

IMPORTANT NOTICE

If CLAIMS MADE is selected (checked) as the Coverage type for any line of business included on this application, that section of the application is for Claims-Made coverage and the following applies:

THIS IS AN APPLICATION FOR A POLICY THAT CAN BE WRITTEN ON A CLAIMS-MADE BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED. CLAIMS MUST BE REPORTED TO THE INSURER IN ACCORDANCE WITH THE REPORTING PROVISIONS OF THE POLICY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE PROVIDED WITH YOUR INSURANCE AGENT OR BROKER.

Entity Name	Date
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Student Enrollment

K-12: _____ Adult Education: _____

Daycare: _____ Operated by insured? ☐ Yes ☐ No

GENERAL LIABILITY EXPOSURES

Exposure/Operation	Check if Yes	Is this program or service available/open to the public?	Additional Notes
Programs/classes offered:			
Auto Body or Repair Shop	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete Garagekeepers section of Auto
Restaurant/Culinary	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cosmetology/Hairdressing	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Occupations	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you partner with a facility to offer student internships? <input type="checkbox"/> Yes <input type="checkbox"/> No
Summer Camp/Recreational Program	<input type="checkbox"/>		Complete TPRS-SUP194 Supplement
Do you have/conduct:			
Auditorium	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	List seating capacity: _____ Is rental allowed by outside organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
Stadium/bleachers	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	List seating capacities: _____
Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Depth: _____ Is there a diving board? <input type="checkbox"/> Yes <input type="checkbox"/> No
Overnight Field trips	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chemical Spraying (Pesticide/herbicide) on own grounds	<input type="checkbox"/>		# of employees with license: _____

School Safety

- Except for Law Enforcement or former Law enforcement Security, are all schools gun free zones? ☐ Yes ☐ No
- Is there a system wide mandatory policy in place for reporting incidents and suspicious activity? ☐ Yes ☐ No
- Are Visitor Protocols in place including sign-ins and badges? ☐ Yes ☐ No
- Are school doors kept locked from the outside while having a handle release on the inside for emergency egress? ☐ Yes ☐ No
- Do you have any electronic detection system in the school entry? ☐ Yes ☐ No

Abuse and Molestation Risk Management

- Known sexual abuse or molestation incidents. ☐ Yes ☐ No

If Yes, provide details:

- Does the facility have a written policy regarding prompt reporting of actual/suspected abuse/molestation? ☐ Yes ☐ No
- Does the school have a written policy/procedure regarding a student's complaint against a teacher, staff member, or a fellow student? ☐ Yes ☐ No
- Are criminal background checks conducted before hiring any employees who come in contact with minors? ☐ Yes ☐ No
- Are records kept documenting background checks? ☐ Yes ☐ No
- Are there minors in care overnight? ☐ Yes ☐ No

If yes, explain:

Bullying Prevention Program

- Is a Bullying Policy in Place? ☐ Yes ☐ No

If Yes, Bullying Policy and Procedure Covers (select all that apply):

- | | | | |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Purpose | <input type="checkbox"/> Investigations | <input type="checkbox"/> Consequences | <input type="checkbox"/> Reporting |
| <input type="checkbox"/> Prohibited Behavior | <input type="checkbox"/> Written Records | <input type="checkbox"/> Training / Prevention | <input type="checkbox"/> Monitoring |

Concussion Risk Management Program

- Is a Concussion Policy in Place? ☐ Yes ☐ No
- Are Coaches trained in Concussion Protocols annually? ☐ Yes ☐ No
- Name of Training Program or Trainer: _____
- Immediate participant removal from game/activity if they appear to have suffered a head injury? ☐ Yes ☐ No
- Parent/guardian notification provided about possible concussion? ☐ Yes ☐ No
- Return to play policy that includes Doctor clearance post concussion? ☐ Yes ☐ No

EMPLOYMENT PRACTICES LIABILITY

Coverage type: ☐ Claims-Made, Retroactive Date: _____ or ☐ Occurrence
Per Occurrence Limit: \$ _____ Annual Aggregate: \$ _____
Deductible: \$ _____ or SIR: \$ _____

Policies And Procedures

Entity conducts prior employment check on all new hires? ☐ Yes ☐ No

Does the entity have an employee handbook? ☐ Yes ☐ No

Employee handbook signed by employees? ☐ Yes ☐ No

Latest Revision Date of employee handbook? _____

When did legal counsel last review the employee handbook? _____

Does the entity have written policies and procedures with regard to the following? (Please check all that apply)

Policy	Last Revision Date	Policy	Last Revision Date
<input type="checkbox"/> Hiring		<input type="checkbox"/> Sexual Harassment	
<input type="checkbox"/> Discrimination		<input type="checkbox"/> Disciplinary Actions	
<input type="checkbox"/> Grievance Procedures		<input type="checkbox"/> Internet Usage	
<input type="checkbox"/> Termination		<input type="checkbox"/> Social Media	
<input type="checkbox"/> Medical / Unpaid Leave			

Employment Practices Controls and Employee Performance

Does the entity provide training for all new supervisors and managers on harassment policy and procedure? ☐ Yes ☐ No

Annual Affirmation by Employees on the following policies? (Please check all that apply)

☐ Discrimination ☐ Social Media ☐ Internet Usage ☐ Harassment

Claim History

Provide details of any Employment Practices Claims greater than \$25,000 incurred. What was the claim and as a result any change in policy or procedure?

EDUCATORS LEGAL LIABILITY (Claims-Made)

Coverage type: ☐ Claims-Made, Retroactive Date: _____

Per Occurrence Limit: \$_____ Annual Aggregate: \$_____

Deductible: \$_____ or SIR: \$_____

School Staff

Counselors/Psychologists: _____ Nurses: _____ Total All Other (Teachers/Admin/Other): _____

Percentage of Teachers Tenured: _____%

Any Educators Legal Liability Claims or Settlements made in the last 3 years? ☐ Yes ☐ No

Has the entity merged or combined with another entity in the last 12 months? ☐ Yes ☐ No

Any new school acquisitions or mergers planned? ☐ Yes ☐ No

Claim History

Provide details of any Educators Legal Claims greater than \$25,000 incurred in last 3 years. What was the claim and as a result any change in policy or procedure?

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LAW ENFORCEMENT LIABILITY

School Security / Law Enforcement

Coverage type: ☐ Occurrence or ☐ Claims-Made, Retroactive Date: _____

Per Occurrence Limit: \$_____ Annual Aggregate: \$_____

Deductible: \$_____ or SIR: \$_____

Security Personnel: ☐ Employed by School ☐ Contracted Out ☐ N/A

Number of Unarmed Security: Full-time _____ Part-time _____

Number of Armed Security: Full-time _____ Part-time _____

Security Officers are Certified Police Officers? ☐ Yes ☐ No

Written Policy in place regarding invasion of privacy? ☐ Yes ☐ No

Written Policy in place regarding Use of Force? ☐ Yes ☐ No

Documented Training and Certification at least annual on all Weapons (firearms, pepper spray, other)? ☐ Yes ☐ No

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE