

Renewal supplemental application

INSURED INFORMATION

Insured Name: _____ Policy Number: _____

Contact Person: _____

Email Address: _____

GENERAL APPLICANT INFORMATION

1. Please provide your total enrollment:

Pre-school/day Care: _____ K-8: _____ 9-12: _____ Adult education: _____ Industrial arts/vocational: _____

Please provide your total number of personnel employed:	FULL TIME	PART TIME
Officials, administrators, managers, principals, assistant principals		
Teaching faculty (all levels), student teachers		
Nurses, counselors, psychologists, athletic trainers, other professional staff		
All other Employees		
Total Employees		

3. Employee/volunteer hiring or selection procedures: Indicate all practices followed by the administration:

- ☐ Signed employment applications are obtained for all potential employees
- ☐ Criminal background checks on all employees are required ☐ Local ☐ Federal ☐ Non conducted
- ☐ Criminal background checks on volunteer workers are obtained (direct involvement with children)
- ☐ Background checks include search of National Crime Information Center
- ☐ Background checks include search of multi-state sex offender registry
- ☐ Records of employment applications and background/reference checks are retained
- ☐ An employee orientation is conducted covering all written policies with documentation kept in file

4. Does the application ask if the applicant has ever been convicted of any crime, including sex-related or abuse related allegations, convictions, or pleadings of guilty or "no contest"? ☐ Yes ☐ No

SAFETY/SECURITY INFORMATION

1. Do you have a written safety program implemented? ☐ Yes ☐ No
2. Do you have procedures in place for all active threats on campus? (i.e. ALICE or similar training) ☐ Yes ☐ No
3. Do you have a policy (or plan to have within the next 12 months) permitting employees (other than security personnel), volunteers or guests to carry open or concealed firearms on school premises? ☐ Yes ☐ No
- a. If yes, please provide details: _____
- b. If no, does your weapons ban policy have any exceptions? ☐ Yes ☐ No
- (provide details): _____

GENERAL LIABILITY INFORMATION

Camps ☐ NA

1. Does the school own or operate any camps (including summer camps, youth camps, etc.) ☐ Yes ☐ No

a. If yes, please provide your annual revenue generated from sponsored camps: \$ _____

b. If yes, please describe the scope of camps offered: (attach brochure and additional sheet if needed)

Camp name, description					
Type of camp	<input type="checkbox"/> Day <input type="checkbox"/> Overnight	<input type="checkbox"/> Day <input type="checkbox"/> Overnight	<input type="checkbox"/> Day <input type="checkbox"/> Overnight	<input type="checkbox"/> Day <input type="checkbox"/> Overnight	<input type="checkbox"/> Day <input type="checkbox"/> Overnight
# of campers per day					
Total number of days per year operated					
Age range of campers					
Accredited by ACA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Does your camp registration include consent and acknowledgement of risk of injury and liability waiver to be signed by parent or guardian? ☐ Yes ☐ No

3. Are any of these camps operated by third parties at your premises? ☐ Yes ☐ No

If yes, provide details: _____

a. If yes, do you require third party to provide certificate of insurance showing general liability and sexual misconduct coverage for athletic participants, with limits of at least \$1,000,000? ☐ Yes ☐ No

b. If yes, do you require third party to list you as an additional insured in a contract/written agreement? ☐ Yes ☐ No

Concussion Management Safety Program

1. Do you have a formal, written concussion management program in place for all your athletic/student activities? ☐ Yes ☐ No

a. If yes, is it consistently implemented and enforced for all athletic/student activities? ☐ Yes ☐ No

b. If yes, please advise when concussion safety program implemented? _____

2. Does it inform athletes and parents on the following items:

a. Risks of concussion ☐ Yes ☐ No

b. Symptoms of concussions ☐ Yes ☐ No

c. Potential consequences of concussions over time and if not treated properly ☐ Yes ☐ No

d. General prevention and preparedness efforts to keep athletes safe ☐ Yes ☐ No

3. Does it require athletes and/or parents to sign a concussion injury information sheet? ☐ Yes ☐ No

4. Do you require training in recognizing the signs/symptoms of a concussion to all coaches/staff? ☐ Yes ☐ No

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

6. Does the concussion protocol provide for adjusted classroom activities during recovery? ☐ Yes ☐ No

7. Does the protocol when a concussion is suspected require the following?

a. Removing the athlete/student from play? ☐ Yes ☐ No

b. Evaluation by an appropriate healthcare professional? ☐ Yes ☐ No

c. Informing the athlete/student's parents or guardians about the possibility of a concussion and giving them information about concussions? ☐ Yes ☐ No

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

8. Do you utilize any concussion impact monitoring technology? ☐ Yes ☐ No
- a. If yes, name of manufacturer: _____
- b. Who monitors the data: ☐ Coaches ☐ Employees ☐ Volunteers ☐ Third party

Additional School Programs/Sponsored Activities ☐ NA

1. Indicate if any school programs or clubs involve any of the following activities:
- a. ☐ Equestrian ☐ Rock climbing/indoor walls ☐ Challenge Rope course ☐ Firearms/rifle/gun activities
☐ Whitewater sports/rafting ☐ Skiing/snowboarding ☐ Scuba diving ☐ Other _____
- b. Please provide details of operations for each activity indicated above and your controls implemented:
- _____
- _____

2. Do you operate a medical facility or infirmary? ☐ Yes ☐ No
- a. If yes, does the facility have accommodations for overnight lodging and treatment? ☐ Yes ☐ No
- b. If yes, provide the number of staff who are:

Physicians:	Physicians asst. or nurse practitioners	Psychologists:
_____ Employed	_____ Employed	_____ Employed
_____ Contracted	_____ Contracted	_____ Contracted

- c. Do you obtain signed releases to emergency medical treatment to minors? ☐ Yes ☐ No

Special Events ☐ NA

1. Please provide details on any special events sponsored or allowed at your premises:
(i.e. fund raising events, carnivals with rides, use of inflatables, fireworks, car shows, etc.)
- _____
- _____

SEXUAL MISCONDUCT LIABILITY COVERAGE ☐ NA

Please advise your current prevention of abuse or molestation policies/procedures

1. Do you have a written abuse prevention policy (including training) addressing abuse, molestation, and sexual harassment in all of its forms (anti-abuse, anti-molestation, anti-harassment)? ☐ Yes ☐ No
2. Does your written policy outline the following? ☐ Yes ☐ No
- a. Acceptable and unacceptable touching and boundaries of appropriate behavior with all students? ☐ Yes ☐ No
- b. Acceptable and unacceptable use of electronic devices/social media to communicate with and outside of normal school hours? ☐ Yes ☐ No
- c. Recognizing the signs of inappropriate sexual behavior? ☐ Yes ☐ No
- d. Responsibilities of all employees and volunteers in observing and reporting potential sexual misconduct? ☐ Yes ☐ No
- e. How and where to report sexual misconduct or abuse incidents? ☐ Yes ☐ No
- f. Defining and prohibiting retaliation against those who report inappropriate behavior? ☐ Yes ☐ No
- g. If yes, are the policies formally communicated annually to: ☐ Yes ☐ No
- i. All employees? ☐ Yes ☐ No
- ii: All students? ☐ Yes ☐ No
- iii: All volunteers/chaperones who work directly with children? ☐ Yes ☐ No
- h. Do you retain records of all communication(s) distributed? ☐ Yes ☐ No
3. Is there sexual misconduct awareness program for students and parents? ☐ Yes ☐ No

4. Has an officer/title IX coordinator been appointed by the insured to receive and investigate complaints of abuse, molestation, and/or harassment? ☐ Yes ☐ No
- a. If yes, has the title IX coordinator been adequately trained in these duties in compliance with OCR regulations? ☐ Yes ☐ No
5. Have you ever had any alleged or actual incidents of abuse or molestation? ☐ Yes ☐ No
- a. If yes, please describe: _____

SCHOOL EDUCATORS LEGAL LIABILITY ☐ **NA**

General Applicant Information

1. Current student enrollment: _____ Enrollment expected next year: _____ Prior year enrollment: _____
2. Number of students receiving special education services: _____ Number of Students with IEP plan: _____
3. How many IEP due process hearings has your school had in the past three years? _____
4. Is your legal counsel ☐ An employee ☐ On retainer ☐ No current legal counsel
5. Does an attorney regularly participate in all grievance or administrative hearings? ☐ Yes ☐ No

Guidelines, Policies and Procedures

1. Have your policies and procedures been reviewed by legal counsel? ☐ Yes ☐ No
2. Please indicate if you have established policies and procedures governing all students in the area of:
- ☐ Suspension ☐ Expulsion ☐ Sexual misconduct ☐ Threats of Violence ☐ Anti-hazing ☐ Anti-bullying
- ☐ Drug testing/searches ☐ Possession of weapons ☐ Corporal punishment ☐ Appropriate student/facility interactions
3. Have any of the following taken place during the last five years?

Explain all "Yes" answers below:

- a. Disputes involving integration, segregation, discrimination or violations of civil rights? ☐ Yes ☐ No
- b. Violation of title IX arising out of a sexual assault or abuse? ☐ Yes ☐ No
- c. Entity has had any on-site monitoring by state or federal agencies? ☐ Yes ☐ No

If yes to any of the above questions, please provide details:

4. Does your student agreement / contract include a provision allowing a change in the delivery method of the education (for example, switching temporarily to remote learning) as a part of your crisis response plan? ☐ Yes ☐ No

Please provide a copy of your student contract.

DIRECTORS, OFFICERS AND ENTITY LIABILITY ☐ **NA**

1. Provide a list of all direct and indirect subsidiaries or any other entity or organization you control:

Name/type of business	Percent you own/ control	Date created/ acquired	For profit	Not for profit
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. Total gross assets (including endowments): _____

3. If you have an endowment fund, is it managed or reviewed annually by an independent auditor? ☐ Yes ☐ No
 a. If no, who manages or reviews your endowment fund? _____
4. Does the board have "conflict of interest" guidelines for business dealings between the school and board members or firms in which the board members have a significant financial interest? ☐ Yes ☐ No
5. Has any person proposed for coverage been the subject of, or involved in, any of the following in the past five years? ☐ Yes ☐ No
 a. Any disciplinary action by any regulatory agency or association? ☐ Yes ☐ No
 b. Any administrative proceedings charging violation of a federal or state law or regulation? ☐ Yes ☐ No
 c. Any anti-trust, copyright or patent litigation? ☐ Yes ☐ No
 d. Any action for suspensions or revocation of a license, authority or for any professional disciplinary sanction? ☐ Yes ☐ No
 e. Any other criminal actions? ☐ Yes ☐ No
 If yes, please provide details: _____
6. Does your board direct or request any individual to serve as director, officer or trustee of any other entity? ☐ Yes ☐ No
 a. If yes, please provide details: _____

EMPLOYMENT PRACTICES LIABILITY ☐ NA

General Applicant Information

1. Do you have a human resource coordinator or person responsible for employment matters? ☐ Yes ☐ No
 a. If no, who is responsible for employment matters? _____
2. Do you have a written employment manual including all personnel policies and procedures? ☐ Yes ☐ No
 a. If yes, do you require the employee to sign receipt acknowledging they have received and understand the manual? ☐ Yes ☐ No
 b. If yes, is the manual reviewed by counsel experienced and qualified in employment law? ☐ Yes ☐ No
3. Do you offer tenure? ☐ Yes ☐ No
 If yes, please advise the following:
 a. What percentage of employees are tenured or on a "tenure track"? _____%
 b. Are there clear written guidelines regarding awarding of tenure? ☐ Yes ☐ No

Guidelines, Policies and Procedures

- | 1. Do you have written procedures in place regarding: | Written policy: | Employees sign/acknowledge receipt: |
|---|--|--|
| a. Written performance appraisals/reviews | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Discharge/termination | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Equal opportunity employment | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Anti-discrimination | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Anti-sexual harassment | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
2. Do you conduct human resources training on guidelines, policies and procedures for all supervisory positions? ☐ Yes ☐ No
3. Do you conduct training for all employees on issues of discrimination, sexual and other workplace harassment? ☐ Yes ☐ No
4. Has the Insured updated their HR policies with regard to pandemic or communicable diseases? ☐ Yes ☐ No
5. Have you, or do you anticipate in the next 12 months, any reduction in workforce as result of any pandemic or communicable disease? ☐ Yes ☐ No

6. Do you anticipate any material impact on your revenues, profit level, cash position and long-term debt levels over the next 6-12 months as a result of any pandemic or communicable disease? ☐ Yes ☐ No
- If so, please describe. _____

7. Do you anticipate any reduction or changes in benefits to your employee benefit plans? ☐ Yes ☐ No
- If so, please provide details. _____

LAW ENFORCEMENT PROFESSIONAL LIABILITY ☐ **NA**

General Applicant Information

1. Please indicate the number of personnel in the following positions:

School resource officer or equivalent position	_____	Unarmed	_____	Armed
Employed security	_____	Unarmed	_____	Armed
Contracted security	_____	Unarmed	_____	Armed

2. Please indicate the scope of security operations include:
- ☐ Athletic events ☐ Concerts and plays ☐ On premises during school hours ☐ On premises after hours
- ☐ Other (explain) _____
3. If there are employed armed security, are they trained and/or re-certified annually to the standards required for public sector law enforcement personnel within the political subdivision for use of weapons? ☐ Yes ☐ No
4. Is your security department accredited by the International Association of Campus Law Enforcement Administration (IACLEA)? ☐ Yes ☐ No
5. Do you have emergency call boxes located throughout campus that are connected directly to campus security? ☐ Yes ☐ No
6. Please indicate if you have established policies and procedures governing your security personnel.
- ☐ Use of force continuum ☐ Use of deadly force ☐ Passive restraint ☐ Wrongful detention ☐ Crowd control
7. Do security/law enforcement personnel receive training in the administration of:
- ☐ All established policies ☐ CPR/First aid ☐ Crisis management response plan ☐ Non-violent crisis intervention

Contracted Security Services ☐ **NA**

If contracted security exposure exists, please complete the following:

1. Please provide the name of firm or department: _____
2. Do you require contractor to carry general liability and law enforcement professional coverage? ☐ Yes ☐ No
- a. If yes, what are the minimum liability limits you require? _____
- b. Are hold harmless/indemnification agreements in your favor required from contractor? ☐ Yes ☐ No
- c. Do you require certificate of insurance? ☐ Yes ☐ No
- d. Are you listed as an additional insured on the contractor's policy? ☐ Yes ☐ No

NON-OWNED & HIRED EXPOSURES

1. Do you have a program in place to monitor employee's/volunteers personal auto liability policy? ☐ Yes ☐ No
2. Do you require staff/volunteers to carry state minimum auto liability limits on their personal autos? ☐ Yes ☐ No
3. Do employees/volunteers transport students in the own vehicles? ☐ Yes ☐ No
- a. If yes, how many transport students regularly? _____

4. Do you rent or lease vehicles for business purposes? ☐ Yes ☐ No
a. If yes, please provide details: _____
5. Do you pay or reimburse parents or other individuals for student transportation? ☐ Yes ☐ No
a. If yes: For how many drivers? _____ What is the annual cost of these payments? _____
Please provide a copy of the driver agreement.

PANDEMIC AND COMMUNICABLE DISEASE

1. Do you have formal procedures in place to handle pandemic or other communicable diseases? ☐ Yes ☐ No
a. Do your procedures address:
i. Staffing ☐ Yes ☐ No
ii. Training ☐ Yes ☐ No
iii. Personal protective equipment ☐ Yes ☐ No
iv. Client care ☐ Yes ☐ No
v. Vendors/visitors ☐ Yes ☐ No
vi. Internal & external communication ☐ Yes ☐ No
vii. Maintenance of premises and vehicles ☐ Yes ☐ No
viii. CDC guidelines and recommendations ☐ Yes ☐ No
b. Please provide a copy of your written procedures
2. Have you ever had to implement those procedures? ☐ Yes ☐ No
a. If yes, please provide details. _____

DECLARATION AND SIGNATURE

Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all Insureds from the entity or their authorized representative(s) concerning this insurance.

Named Individual: _____

Title/Position: _____ **Date:** _____

Attestation

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind The Hanover Insurance Group, Inc. to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

Signature of Authorized Entity Representative: _____ **Date:** _____

PAGE 7



The Hanover Insurance Company
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The Agency Place (TAP)—<https://tap.hanover.com>

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