

SCHOOL LEADERS ERRORS AND OMISSIONS LIABILITY APPLICATION

THIS IS AN APPLICATION FOR CLAIMS MADE COVERAGE. PLEASE READ THE COVERAGE FORM CAREFULLY.

A. APPLICANT INFORMATION

1. Legal Name of Entity: _____ Agent: __
Mailing Address: _____
2. Supporting Policies: _____
3. Desired Policy Period: From: _____ To: _____ Desired Retroactive Date: _____
4. Type of Educational Entity: Public Private Parochial Other Year organized: _____
5. Number of members comprising your Board of Education, Governors or Trustees, or School Committee or Commission: _____
Commission: _____ Members are: elected appointed combination of both
If appointed, by whom? _____ Team of members is _____ years.
6. Total student enrollment: Current Year: _____ Expected Next Year: _____ Prior Year: _____
7. Total number of: Teaching Faculty _____ Administrators _____ Student Teachers _____ Volunteer Workers _____
Counselors/Psychologists _____ Nonprofessional employees _____
8. Student/Teacher Ratio: _____
9. Have any of the following property rights been granted to you: eminent domain, inverse condemnation, adverse possession or dedication by adverse use? Yes No
10. Have you been granted the authority to levy taxes? Yes No

B. LIMITS INFORMATION

1. Limits: \$100,000/\$100,000 \$300,000/\$300,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000
2. Deductible Amount: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000

C. FINANCIAL AND BOND INFORMATION

1.

Fiscal Year	Total Revenues	Total Expenditures	Total Surplus (+) Deficit (-)
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
2. If deficit exists, indicate how it will be eliminated: _____

3. Bond Rating: Current _____ Previous _____ Total amount of bond authority: \$ _____
Total amount of bonds issued: \$ _____

D. CURRICULUM INFORMATION

1. Have any expansions or reductions in courses of study or extracurricular programs (including but not limited to athletic, music or art programs) occurred in the last three years or are any anticipated in the next year? Yes No
If yes, give details (if additional space is needed, use Section H. of this application) _____

2. Do you provide or participate with other schools to provide programs or facilities related to (a) vocational training; (b) special education for the gifted, or mentally or physically disabled; or (c) any other special programs or facilities? Yes No
If yes, give details and indicate to what degree other schools have access to your programs and facilities (if additional space is needed, use Section H. of this application): _____

E. POLICIES AND PROCEDURES INFORMATION

- 1. Do you use a written employment application for all your applicants for hire? Yes No If yes, attach a copy.
- 2. Are background checks required of all potential employees? Yes No
- 3. Is drug testing conducted by you or on your behalf? Yes No If yes, describe program including who is tested, and the purpose and frequency of such testing (if additional space is needed use Section H. of this application) _____

- 4. a. Do you conduct an orientation for all new employees? Yes No
b. If yes, is an orientation checklist maintained for each employee? Yes No If yes, attach a copy.
- 5. a. Do you have written procedures for the following:

	<u>Yes</u>	<u>No</u>
(1) At minimum, annual performance evaluations of all employees?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Grievance programs available to all employees and students?	<input type="checkbox"/>	<input type="checkbox"/>
(3) Progressive disciplinary program including suspension and dismissal of professional and non-professional staff?	<input type="checkbox"/>	<input type="checkbox"/>
(4) Progressive disciplinary program including detention and suspension of students?	<input type="checkbox"/>	<input type="checkbox"/>

b. If yes to any of the above, do your faculty and supervisory employees receive regular training in the implementation of these programs and procedures? Yes No
- 6. a. Do you have a written statement of policy that discrimination, including sexual harassment, is not tolerated? Yes No
b. If yes:
 - (1) Is this statement communicated to all employees, student teachers, volunteer workers and students? Yes No
 - (2) Is training conducted on a regular basis for the prevention, identification and reporting of such acts? Yes No
- 7. Do you have an Employee Assistance Program (EAP)? Yes No If yes, briefly describe (if additional space is needed, use Section H. of this application): _____

- 8. Are your employment and student policies reviewed by Legal Counsel prior to adopting? Yes No
- 9. Are your employment and student policies and procedures reviewed at least annually? Yes No
- 10. a. Do you have written procedures that facilitate prompt recording and reporting of claims, complaints, charges, and incidents that can reasonably be expected to result in claims? Yes No
b. If yes, attach a copy. Are these procedures communicated to all your members, employees, student teachers and volunteer workers? Yes No
- 11. List the name of the individual you have designated to handle the reporting of claims, lawsuits, complaints, charges, and incidents that may reasonably be expected to result in a claim:

Name	Title	Phone #
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F. PREVIOUS INCIDENT AND LOSS INFORMATION

- 1. Have there been any disputes, incidents, complaints, charges, claims, administrative proceedings, due process hearings, settlements or lawsuits in the past 5 years involving:

	<u>Yes</u>	<u>No</u>
a. Busing	<input type="checkbox"/>	<input type="checkbox"/>
b. Employee tenure, dismissal, strikes, demotions or other employment related actions?	<input type="checkbox"/>	<input type="checkbox"/>
c. Integration, segregation, or civil rights actions involving employees or students?	<input type="checkbox"/>	<input type="checkbox"/>
d. Special Education	<input type="checkbox"/>	<input type="checkbox"/>

2. List all incidents within the past 5 years involving you or any of your members, employees, student teachers or volunteer workers that have not yet resulted in claims, complaints or charges but can reasonably be expected to do so (if additional space is needed, use Section H. of this application):

<u>Date of Incident</u>	<u>Current Status</u>	<u>Description of Incident</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. List all claims, including complaints, charges, administrative proceedings, due process hearings, lawsuits and settlements involving you or any of your members, employees, student teachers or volunteer workers (if additional space is needed, use Section H. of this application):

<u>Date of Claim</u>	<u>Total Damages</u>	<u>Total Legal Costs</u>	<u>Current Status</u>	<u>Description of Claim</u>	<u>Validation Date</u>	<u>Source of Data</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

4. Within the past 5 years, have you been: (a) subject to any judicial or administrative order or conciliation agreement; or (b) criticized by the State Board of Education? Yes No If yes, please provide details (if additional space is needed, use Section H. of this application): _____

G. PREVIOUS INSURANCE INFORMATION

1. Has any similar policy or application for errors and omissions liability insurance been declined, cancelled or renewal refused within the last five years? Yes No If yes, provide details (if additional space is needed, use Section H. of this application): _____

2. List your previous carrier(s) for similar errors and omissions liability insurance:

<u>Company Name</u>	<u>Policy Period</u>	<u>Retro Date</u>	<u>Limits</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

H. ADDITIONAL COMMENTS

INSURANCE FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or another 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 and subject the person to criminal and civil penalties. In ME and VA, insurance benefits may also be denied. (Not applicable in OH)

SIGNATURE BY APPLICANT CONSTITUTES A REPRESENTATION THAT ALL INFORMATION PROVIDED HEREIN IS ACCURATE AND COMPLETE. SIGNATURE ON FORM DOES NOT CONSTITUTE BOUND COVERAGE.

(APPLICANT SIGNATURE)

(TITLE)

(DATE)