER OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE INSURER WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE INSURER.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT AGREES THAT THIS APPLICATION, IF THE INSURANCE COVERAGE APPLIED FOR IS WRITTEN, SHALL BE THE BASIS OF THE CONTRACT WITH THE INSURANCE COMPANY, AND BE DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO ACE AMERICAN INSURANCE COMPANY, ILLINOIS UNION INSURANCE COMPANY, WESTCHESTER FIRE INSURANCE COMPANY, OR WESTCHESTER SURPLUS LINES INSURANCE COMPANY.

This Application shall be maintained on file by the Insurer, shall be deemed attached as if physically attached to the proposed Policy, and shall be considered as incorporated into and constituting a part of the proposed Policy.

This Application must be reviewed, signed and dated by a president, officer, director or equivalent executive of the applicant educational organization.

By: _____

Please Print or Type Name: _____

Title: _____ Date: _____

FOR MISSOURI APPLICANTS ONLY:

PLEASE ACKNOWLEDGE AND SIGN THE FOLLOWING DISCLOSURE TO YOUR APPLICATION FOR INSURANCE:

I UNDERSTAND AND ACKNOWLEDGE THAT THE POLICY FOR WHICH I AM APPLYING CONTAINS A DEFENSE WITHIN LIMITS PROVISION WHICH MEANS THAT CLAIMS EXPENSES WILL REDUCE MY LIMITS OF LIABILITY AND MAY EXHAUST THEM COMPLETELY. SHOULD THAT OCCUR, I SHALL BE LIABLE FOR ANY FURTHER CLAIMS EXPENSES AND DAMAGES.

By: _____

Please Print or Type Name: _____

Title: _____ Date: _____