

HAWKEYE-SECURITY INSURANCE SCHOOL PROGRAM APPLICATION FOR EDUCATIONAL RISK

Effective Date: _____

Named Insured: _____

Mailing Address: _____

EMAIL & Website Address: _____

Agency: _____ Agency Code: _____

Billing Plan: Agency Bill Direct Bill Payment Plan: _____

Inspection Contact: _____ Phone: _____

FEIN #: _____ Accounting Records Contact: _____

Individual Partnership Corporation Not for Profit Organization

Please attach the following to submission:

- | | |
|---|---|
| <input type="checkbox"/> Company Loss Runs (minimum 3 years) | <input type="checkbox"/> School Handbooks, Brochures (if any) |
| <input type="checkbox"/> Employment Applications (if requesting E&O) | <input type="checkbox"/> Financial Statement |
| <input type="checkbox"/> Statement of Values (for blanket/agreed amount coverage) | <input type="checkbox"/> Schedule of Owned Vehicles |
| <input type="checkbox"/> Photos of all primary building structures | |

This application consists of the following sections:

- | | |
|--|-------------------------------------|
| Section I – General Information | Section VI – Crime & Bond |
| Section II – Property/Inland Marine | Section VII – Sexual Misconduct |
| Section III – General Liability | Section VIII – Workers Compensation |
| Section IV – Employee Benefits Liability | Section IX – Umbrella |
| Section V – Auto | |

SECTION I – GENERAL INFORMATION

1. Type of accredited school:
 - Private School (Grades _____ through _____)
 - Charter School (Grades _____ through _____)
 - Trade or Vocational (Grades _____ through _____)
 - Other (Describe & list grades: _____)
2. Date school founded or chartered: _____
3. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? Yes No
4. Prior Carrier Information: Carrier: _____ Premium: _____
Policy Number: _____ Coverage: _____ Expiration Date: _____
5. What are your annual receipts: from tuition? \$ _____
6. Please provide your total enrollment:

_____ Pre-school /Day Care	_____ K-8	_____ 9-12
_____ Adult Education	_____ Industrial Arts/Vo-Tech	_____ Camps *(complete camp app)
7. Please provide number of personnel employed:

_____ Administrators	_____ Teaching Faculty	_____ Student Teachers
_____ Counselors/Psychologists	_____ Nurses	_____ Athletic Trainers
_____ Nonprofessional Employees	_____ Volunteer Workers	_____ Security Personnel
_____ Teacher Aides	_____ Bus Drivers	_____ All other
8. Total revenues (current fiscal): _____ Total expenditures (current fiscal): _____
Total accumulative Deficit \$ _____ or Surplus \$ _____

SECTION I – GENERAL INFORMATION (continued)

9. What are the Hiring Practices followed by the administration? _____

Indicate any of the following that are currently in place:

- Applications are obtained
- Employee referrals are used
- Complete references are checked
- An employee orientations are conducted covering all Written Policies with documentation kept in file
- Written employee handbook (provide copy)
- Background checks on all employees are required
- Background checks on volunteer workers are required

SAFETY/SECURITY

Name of Individual designated to coordinate safety procedures for the school:

Name: _____ Title: _____ Contact Number: _____

1. Do you have a written safety policy in place? Yes No
If Yes, attach a copy of their safety plan and/or school handbook that outlines such. Yes, attached.
2. Is there a Safety Committee? Yes No
If yes, Number of members: _____ Number of managers: _____
3. Are regular safety meetings conducted? Yes No
4. What are your Facility access controls? visitor sign in procedures self locking doors other security measures
5. Is there a security force on campus? Yes No
If yes, whose employees? the school Independent Contractor Auxiliary of local police
6. Do the local Police patrol regularly? Yes No
If yes, what is the frequency? _____
7. Do Emergency Response Services (police, fire/rescue, and medical) participate in emergency planning? Yes No
8. Does the emergency plan include provisions identifying alternate facilities if part or all of a building becomes unusable? Yes No

SECTION II – PROPERTY INFORMATION & COVERAGES

Deductible: \$1,000 \$2,500 \$5,000 \$10,000 _____ **COINS:** _____
Cause of Loss: Special Broad Basic **Valuation:** ACV Replacement Cost Agreed Value
 Scheduled basis Blanket basis (attach signed SOV)
 Equipment Breakdown Earthquake _____ limit Flood _____ limit (zone c only)
 Business Income \$ _____ limit Coinsurance _____ Monthly Limitation _____
 Extra Expense \$ _____ limit Tuition \$ _____

Schedule of Locations = Construction, Protection, Age/updates, Area, and Values.

*Construction = (1) frame, (2) joisted masonry, (3) non-combustible, (4) masonry non-combustible, (5) fire-resistive.
 **Private Protection = (a) sprinkler, (b) central fire alarms, (c) central burglar alarms, (d) security – night watchman or (e) other describe _____

Please submit a completed signed Statement of Values with details on each location to be insured.

Premises Information Location #1	Street, City, State, Zip			City Limits <input type="checkbox"/> Inside <input type="checkbox"/> Outside	Interests <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	Year Built	Building Updates (30 yrs)
Construction:	Total Area	Protection Class	**Private Protection	Building Value	Contents Value		
Premises Information Location #2	Street, City, State, Zip			City Limits <input type="checkbox"/> Inside <input type="checkbox"/> Outside	Interests <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	Year Built	Building Updates (30 yrs)
Construction:	Total Area	Protection Class	**Private Protection	Building Value	Contents Value		

SECTION II – PROPERTY INFORMATION & COVERAGES (continued)

1. Do the buildings have: Intrusion alarms Central station fire alarms at All or **some of their buildings?
***If not at all the buildings,** indicate where the alarms are installed on the Statement of Values or property schedule.
2. Does the school own any buildings that are vacant or unoccupied? Yes No
 Please provide details for each building including future plans for structure: _____
3. Has the school secured a Professional Appraisal to establish the property values provided? Yes No
 If appraisal completed, please provide copies with application.
 If no appraisal, please advise the source utilized to determine values: _____
4. Is the emergency lighting installed in corridors and stairwells? Yes No
5. Are there any unusual building features or occupancies? Yes No
 If yes, provide details: _____
6. Indicate if the school has established procedures to adequately control premises condition in the following areas:
 - Written program of facility and equipment inspections _____ frequency of inspections Yes No
 - Written policy on reporting all property damage incidents to police for investigation (i.e. building entry, vandalism, etc.) Yes No
 - Preventive Maintenance Program of electrical & heating equipment, roofs, and plumbing. Yes No
 - Cooking equipment (NFPA 96 Fire Protection of commercial cooking operation: automatic fire suppression systems (UL300) and standard ventilation hood and ductwork) Yes No
 - Science Labs – chemical storage practices, ignition sources, and gas fuel shut-off devices Yes No
 - Indicate courses offered in vocational technology include Woodshop Auto repair Construction (NFPA 30 & 33 standards: flammable/combustible liquid storage, spray finishing processes)

NEW CONSTRUCTION/RENOVATION PLANS FOR NEXT 24 MONTHS N/A

1. Describe renovation and/or addition to existing building and construction of any new building planned for the next 24 months. _____
2. Does the school require written contracts with all contractors? Yes No
3. Do the contracts require the contractor to name the applicant as an additional insured? Yes No
4. Is an Owners and Contractors Protective (OCP) policy currently in place? Yes No
 If you want us to consider covering this project, we need a fully completed Builders Risk app Yes, attached

ADDITIONAL INTEREST N/A

Loc #	Name & Address	Loc #	Name & Address
	Interest:		Interest:
Loc #	Name & Address	Loc #	Name & Address
	Interest:		Interest:

INLAND MARINE COVERAGE N/A

Coverage	Limit	Valuation	Coinsurance	Deductible	Forms & Conditions
EDP Equipment					
EDP Media/Data (software)					
Musical Equipment					
Band Uniforms					
Fine Art					
Contractor Equipment					
Misc. Floater: describe					

SECTION III – GENERAL LIABILITY INFORMATION

Commercial General Liability <input type="checkbox"/> Occurrence Deductibles: <input type="checkbox"/> Property Deductible \$ _____ per claim <input type="checkbox"/> Bodily Injury \$ _____ per occurrence	Limits
	General Aggregate \$ _____
	Each Occurrence \$ _____
	Fire Damage \$ _____
	Medical Expense \$ _____

Other coverages, restrictions and/or endorsements:

Loc #	Classification	Class Code	Premium Basis

- Does the school have procedures in place for staff to conduct regular facility reviews to identify unsafe conditions and take corrective action to prevent accidents in the following areas:
 - Inspection of Interior/Exterior walking surfaces. Yes No
 - If yes, please describe the frequency of inspections & how documented: _____
 - The school has written snow/ice removal procedures Yes No
 - Life Safety: adequate number of exits, emergency lighting, emergency procedures, and crowd controls Yes No
 - Bleacher/Grandstand Inspections (NFPA 102 annually by staff/inspected by professional every 2 years). Yes No
 - Food service: quality control measures in place for preparation/storage of food and housekeeping Yes No
- Has asbestos, lead or toxic mold been detected in any school building? Yes No
 If yes, describe corrective actions: _____

Please indicate if you have any of the following operations &/or activities

- | | | |
|--|---|--|
| <input type="checkbox"/> Foreign Travel | <input type="checkbox"/> Hall Rental | <input type="checkbox"/> Church or any Other House of Worship |
| <input type="checkbox"/> Fund Raising Activities | <input type="checkbox"/> Before &/or After Care | <input type="checkbox"/> Dormitories / Housing |
| <input type="checkbox"/> Radio Station | <input type="checkbox"/> Television Station | <input type="checkbox"/> Campus Newspaper |
| <input type="checkbox"/> Work Study Programs | <input type="checkbox"/> Swimming Pool(s) | <input type="checkbox"/> Trampolines <input type="checkbox"/> Events with liquor sales |
- Does your website comply with current state and federal privacy statues/regulations? Yes No

USE OF SCHOOL PROPERTY N/A

- Do outside groups use the school property for activities? (i.e., sports, swimming, meetings, adult evening classes, etc.) Yes No
 If yes, describe: _____
- Indicate if the school obtains any of the following:
 - Certificate of Insurance from group
 - Evidence that school is named as Additional Insured on groups' liability insurance
 - A signed contract/agreement in which the school is held harmless (attach copy of the Building Use form).

ADDITIONAL INSUREDS N/A

Coverage for school sponsored and approved parent/student groups is available subject to the group's activities. Please provide details of groups activities to determine coverage and premium charge.

Attach a list of names, addresses, location and purpose. Yes, attached

PLAYGROUNDS (ATTACH PHOTOS OF EACH PLAYGROUND) <input type="checkbox"/> N/A	
1. Is playground equipment in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. How often is playground equipment inspected? _____	
3. Describe the age and replacement of equipment: _____	
4. Describe the ratio of supervision (student/staff): _____	
5. Is cushioning material used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe type and depth of cushioning materials: _____	

SWIMMING POOLS <input type="checkbox"/> N/A	
1. Please indicate the number of pools: _____	
2. Are safety rules posted, lifeguard on duty at all times, and pool locked after school hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are there any diving boards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe design (i.e. number/height) _____	
4. Does the school allow use by outside groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If yes, do they require certificate of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is lifeguard on duty at all time pool used?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HALL RENTAL EXPOSURE <input type="checkbox"/> N/A	
1. Does the insured charge for use of premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the rental receipts. \$ _____	
2. What part of the premises is rented out? _____	
3. What is the square footage? _____	
4. Do you require the entity that is renting the premises to name the school as an Additional Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is smoking permitted on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHURCH OR ANY OTHER HOUSE OF WORSHIP <input type="checkbox"/> N/A	
1. What is the square footage for the house of worship? _____	
2. Provide the total number of current members: _____	
3. Is transportation provided for members to/from services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe: _____	

FUND RAISING ACTIVITIES <input type="checkbox"/> N/A	
What type of fund raising activities (Bingo, dinners, bazaars, etc.) does the school have? _____	

BEFORE & AFTER CARE PROGRAM <input type="checkbox"/> N/A	
1. What are the hours of operation for the Before and/or After Care Programs? Before School Program: _____ After School Program: _____	
2. How old are the children enrolled in these programs? _____	
3. What is the teacher to student ratio for these programs? _____	
4. What type of activities do they have in these programs? _____	
5. Who operates the before/after care? <input type="checkbox"/> school <input type="checkbox"/> local YMCA <input type="checkbox"/> other _____	
6. Who supervises the children? <input type="checkbox"/> employed adults <input type="checkbox"/> students <input type="checkbox"/> volunteers	
7. Does the school sponsor any special activities off-site? Please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
What activities? _____	
How transported? _____	

SPORTS & ACTIVITIES (INDICATE ANY EXTRA CURRICULAR ACTIVITIES) <input type="checkbox"/> N/A		
<input type="checkbox"/> Sports Camps	<input type="checkbox"/> Gun Club	<input type="checkbox"/> Fireworks at sporting events
<input type="checkbox"/> Watercraft	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Festivals – parades
<input type="checkbox"/> Rifle Range	<input type="checkbox"/> Skateboard Parks	<input type="checkbox"/> Association with park departments
<input type="checkbox"/> Ski Team/Club	<input type="checkbox"/> Rock climbing	<input type="checkbox"/> Canoeing Club
<input type="checkbox"/> Challenge rope course	<input type="checkbox"/> Climbing Walls	<input type="checkbox"/> Other _____

STUDENT FIELD TRIPS <input type="checkbox"/> N/A	
1. Are written procedures in place regarding chaperone/student ratio for field trips? If yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are school-sponsored overnight field trips allowed? If yes, describe (including grades, destinations, and chaperone/student ratio): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are school-sponsored foreign field trips allowed? If yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is there Foreign Liability coverage in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are written parental permission slips required for all field trips? If yes, attach copy of permission slip.	<input type="checkbox"/> Yes <input type="checkbox"/> No

FIELD TRIP TRANSPORTATION <input type="checkbox"/> N/A	
School Buses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chartered Buses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Teacher owned and operated vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent owned and operated vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student driven vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION IV – EMPLOYEE BENEFIT LIABILITY <input type="checkbox"/> N/A			
Desired Limits:	<input type="checkbox"/> \$25,000/\$75,000	<input type="checkbox"/> \$50,000/\$150,000	<input type="checkbox"/> \$100,000/\$300,000
	<input type="checkbox"/> \$250,000/\$750,000	<input type="checkbox"/> \$500,000/\$1,500,000	<input type="checkbox"/> \$1,000,000/\$3,000,000
Desired Deductible:	<input type="checkbox"/> minimum \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000 <input type="checkbox"/> _____
Claims Made Retro Date: _____			
1. Total number of employees eligible for your Employee Benefits Program: _____			
2. Do you maintain a department or unit to administer your Employee Benefits Program, answer and advise employees concerning your program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, indicate number of employees in unit and describe their training: _____			
If no, describe how your program is administered: _____			
3. Do you distribute a description of your Employee Benefits Program to all employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, attach copy (brochure, memo) and indicate how frequently it is updated & distributed: _____			
4. Does each employee receive a formal explanation of your program by a trained staff member? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Do you require signed acceptance or rejection from each employee for each optional benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Does certified accounting firm audit your Employee Benefits Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. List all incidents within the last 5 years that have not yet resulted in claims for damages but can reasonably be expected to do so:			
Date of Incident: _____			
Current Status: _____			
Description of Incident: _____			

SECTION V – AUTO / BUS		
COVERAGE	COVERED AUTO SYMBOL	LIMITS / DEDUCTIBLES
LIABILITY	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	\$
MEDICAL PAYMENTS	<input type="checkbox"/> 2 <input type="checkbox"/> 7	\$
PERSONAL INJURY PROTECTION	<input type="checkbox"/> 5 <input type="checkbox"/> 7	\$
UNINSURED MOTORIST	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 7	\$
UNDERINSURED MOTORIST	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 7	\$
COMPREHENSIVE	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Deductible \$
COLLISION	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Deductible \$
HIRED/BORROWED LIABILITY	\$_____ Cost of Hire	
NON-OWNED LIABILITY	#_____ EMPLOYEES	

Endorsements, Forms, Conditions:

Veh #	Year	Make / Model	GVW / VIN #	Class	Cost New

- Fleet is operated by: School District Independent bus contractor
- If an independent contractor operates the bus fleet, provide the following information:
Contractor: _____ Limits Carried: _____ Total Cost of Hire: _____
 - Do you require Certificates of Insurance from the contractor? (attach) Yes No
 - Is the school an additional insured on contractor's policy? Yes No
- Provide complete driver information (i.e. name, DOB, License #) for all employees including teachers and coaches: attached
- Do you allow anyone to operate an owned vehicle without first obtaining his or her MVR? Yes No
- Do you obtain Motor Vehicle Reports on ALL drivers who operate their own vehicles on school business? Yes No
- Do you require proof of insurance (auto ID card) from each employee operating their owned auto for school business to validate adequate Personal Auto Coverage Limits?
The minimum Personal Auto coverage limits that you consider adequate are: Yes No
- Are buses used for other than regular bus routes or extra-curricular activities?
Examples are: _____ Yes No
- Are any buses leased or loaned to others or used by outside groups?
Examples are: _____ Yes No
- Does the school have a routine maintenance program for all vehicles? Yes No
- Are maintenance records kept for each vehicle? Yes No

SECTION V – AUTO / BUS (continued)

11. Does the applicant have a full-time fleet manager? Yes No
 If yes, name of fleet manager: _____
 If no, who is responsible for fleet safety and maintenance: _____
12. DRIVER QUALIFICATIONS (including approved substitute drivers):
 Please indicate if the school district has any of the following driver selection procedures in place:
- Prescreening the drivers' MVRs, verify CDL and physicals, past qualifications and training prior to job offer. Yes No
 - Conduct full background checks including drug testing and criminal background check of all bus drivers. Yes No
 - Conduct new driver training and orientation:
 - Training/orientation meets state requirements Yes No
 - Includes familiarizing driver on service routes with experienced driver Yes No
 - Includes completion of Defensive Driving Course. Yes No
 - The school orders and reviews all employed drivers MVR's annually. Yes No
 - Has an established 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 actions are taken. Yes No
 - Has written guidelines defining an acceptable Motor Vehicle Report? Yes No
 - What actions are taken if an employee's driving record is considered unacceptable? _____
13. AUTO SAFETY MANAGEMENT PROGRAM (please indicate any procedures conducted)
- The school has a "Bus Driver Employment Handbook" (If yes, please provide copy.) Yes No
 - All bus drivers are required to participate in any in-service training courses annually. Yes No
 - There is an established policy on how to handle problem bus riders. Yes No
 - Bus routes planned to eliminate hazards and reviewed annually. Yes No
 - Bus drivers are required to conduct a daily pre-trip inspection Yes No
 - If yes, how is this documented? _____
 - Describe security regarding bus/vehicle storage (e.g. fenced lot, lighted, etc.) _____
 - The school has an accident review committee that reviews accidents. Yes No

SECTION VI – CRIME N/A

Coverage	Limit	Deductible
<input type="checkbox"/> Form A/O – Employee Dishonesty	\$	\$
<input type="checkbox"/> BLANKET <input type="checkbox"/> SCHEDULE	\$	\$
<input type="checkbox"/> Form B – Forgery or Alteration	\$	\$
<input type="checkbox"/> Form C – Theft, Disappearance & Destruction	Inside \$	\$
	Outside \$	\$

1. Number of Officers and Employees who handle or have custody of money, securities: _____
2. Total Number of Other employees: _____
3. Is there an audit by? CPA Public Accountant Staff Other _____
 If yes, how frequent? _____
4. Does audit include inventory & equipment? Yes No
5. Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes No
6. Will securities be subject to joint control of two or more responsible employees? Yes No

Note: Persons required by law to be individually bonded and treasurers are automatically excluded from coverage Form O.

SECTION VII – SEXUAL MISCONDUCT N/A

Desired Limits: \$100,000/\$100,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000
 Innocent Party Defense Coverage Endorsement – Defense Expense Amount: \$100,000 \$ 300,000

ACCOUNT HISTORY AND INFORMATION

1. Has the Insured ever had any abuse (including physical or sexual abuse), sexual misconduct or sexual molestation claims (staff to student, student-to-student, or any other type)? Yes No
2. Is there any record or knowledge of any previous incidents that might have resulted in such claims if they had been pursued? Yes No
3. Have any public authorities investigated your operation relating to sexual abuse or misconduct? Yes No
4. Have any parents, guardians, or others, alleged sexual abuse in connection with your premises or operations? Yes No
5. Provide details for any positive response to above: _____

POLICIES & PROCEDURES

6. Does the school have a written policy addressing abuse, molestation or sexual harassment? Yes No
 - a. If yes, please provide a copy
 - b. If yes, is the policy communicated annually to:
 - (1) Staff (all employees) Yes No
 - (2) Students Yes No
 - (3) Volunteers Yes No
 - (4) Parents/Community Yes No
 - c. Are employees and volunteers required to sign an acknowledgement of receipt and understanding of the abuse, molestation and sexual harassment policy? Yes No
 - d. Is documentation maintained on annual training conducted? Yes No
7. Has the Insured developed and publicized to employees and volunteers abuse, molestation and sexual harassment reporting and investigation procedures? Yes No
8. Have persons charged with complaint management and investigation been adequately trained in these responsibilities? Yes No
 If yes, please describe: _____
9. Do you conduct an annual review of your sexual misconduct policies and procedures? Yes No

SECTION VIII – WORKERS COMPENSATION N/A

LIMITS \$ _____ EACH ACCIDENT DEDUCTIBLE: \$ _____ MEDICAL \$ _____ INDEMNITY

RATING INFORMATION

State	Loc	Class code	Classifications	# of employees	Estimated Payroll

1. Provide details of the employee orientation: _____
2. Are detailed job description provided including physical requirements to perform specific tasks? Yes No
3. Does the school have a stable workforce-reflecting turnover less than 25% annually? Yes No
4. **EMPLOYEE TRAINING & PERSONNEL PROTECTION**
 - a. Does the school provide skills training in each specific job categories involved? Yes No
 - b. Does the school provide safety training for identifying/reporting hazards that may exists? Yes No
 - c. Is protective equipment provided and maintained? Yes No
 - d. Insured has preventive maintenance program for tools and equipment. Yes No
 - e. Are all personnel trained in First Aid and Emergency Plan? Yes No

SECTION VIII – WORKERS COMPENSATION (continued)

5. SAFETY PROGRAM – describe administration involvement in the formation, participation, and enforcement of the school’s safety program: _____
 Indicate if any of the following components are part of their “safety program”
- Established “Safety and Health Mission Statement”. Yes No
 - Written safety rules distributed and all employees are instructed on their purpose and consequences if not followed. Yes No
 - “Safety Committee” formed to create and maintain a positive interest in safety among employees. Yes No
 - Development of light duty, return to work procedures for employees returning from injuries. Yes No
 - Accident Review procedures – to collect facts, analyze underlying cause of accident, report findings, recommend corrective measures to reduce the possibility of recurrence. Yes No
 - Conduct regular safety training on various topics (proper lifting, slip/trip prevention) Yes No
6. Does the district have procedures in place to ensure prompt reporting of claims? Yes No
 Indicate if the following apply:
- A designated person who knows the proper procedure is responsible for claims. Yes No
 - School historically reports accidents/injuries in seven days or less. Yes No
7. Does the school have OSHA Programs in place and documented? (i.e. Hazard Communication, Lockout/Tag out, Blood-Borne Pathogens, etc.) Yes No
8. What is the level of housekeeping on the premises? _____
 Check those applicable:
 routine facility inspections conducted walking surfaces inspected ice/snow removal procedures

SECTION IX – UMBRELLA N/A

Limit of Liability \$ _____
 Retained Limit \$ _____
 Indicate coverages to apply excess over primary policies in force with Indiana Insurance:
 General Liability Auto Workers Compensation
 Sexual Misconduct School Leaders E&O Employee Benefits
 Has any product, work, accident or location been excluded, uninsured or self-insured from any previous coverage? _____

INSURANCE FRAUD WARNING

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 FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. (NOT APPLICABLE IN OH OR VT) (IN DC, ME, AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

The answers to the above questions constitute a complete and accurate disclosure of all facts relating to the questions. To the best of my knowledge there are no known losses, acts, or omissions, which will result in claims under the insurance being applied for.

 Signature of Authorized Representative of Insured/Date

 Signature of Agent/Date

 Title