

Educational risk supplemental application

GENERAL APPLICANT INFORMATION

Applicant Name: _____ Website: _____

Contact Person for Inspection: _____

Email: _____ FEIN: _____

GENERAL INFORMATION

1. School year: 20____–20____

Type of accredited school:

☐ Private school: grades ____ through ____ ☐ Public/charter: grades ____ through ____

☐ Trade or vocational: grades ____ through ____ ☐ Special needs: grades ____ through ____

☐ Other describe & list grades: _____

a. Please advise if your school is a "For profit" institution. ☐ Yes ☐ No

b. Please advise percentage of your students that are solely online ____%

2. Is applicant's school accredited? ☐ Yes ☐ No

If yes, list accrediting organization: _____

3. Has the school or any of your academic programs ever lost accreditation, been placed on probation or become unable to gain accreditation? ☐ Yes ☐ No

If yes, provide details: _____

4. For charter schools only: ☐ NA

a. What year was the charter granted? _____

b. Is the school chartered or managed by a management organization? ☐ Yes ☐ No

If yes, provide details: _____

c. Does the school have direct control over its own finances? ☐ Yes ☐ No

If yes, provide details: _____

d. Who is the authorizer/sponsor of the charter school? _____

e. Is an Education Management Organization (EMO) utilized? ☐ Yes ☐ No

i. If yes, please provide the name of the EMO _____

ii. If yes, is the EMO a for-profit entity? ☐ Yes ☐ No

iii. If no, how many years of experience does the charter school management have in running a charter school? _____

5. 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			

7. 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
8. 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

FINANCIAL INFORMATION

1. Please provide the following budget information:	Current Year	Prior Year	Previous Year
Total revenues			
Expenditures			
Surplus (+)/deficit (-)			
Annual receipts from Tuition			

2. If a deficit exists, indicate cause of deficit and how it will be eliminated: _____
3. What is the institution's bond rating? Current _____ Previous _____
4. Please advise the scope of financial statement preparation: ☐ Internal ☐ CPA Compilation ☐ CPA Review ☐ CPA Audit

SAFETY/SECURITY INFORMATION

1. Do you have a written safety program implemented? ☐ Yes ☐ No
2. Is there a safety committee with regular safety meetings conducted? ☐ Yes ☐ No
3. Please indicate any of the following building access and safety procedures that are currently in place:
- ☐ visitor sign in procedures ☐ exterior doors locked during school day ☐ security cameras utilized
- ☐ fire and emergency drills conducted ☐ other security measures
4. Do you have procedures in place for all active threats on campus? (i.e. ALICE or similar training) ☐ Yes ☐ No
5. Do you allow (or plan to within the next 12 months) employees, volunteers or guests to carry open or concealed firearms on school premises? ☐ Yes ☐ No

a. If yes, please indicate:

	TOTAL
Schools with armed security personnel, whether contracted or employed	
Schools with armed personnel who are NOT employed in a security capacity. For example, an armed administrator, teacher or coach when security is not their primary job function.	
Armed volunteers functioning in an official capacity on behalf of the school	

- b. If no, does your weapons ban policy have any exceptions? ☐ Yes ☐ No

(provide details): _____

- c. If no, do you have conspicuously placed signage that identifies the buildings as a gun-free zone?

(provide details): _____

PROPERTY INFORMATION

1. Does the school own any buildings that are vacant or unoccupied? ☐ Yes ☐ No
 - a. Please provide details for each building including future plans for structure: _____

2. Are there any buildings presently under construction or renovation? ☐ Yes ☐ No
 - a. If yes, please describe project (including cost and length of time): _____

3. Does the school generate its own power through solar panels, geo-thermal technology or wind turbines? ☐ Yes ☐ No
 - a. If yes, please provide details: _____

4. Are there any buildings of historical value or listed on a historic register? ☐ Yes ☐ No
 - a. If yes, please provide details: _____

 - b. If yes, please provide copy of the property appraisal: _____

GENERAL LIABILITY INFORMATION

Safety programs/procedures ☐ NA

1. Please indicate any of the following safety procedures you have implemented:
 - ☐ Periodic inspections of interior/exterior walking surfaces—Frequency _____ How documented? _____
 - ☐ Playground maintenance and surface protection—Frequency _____ How documented? _____ ☐ NA
 - ☐ Quality control measures for food preparation and storage
 - ☐ Vocational shop/lab inspections with unsafe conditions identified and corrections documented ☐ NA
 - ☐ Written safety program on use of machinery provided to all students and staff ☐ NA
 - ☐ Bleacher/grandstand inspections—Frequency _____ How documented? _____ ☐ NA

Facility use ☐ NA

1. Do you allow outside groups to use the school property for activities? ☐ Yes ☐ No
 - a. If yes, please provide the estimated annual # of rentals _____ Annual revenue \$ _____
2. If yes, please indicate if the school obtains any of the following:
 - a. Certificate of insurance from group and \$_____ limits of insurance required ☐ Yes ☐ No
 - b. Evidence that school is named as additional insured on groups' liability insurance ☐ Yes ☐ No
 - c. A signed contract/agreement in which the school is held harmless ☐ Yes ☐ No
(attach copy of the Building Use form).

Swimming pools ☐ NA

1. Please indicate the number of pools: _____
2. Please indicate any of the following safety procedures implemented:
 - ☐ Safety rules posted ☐ Depth markings ☐ Lifeguard on duty at all times ☐ Locked after school hours
 - ☐ Other: _____

3. Are there any diving boards? ☐ Yes ☐ No
If yes, describe design (i.e. number/height) _____
4. Is the pool available to the public for rent? ☐ Yes ☐ No
If yes, how frequent? _____
- a. If yes, do you require certificate of insurance verifying CGL and sexual abuse coverage and limits? ☐ Yes ☐ No
- b. If yes, do you require waiver of liability to be signed by the group and all participants? ☐ Yes ☐ No

Student field trips ☐ NA

1. Are written procedures in place regarding chaperone/student ratio for field trips? ☐ Yes ☐ No
If yes, please describe: _____
2. Are school-sponsored overnight field trips allowed? ☐ Yes ☐ No
If yes, describe (including grades, destinations, and chaperone/student ratio): _____
3. Are written permission/waiver of liability obtained from each child's parent or guardian? ☐ Yes ☐ No
4. When transportation is provided, do you require two adults and restrict time and routes? ☐ Yes ☐ No
5. Are all trips within the United States? ☐ Yes ☐ No
If no, please list locations outside of the United States: _____
6. Do you currently purchase foreign liability coverage? ☐ Yes ☐ No
If yes, please advise current insurance company: _____
Policy Limits: \$ _____

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

Athletic programs ☐ **No formal athletics**

1. Please indicate any of the following policy and procedures that apply to your athletic programs:
☐ You require consent and acknowledgement of risk of injury forms and liability waivers to be signed by athletes and/or parents annually
☐ Student accident policy ☐ Offered to parents ☐ Purchased by school district, Provide policy limit: \$ _____
☐ You require all athletic participants to carry and acknowledge they maintain accident and health insurance
2. Do you require an annual medical exam/evaluation from a qualified medical professional giving clearance for all athletes to participate in sports before they begin participating? ☐ Yes ☐ No
3. Physician, EMT or other medical service providers are present at all athletic events? ☐ Yes ☐ No
4. Do you have a formal equipment and athletic facility inspection with maintenance protocol in place? ☐ Yes ☐ No
5. Do you own or operate any fitness facility that is open to the public? ☐ Yes ☐ No
 - a. If yes, please provide number of members: _____ and your annual receipts: \$ _____

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 provide residential facilities/dorms for your students?

☐ Yes ☐ No

a. If yes, how many beds do you have? _____

b. If yes, do sleeping rooms have: ☐ Central station fire alarms ☐ Automatic sprinklers ☐ Battery smoke detectors

☐ Self closing doors ☐ Two means of egress per floor

3. 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 ☐ No abuse coverage requested

1. Current policy limits: \$_____ Current policy deductible: \$_____

a. Current coverage written on an ☐ Occurrence basis ☐ Claims made basis with a retro date: _____

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 students during 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:
- 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: _____

AUTO/TRANSPORTATION INFORMATION

General Applicant Information

1. Please advise if your bus fleet is operated by: ☐ School ☐ Independent Bus Contractor
2. Please indicate the number of vehicles used for student transportation

PPT/8 passenger van _____	9-14 passenger van _____	15 passenger van _____	25 passenger bus _____
72 passenger bus _____	Drivers education _____	Handicap vehicles _____	Other _____

3. Are any buses leased or loaned to others or used by outside groups? ☐ Yes ☐ No
- a. If yes, please provide details: _____
4. If own/operate any 12/15 passenger vans please answer the following: ☐ NA
- a. Is/are the van(s) equipped with electronic stability control? ☐ Yes ☐ No
- b. What is the frequency of tire pressure checks? _____
- c. Do you have guidelines in place limiting the passenger count? ☐ Yes ☐ No
- d. Do you limit cargo placement forward of the rear axle and prohibit cargo on roof? ☐ Yes ☐ No
- e. Are drivers required to complete training designed to alert them of the dangers inherent to vans? ☐ Yes ☐ No
5. If an independent contractor operates the bus fleet, provide the following information: ☐ NA
- a. Name of contractor: _____ Limits required: \$ _____
- Total cost of hire: \$ _____
- b. Do you require certificates of insurance from the contractor? ☐ Yes ☐ No
- c. Is the school an additional insured on 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 their 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.

Driver Qualification (including approved substitute drivers):

1. Do you obtain MVR's on all employed drivers and volunteers before operation of an owned vehicle or transport of a student for school business can take place? ☐ Yes ☐ No
2. Please indicate all the procedures implemented as part of your fleet safety program:
 - ☐ Prescreening the drivers' MVRs, verify CDL and physicals, past qualifications and training prior to job offer.
 - ☐ Conduct full background checks, including drug testing and criminal background check of all bus drivers.
 - ☐ Have a performance review process that includes a "driver discipline policy" that outlines the number of moving violations and "at fault" accidents that are acceptable before employment
 - ☐ Annual MVR order and review of all employed drivers
 - ☐ Accident review committee that reviews all accidents
 - ☐ Preventive maintenance program in place with documentation maintained

SCHOOL EDUCATORS LEGAL LIABILITY ☐ **No coverage requested**

General Applicant Information

1. Current policy limits: \$_____ Current policy deductible: \$_____ Current retro date: _____
2. Current carrier: _____ Premium: \$_____
3. Has any coverage been declined, refused, cancelled or non-renewed within the past five years? ☐ Yes ☐ No
 - a. If yes, please provide details: _____
4. Number of board members: _____
5. Current student enrollment: _____ Enrollment expected next year: _____ Prior year enrollment: _____
6. Number of students receiving special education services: _____ Number of Students with IEP plan: _____
7. How many IEP due process hearings has your school had in the past three years? _____
8. Is your legal counsel ☐ An employee ☐ On retainer ☐ No current legal counsel
9. 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 ☐ No coverage requested

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 ☐ No coverage requested**General Applicant Information**

1. Current policy limits: \$_____ Current policy deductible: \$_____ Current retro date: _____
2. Current carrier: _____ Premium: \$_____
3. Do you have a human resource coordinator or person responsible for employment matters? ☐ Yes ☐ No
- a. If no, who is responsible for employment matters? _____
4. 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
5. Have any complaints been filed with the EEOC within the last five years? ☐ Yes ☐ No
6. 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. During the last 5 years has any persons been involved in any lawsuit, charges, inquiries, investigations, grievances or other administrative hearings or proceedings before any of the following agencies? ☐ Yes ☐ No

a. National Labor Relations Board? ☐ Yes ☐ No

b. Equal Employment Opportunity Board? ☐ Yes ☐ No

c. U.S. Department of Labor? ☐ Yes ☐ No

d. Any state or federal government agency (The Labor Department or Fair Employment Agency)? ☐ Yes ☐ No

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

5. Have you updated your HR policies with regard to pandemic or communicable diseases? ☐ Yes ☐ No

6. 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 ☐ No coverage requested

General Applicant Information

1. Current policy limits: \$_____ Current policy deductible: \$_____ Current retro date: _____

2. Current carrier: _____ Premium: \$_____

3. 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

4. Please indicate the scope of security operations include:

☐ Athletic events ☐ Concerts and plays ☐ On premises during school hours

☐ On premises after hours ☐ Other (explain) _____

5. 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

6. Are any weapons stored on premises by security personnel or others? ☐ Yes ☐ No

7. Are any non-owned weapons allowed on premises? ☐ Yes ☐ No

Details: _____

8. Do you have emergency call boxes located throughout campus that are connected directly to campus security? ☐ Yes ☐ No

9. 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

10. Do security/law enforcement personnel receive training in the administration of:

☐ All established policies ☐ CPR/First aid ☐ Crisis management response plan ☐ Verbal de-escalation

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

3. Do you utilize off duty police to provide security? ☐ Yes ☐ No

If so, what is the name of the police department? _____

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. Student 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. _____

LOSS AND INCIDENT INFORMATION

Claims and incident information

1. List all incidents and claims incurred within the past five (5) years including complaints, charges, administrative proceedings, due process hearings, and lawsuits involving the entity, security/law enforcement employees, outside security/law enforcement personnel or volunteers. (Please attach a separate sheet if necessary).

Coverage	Date	Description and details	Damages incurred	Defense incurred	Open or closed
Sexual abuse					
Educators legal					
Employment practices					
Directors and officers					
Professional					
Law enforcement					

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:** _____

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The Hanover Insurance Company
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