

**SCHOOL SUPPLEMENTAL APPLICATION**

**NAMED INSURED:**  **AGENCY**

**SAFE SCHOOLS PROGRAM**

1. Are visitors required to show a photo ID and are address and name information recorded?  Yes  No
2. Are the exterior doors of each school kept locked during the school day and is access limited to a single, monitored entry?  Yes  No
3. Does the school maintain a "Closed Campus" operating model?  Yes  No
4. Does the school have established rules for hallway traffic/hall monitors, playground & cafeteria/lunch room monitors to oversee breaks between classes, recess and lunch periods?  Yes  No
5. Are classroom doors kept locked during class and when not in use?  Yes  No
6. Does each classroom and office door have an unobstructed window to permit observation of activities?  Yes  No
7. Does the school complete at least one lockdown or security drill per term?  Yes  No
8. Does the school complete an annual Multi-Hazard Site Assessment at each school?  Yes  No
9. Security or law enforcement personnel:  employed by the school  Independent Contractor  None
10. Are metal detectors or security cameras utilized by the school?  Yes  No

If yes, describe:

**Comments:**

**PROPERTY:** (check yes  if applicable. If not requested, go to the next section)

1. Does the school have procedures in place to identify unsafe conditions and take corrective action to prevent accidents in the following areas:
  - a.  Written policy on reporting all property damage incidents to police (i.e. building entry, vandalism, etc.)
  - b.  Written "Hot Work Permit Program", that follows NFPA51B, and applies to all employees and contractors
  - c.  Cooking equipment (NFPA 96 Fire Protection of commercial cooking operation: automatic fire suppression systems (UL300) and standard ventilation hood and ductwork)
  - d.  Are funds escrowed for planned replacements and upgrades of critical equipment?
2. Does the Preventive Maintenance Program include the following:
  - a. Regularly scheduled inspection of utilities including electrical & heating equipment and plumbing.  Yes  No
  - b. Are roofs inspected annually by a qualified roofing contractor?  Yes  No
  - c. Are monthly "housekeeping" surveys completed on each roof?  Yes  No
  - d. Is there a formal preventative maintenance program on all building equipment?  Yes  No
3. Has the school secured a professional appraisal to establish the property values provided?  
 Yes  - attach copy of the appraisal      No
4. Historic Buildings or Buildings with Unique Architectural Features: Are there any historic buildings or buildings with ornate facades, ornamentation or slate/tile roofs. Yes  No   
 If yes, describe and include age.

**Comments:**

**GENERAL LIABILITY:** (check yes  if applicable. If not requested, go to the next section)

1. Does the school have procedures in place to identify unsafe conditions and take corrective action to prevent accidents in the following areas:

- a.  The school has written snow/ice removal procedures
- b.  Life Safety: adequate number of exits, emergency lighting, emergency procedures, and crowd controls.
- c.  Access to facility:  visitor sign in procedures  self locking doors  
 other security measures:
- d.  Bleacher/Grandstand Inspections (NFPA 102 – annually by staff and by professional every 2 years).
- e.  Food service – quality control measures in place for preparation/storage of its food and good housekeeping.
- f.  Written Program of facility & equipment reviews & Inspection of Interior/Exterior walking surfaces.  
Please describe the frequency of inspections:   
and method of documentation
- g.  Security assessment conducted to identify physical protection of premises and detailing features that need any improvement action.
- h.  Is a written facility use agreement used for all non-school use of school buildings?

2. Playgrounds:

- a. Are playground equipment & adequate ground cover self-inspections conducted on a monthly basis and documented in writing.  Yes  No
- b. Are teachers trained to recognize and report playground dangers?  Yes  No
- c. Are playgrounds protected from traffic exposures?  Yes  No
- d. Is any playground equipment more than ten years old?  Yes  No

4. Has asbestos, lead or toxic mold been detected in any school building?  Yes  No

If yes, describe corrective actions

5. Does the school allow use of building facilities to outside groups?  Yes  No

If yes, provide details with the written criteria established by the school (use contract/agreement):

6. Swimming Pools:  Yes  No Pools Present

- a. Are safety rules posted, lifeguard on duty at all times, and pool locked after school hours?  Yes  No
- b. Are there any diving boards?  Yes  No

If yes, describe design (i.e number/height)

- c. Are members of the public allowed to use school swimming pools?  Yes  No
- If yes, do they require certificate of insurance?  Yes  No

7. Athletics:

- a. Are inside and outside bleachers inspected by a qualified contractor at least every two years?  Yes  No
- b. Are releases and permission slips used and obtained new each year?  Yes  No
- c. Is fitness equipment secured to floors with bolts?  Yes  No
- d. Are members of the public allowed to use school fitness equipment?  Yes  No

8. Vocational/Science Programs:

- a. Verify any of the following that the school has implemented, as part of a formal safety program, and is providing the necessary training and materials to both staff and students.  Yes  No
- b. Teachers inspect each piece of laboratory and shop equipment prior to each class.  Yes  No
- c. Science Labs – chemical storage practices, ignition sources, and gas fuel shut-off devices.  Yes  No
- d. Industrial Technology (NFPA 30 & 33 standards: flammable/combustible liquid storage & spray finish processes).  Yes  No
- e. Written Safety Program (training & rules) on use of machinery provided to all students and staff annually.  Yes  No
- f. Safety Program includes mandatory use of machinery and equipment safeguards.  Yes  No

- g. Science and vocational students required to pass a safety skills test with a score of 100% prior to using any equipment or participating in any laboratory experiments.  Yes  No
- h. Emergency equipment and first aid materials available in each shop/lab and in good condition  Yes  No
- i. Documented shop/lab self-inspections with unsafe conditions identified and corrective action noted.  Yes  No
- j. Adequate Personal Protective Equipment (PPE) available and use required in all shops and labs.  Yes  No
- k. Hazard communication, blood borne pathogens, & chemical storage.  Yes  No

When was the science program Chemical Hygiene Plan and chemical inventory tracking system last updated?

Comments:

**10. Special Events**

Describe any special events, programs or clubs offered/sponsored by the school district: i.e. Sports Camps, Challenge/rope/climbing, Pre-K/Day Care, Gun Club/ROTC, Carnivals with Rides, Fireworks.

**EMPLOYEE BENEFITS LIABILITY:** (check yes  if applicable. If not requested, go to the next section)

Limits of Insurance:  \$100,000/\$300,000  \$250,000/\$750,000  \$500,000/\$1,500,000  \$1,000,000/\$3,000,000

Desired Deductible Amount:  (\$1,000. Minimum) Proposed Retroactive Date:

- 1. Total number of employees eligible for your Employee Benefits Program:
- 2. Does each new employee receive a formal explanation of your Employee Benefits Program by a Trained Staff Member?  Yes  No
- 3. Do you require signed acceptance or rejection from each employee for each optional benefit?  Yes  No
- 4. Is your Employee Benefits Program audited by a certified accounting firm?  Yes  No

**SEXUAL MISCONDUCT AND MOLESTATION LIABILITY:** (check yes  if applicable. If not requested, go to the next section)

Limits of Insurance:  \$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

1. Do you have a written statement of policy that any act of physical or sexual abuse is not tolerated?  Yes  No  
 Is this statement communicated to all employees & students?  Yes  No
2. Do you have written procedures that facilitate prompt recording, reporting and investigation of, and response to complaints of sexual misconduct or molestation & are these procedures communicated to all employees & students?  Yes  No
3. Do you have written guidelines for the reporting of suspected abuse or neglect of students?  Yes  No  
 Are these guidelines communicated to all employees & volunteers?  Yes  No
4. Do you have a written training program for all employees, volunteer workers and students regarding your sexual misconduct and molestation policies and procedures?  Yes  No  
 If so, do you use third party vendor programs such as “Good Touch – Bad Touch” designed and offered by Childhelp?  Yes  No
5. Do you conduct an annual review of your sexual misconduct and molestation policies and procedures?  Yes  No
6. Do you have a written employment policy that includes background & reference checks for all employees?  Yes  No  
 Are the background checks ordered from:  Local Police  State Police  FBI  Credit bureaus  
 Are comprehensive background checks ordered through third party vendors such as Safe Hiring Solutions?  Yes  No
7. Have any of your members, trustees, employees, student teachers or volunteer workers ever been accused, charged, convicted, or had a claim for damages or suit brought against them for any type of sexual misconduct?  Yes  No  
 If "yes", identify the person(s) and attach detailed description(s):

8. List all incidents, claims, lawsuits & settlements involving any sexual misconduct: (Please show Date of Incident, Current Status & Description of Incident)

9. List the name of the individual you have designated to handle the reporting of claims and incidents:

Name	Title	Phone #

10. List the following prior carrier information:

Company Name	Policy Period	Limits	Deductible	Premium

**SCHOOL LEADERS E & O LIABILITY:** (check yes  if applicable. If not requested, go to the next section)

Desired Retroactive Date:

1. Number of members comprising your Board of Education, Governors or Trustees, or School Committee or Commission:   
 Members are:  elected  appointed  combination of both  
 If appointed, by whom?  Term of members is  years.
2. Total student enrollment: Current Year:  Expected Next Year:  Prior Year:
3. Total number of: Teaching Faculty  Administrators  Student Teachers   
 Volunteer Workers  Counselors/Psychologists  Nonprofessional Employees
4. Student/Teacher Ratio:
5. Have any of the following been granted to you: eminent domain, inverse condemnation, adverse possession or dedication by adverse use?  Yes  No
6. Have you been granted the authority to levy taxes?  Yes  No

**LIMITS INFORMATION**

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

**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:

**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:

2. Do you provide or participate with other schools to provide programs or facilities related to (a)  Yes  No vocational training; (b) special education for the gifted, or mentally or physically disabled; or (c) any other special programs or facilities?

If "yes", give details and indicate to what degree other schools have access to your programs and facilities.

**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.

a. Are background checks required of all potential employees?  Yes  No

b. Is drug testing conducted by you or on your behalf?  Yes  No

If yes, please describe program including who is tested, and the purpose and frequency of such testing:

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c. Do you conduct an orientation for all new employees?  Yes  No

If "yes", is an orientation checklist maintained for each employee?  Yes  No

2. Do you have written procedures for the following?

a. At minimum, annual performance evaluations of all employees?  Yes  No

b. Grievance programs available to employees and students?  Yes  No

c. Progressive disciplinary program including suspension and dismissal of professional and non-professional staff?  Yes  No

d. Progressive disciplinary program including detention and suspension of students?  Yes  No

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

7. Do you have an Employee Assistance Program (EAP)?  Yes  No

If "yes", briefly describe:

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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. 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 #

Comments:

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**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:

a. Busing  Yes  No

b. Employee tenure, dismissal, strikes, demotions or other employment related actions?  Yes  No

c. Integration, segregation, or civil rights actions involving employees or students?  Yes  No

d. Special Education  Yes  No

If "yes" to any of the above, include details in the applicable section(s) below.

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

Date of Incident	Current Status	Description of Incident

3. 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:

Comments:

**Sexual Harassment:**

- 1. Have you designated a district level Title IX coordinator?  Yes  No
  - 2. Do you require annual training for staff in sexual harassment prevention and reporting?  Yes  No
  - 3. Does each staff member sign a form to acknowledge and agree to the sexual harassment policy annually?  Yes  No
  - 4. Does each location have a trained sexual harassment coordinator?  Yes  No
  - 5. Is every report of sexual harassment fully investigated and brought to a conclusion?  Yes  No
  - 6. Do background checks include a search of all state sexual offender databases and reference checks of at least two prior employers?  Yes  No
  - 7. Do you have a written statement of policy that discrimination, including sexual harassment, is not tolerated?  Yes  No
- 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

Comments:

**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:

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

Company Name	Policy Period	Retro Date	Limits	Deductible	Premium


Comments:

**SCHOOL LAW ENFORCEMENT PROFESSIONAL LIABILITY:** (check yes  if quote requested. If not, go to next section)

Desired Retroactive Date:

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

Is Non-Monetary Relief Defense Coverage (\$100,000) desired?  Yes  No

1. Indicate total number of security guards/law enforcement personnel:  ; and total payroll:

2. Indicate number of personnel in each of the following categories:

a. Full time employees  Part time employees  Volunteer Workers

b. School Resource Officer  Independent Contractors – individuals

c. Employees of a security guard firm or police department.  
 Indicate name of security firm or police dept:   
 With arrest authority  With fire arms

3. Indicate scope of security guard or law enforcement personnel operations:

a.  Athletic events  Concerts and Plays

Special Events. Explain:

b.  On school premises during school hours  On school premises after school hours

Other - Explain:

4. Describe minimum education requirements for your security guards or law enforcement personnel:

High School  Some College  College Graduate

Other. Explain:

5. What law enforcement training is required (prior to hiring and while in-service)?

6. Are security guards or law enforcement personnel periodically re-evaluated?  Yes  No

7. Are background investigations completed prior to hiring security guards or law enforcement personnel?  Yes  No

8. Do all security guard or law enforcement personnel receive training in:

a. First Aid?  Yes  No

b. CPR?  Yes  No

9. Is there a written policy for the use of force?  Yes  No

10. Is there a written policy for the use of deadly force?  Yes  No  Not applicable

11. List all incidents within the past 5 years involving you or any of your security guard or law enforcement personnel that have not yet resulted in claims, complaints or charges but can reasonably be expected to do so:

Date of Incident      Current Status      Description of Incident

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

Comments:

**SCHOOL BUSINESS AUTO:** (check yes  if applicable. If not requested, go to the next section)

1. Bus Fleet is operated by:  School District  Independent Contractor
2. If an independent contractor operates the bus fleet, provide the following information:  
Contractor  Limits Carried  Total Cost of Hire
- a. Are certificates of insurance required from contractors?  Yes  No
- b. Is the School an additional insured on the contractor's policy?  Yes  No
3. Forward driver information (i.e. name, DOB, License #) for each employee including coaches and regular volunteers.
4. Do you require proof of insurance (auto ID card) from each employee operating their personal vehicle for school business to validate adequate Personal Auto Coverage Limits?  Yes  No  
If so, what Minimum Limits do you require?
5. Are buses used for other than regular bus routes or extra-curricular activities (normal school operation)?  Yes  No
6. Is the use of school buses mandatory for all school sponsored events?  Yes  No
7. Are any buses leased to others or used by outside groups?  Yes  No  
If Yes, please provide details.

8. Is driver education conducted by the School?  Yes  No

9. DRIVER QUALIFICATIONS (including approved substitute drivers):

**Please indicate if the school district has any of the following driver selection procedures in place:**

- a. Prescreening the drivers' MVR's, verify CDL and physicals, past qualifications and training prior to job offer.  Yes  No
- b. Conduct full background checks including drug testing of all bus drivers.  Yes  No
- c. Conduct new driver training and orientation  Yes  No  
 meets state requirements  
 includes familiarizing driver on service routes with experienced driver  
 completion of Defensive Driving Course
- d. The school orders and reviews all employed drivers MVR's annually.  Yes  No
- e. 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

9. FLEET SAFETY MANAGEMENT PROGRAM

- a. Does the school have an experienced Transportation Director on staff?  Yes  No  
Name
- b. Does the school have a "Bus Driver Employment Handbook"  Yes  No
- c. Does the school require all bus drivers to participate in any in-service training courses annually?  Yes  No
- d. Do the drivers participate in a safety incentive program?  Yes  No
- e. Is there a program to prevent children from being left on the bus at the end of a route?  Yes  No
- f. Is there an established policy on how to handle problem bus riders?  Yes  No
- g. Do drivers receive training in violence prevention and intervention?  Yes  No
- h. Are routes planned to eliminate hazards and reviewed annually?  Yes  No
- i. Are the drivers required to conduct a daily pre-trip inspection?  Yes  No  
If so, is this documented?  Yes  No

j. Describe security regarding bus/vehicle storage (e.g. fenced lot, lighted, etc.)

- k. Is there a comprehensive Safety Program in place?  Yes  No

10. Please indicate if program includes the following key components:

- Accident review procedures to identify root cause, report findings, and make any recommendation corrective measures

- Regular safety meetings
- Formation of Safety Committee
- Written safety rules established and communicated to all employees and enforced by administration.

Comments:

**SCHOOL WORKERS COMPENSATION:** (check yes  if applicable. If not requested, go to the next section)

1. Provide details of the school's "hiring process"
  - Employment applications required
  - Background checks and references verified
  - Interview Applicant
  - Detailed job description provided including physical requirements necessary to perform specific tasks
  
2. Does the school have a stable workforce reflecting turnover less than 25% annually?  Yes  No
  
3. 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 to ensure that procedures for identifying/reporting hazards exist?  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

1. **SAFETY PROGRAM** – describe administrations 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".
- Written safety rules distributed and all employees are instructed on their purpose and consequences if not followed.
- Responsibility and "authority to act" to a designated Safety Coordinator.
- "Safety Committee" formed to create and maintain a positive interest in safety among all employees.
- Development of light duty, return to work procedures for employees returning from injuries.
- Accident Review procedures – to collect facts, analyze underlying cause of accident, report findings, recommend corrective measures to reduce the possibility of recurrence.
- Conduct regular safety training on various topics ( proper lifting, hazardous chemicals, slip/trip prevention)

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.
- School historically reports accidents/injuries in three days or less.

2. Does the school have OSHA Programs in place and documented (i.e. Hazard  Yes  No

Communication, Lockout/Tagout, Blood-Borne Pathogens, etc.)?

3. What is the level of housekeeping on the premises?

- routine facility inspections conducted
- walking surfaces inspected
- ice/snow removal procedures

Describe any programs which involve School employees traveling abroad:

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(APPLICANT/INSURED)

(TITLE)

(DATE)

(ed 4 11 06)

SIGNATURE CONSTITUTES A REPRESENTATION THAT ALL INFORMATION PROVIDED HEREIN IS ACCURATE AND COMPLETE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE THE INSURANCE, NOR DOES THE REVIEW OF THIS APPLICATION BIND THE INSURANCE COMPANY TO ISSUE THE POLICY.

**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)