



School/Educational Facilities - Supplemental Application

Applicant Name:
Address:
City/St: Zip
Key Contact: Contact Tel: Contact Email:
Website: Policy Eff Date: to

Insurance Agent Name
Agency Name: City/State:
Contact Person: Tel #: email:

For Profit Non-Profit

Year Business Established Years Under Present Management

Indicate all Programs administered by the Insured (check all that apply):

Table with 4 columns: Program Name, checkbox, Program Name, checkbox. Rows include Private School, Charter School, Day Care / Preschool, Home/Independent Study, Montessori, Schools - Special Needs, Schools - Troubled Youth/Alternative School, Boarding/Residential, Virtual/Online, GED Programs, Before & After School Care, Rabbinical College, Vocational/Job Training, Other.

A. General Information

- 1. Total Number of Employees Total Number of Volunteers
2. Do you have all required licenses? Yes No Are they current? Yes No
3. New charter schools - Have you been granted your charter? Yes No If yes, please attach approval letter.
4. Has any Charter/Accreditation ever been lost, revoked or suspended? Yes No If yes, explain:
5. Describe the background and qualifications of the director or principal:
6. Do you sell any goods or services to others? Yes No
Products Annual Receipts
Services Annual Receipts
7. Do you operate a religious institution in conjunction with the school? Yes No
8. Do you offer a Drivers Education Program? Yes No

9. Do you have any field trips? Yes No If Yes, number per year _____
- a) What is the maximum distance traveled? _____
- b) Are any overnight? Yes No
- c) Are release forms obtained? Yes No
- d) What is the ratio of Chaperone:Student? _____
- e) Describe the types of trips: _____
- f) What measures are taken to assure no one is left behind? _____

10. Afterschool program that enrolls children not attending the school? Yes No
- a) If yes: # of non-school children: _____
- b) What activities are offered in this program? _____
- c) Does the school sponsor activities off site? Yes No If yes, please provide:
Specify activities: _____
- Are permission slips obtained? Yes No

11. Number of staff/students per location. **Table below must be complete for a quote:**

Location Address	# Children Day Care	# Students Pre K-8 th	# Students 9 th -12 th	# Students Post High	# of Employees	# Vols

B. Special Education N/A

1. How many special education students attend the school? _____
2. How many students are on an IEP (individualized education plan)? _____
- a) How often are students evaluated for:
Placement into an IEP: _____ Adjustment to existing IEP: _____
Termination of IEP (mainstreaming) _____
3. How often are due process (IEP) hearings conducted annually? _____
- a) How many hearing in the past 12 months have been appealed? _____ Overturned? _____
- b) Does the school use in house or outside counsel for these hearings? _____
4. Is physical restraint ever used in the handling of special education students? Yes No

C. Vocational Education N/A

1. Do you offer any vocational education classes? Yes No
- a. If yes, list all vocational classes offered: _____
2. Do students work with power equipment of any type? Yes No
- If yes, describe safety measures and supervision: _____
3. Any woodworking, welding or spray painting of any type? Yes No
- If yes, describe dust control, spraying safeguards, ventilation, protection and supervision: _____
4. Any use of chemicals? Yes No
- If yes, describe types and how stored: _____

D. Athletics N/A

1. Are sports programs available for students? Yes No If yes, please complete below:
- | | | | | | |
|--------------------------|--------------------------|------------|--------------------------|---------------|--------------------------|
| Football (tackle) | <input type="checkbox"/> | Lacrosse | <input type="checkbox"/> | Rugby | <input type="checkbox"/> |
| Hockey | <input type="checkbox"/> | Gymnastics | <input type="checkbox"/> | Rock Climbing | <input type="checkbox"/> |
| Competitive Cheerleading | <input type="checkbox"/> | Equestrian | <input type="checkbox"/> | Skiing | <input type="checkbox"/> |
| Soccer | <input type="checkbox"/> | | | | |
- a) Are Signed Parental Releases including an assumption of risk statement obtained for all sports participants before they are allowed to participate? Yes No
- b) Is a sports physical required for all students? Yes No
- c) Is the property safety equipment provided & required for all sports? Yes No
- d) Are written safety guidelines in place for all sports? Yes No
- e) Is student/sports accident coverage obtained for all students? Yes No

2. Concussion Protocol:

- a) Does your organization have a written concussion policy that is in compliance with current state legislation? Yes No
- b) Do you distribute the written policy to coaches, parents and players and require parent's acknowledgement that they have received and reviewed? Yes No
- c) Does your concussion policy require a medical doctor's release prior to the child returning to play? Yes No
- d) Does your concussion policy mandate that all coaches participate in concussion training at least once every two years? Yes No
- e) Does your organization utilize baseline training? Yes No

E. Playground N/A

1. Is the playground supervised during all open hours? Yes No
2. Who uses the playground area? Staff; Students/Residents; Unrestricted
If unrestricted, explain _____
3. Is the play area fenced? Yes No Is the surface "kid friendly" Yes No Describe _____
4. What is the maximum height of any of the equipment? _____
5. Is the playground equipment checked regularly? Yes No Log book maintained? Yes No
Is maintenance performed promptly when required? Yes No

F. Fitness Area N/A

1. Is the fitness area secured? Yes No Is the fitness area supervised during all open hours? Yes No
2. Is it open/accessible at any time when your facility is closed? Yes No If yes, when & why? _____
3. Who uses the fitness area? Staff; Students/Residents; Unrestricted
4. Describe all fitness equipment and facilities (both indoor & out) _____
5. How often and by whom is the equipment inspected? _____
Do you keep written logs/maintenance records? Yes No
6. Do you have age and usage restrictions? Yes No

G. Management Practices

1. Do you have sign in/sign out procedures for: Staff Students/Residents Visitors/Public
2. Type of security for schools: Guards Security Cameras Other _____
 - A) If security guards are utilized: Are the guards armed? Yes No
 - i) If armed, are they: Contracted services Volunteer EmployedIf contracted, are certificates obtained from the security service? Yes No

If yes, please provide the name of the insurance carrier _____
Please attach a copy of the certificate of insurance.
3. What measures are taken to monitor student activities? _____
4. What precautions are taken to prevent non-staff members from accessing unauthorized areas of the school?

5. Do you have incident reporting procedures and/or committee reviews? Yes No
6. Do you have a plan for medical emergencies? Yes No
7. Is there always someone trained in CPR and first aid on the premises? Yes No
8. Please describe any health or medical related services provided: _____
9. Do you have a written and enforced "NO SMOKING" policy? Yes No
10. What method do you use for de-escalation? _____
Is it approved? Yes No How often is the staff recertified? _____
11. Does the school operate a cafeteria on premises? Yes No Is it contracted? School operated?
12. Does the school obtain certificates of insurance from all contractors and vendors? Yes No
13. Is corporal punishment coverage desired? Yes No
If yes, does the school have a written policy that prohibits corporal punishment? Yes No
14. Does the school have written policies/procedures in place to address and manage the following:

Bullying	Yes <input type="checkbox"/> No <input type="checkbox"/>	Suspension	Yes <input type="checkbox"/> No <input type="checkbox"/>
Alcohol/Drugs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Detention	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Harassment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Expulsion	Yes <input type="checkbox"/> No <input type="checkbox"/>
Weapons/fire arms	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hazing	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Are there more than three employees with custody of money & securities? Yes No
16. Is there an annual formal audit performed by a CPA? Yes No
17. Is a "one-over-one" signature process required? Yes No
 - a) At what amount? _____
 - b) How many authorized signers do you have? _____

H. Staff Management Procedures

1. Do all staff members have written job descriptions? Yes No
2. Are any staff members under the age of 18? Yes No
If yes, list position: _____
3. Do you require your staff (paid and volunteer) to complete an employment application? Yes No
 Do you conduct a personal interview for each prospective staff member? Yes No
 Do you verify education references? Yes No
 Do you verify employment related references? Yes No
 Do you verify licenses and credentials? Yes No
 Do you obtain criminal background checks on all individuals before hiring? Yes No
 Do you run criminal background checks on all volunteers? Yes No
 What actions are taken if a report is considered unfavorable? _____
4. Do all employees meet the minimum mandated educational or professional experience level for the position assigned? Yes No
5. Do you provide workers' compensation for all staff members? Yes No
6. Does the school have a written return to work program? Yes No

I. Abuse & Molestation N/A

1. Does the Agency currently carry an Abuse & Molestation Policy? Yes No
If yes, please indicate the following:
Name of Carrier: _____
Expiration Date: ___/___/___/ **Premium:** _____ **Limits:** _____
Type of Coverage: Occurrence **Claims Made - Retro Date** _____
 2. What is the ratio of student to teacher? _____
 3. Are there rules or guidelines prohibiting closed door one-on-one meetings? Yes No
 4. Do volunteers work directly with students? Yes No
If yes, please describe the degree of their job function and responsibilities: _____
- List situations where a volunteer has direct contact with students in an unsupervised situation without oversight of another staff member: _____
5. Have any employees been the subject of a child abuse/neglect investigation? Yes No
If so, what were the results of the investigation? _____
 6. Have there ever been any alleged or actual incidents regarding any abuse or molestation? Yes No
If yes, please describe: _____

 What procedures have been instituted to prevent reoccurrences of previous events? _____
 7. Are children left alone without any adult supervision? Yes No
If yes, please describe: _____
 8. Is any counseling conducted off premises, i.e. students' or counselors' homes? Yes No
If yes, by whom and what type of students? _____
 9. What is your procedure on how allegations of abuse are handled? _____

J. Professional Liability N/A

*****Table below MUST be complete for a quote:**

<u>Title</u>	<u>Employees</u>		<u>Vols</u>	<u>Contractor</u>	<u>Interns</u>
	<u>F/T</u>	<u>P/T</u>			
Teacher/Aide/Child Care Worker					
Principal/Assistant Principal					
Sports Coach or Trainer					
Tutor (paid)					
Counselor - Unlicensed					
Dietician/Nutritionist					
Nurse LPN or RN					
Psychiatrist/Psychologist/Clergy					
Social Worker					
Therapist – Physical/Speech/Hearing					
Physician					
TOTAL					

1. Has the agency entered into any agreements relating to professional liability (such as a Professional service contract with any of the above) which contains either a hold harmless agreement, indemnification agreement, or any other professional agreement? Yes No

If yes, submit a copy of each agreement.

2. Does the Agency currently carry a Professional Liability Policy? Yes No

If yes, please indicate the following:

Name of Carrier: _____
Expiration Date: ___/___/___/ **Premium:** _____ **Limits:** _____
Type of Coverage: **Occurrence** **Claims Made - Retro Date** _____

3. Has the agency reported any professional liability claims or incidents in the past 3 Years, or is applicant aware of any circumstances, which may result in a claim or suit? Yes No If yes, provide Insurance Company loss reports or attach summary of details.

4. Do you obtain Certificates of Insurance and Hold Harmless Agreements from any of your community/contracted professional service providers? Yes No

K. Premises/Life Safety

1. If the building you occupy was built before 1978, has it been inspected for lead paint? Yes No

If no, what is the plan for abatement? _____

2. Do you have any plans for renovations or new construction? Yes No

If yes, describe: _____

3. Has the premises been inspected by fire authorities for proper extinguishers, signs, escapes, panic hardware on doors? Yes No

4. Is there a written emergency evacuation plan? Yes No
 Is it posted with a floor plan? Yes No
 Is there a central meeting point outside the building? Yes No
 Does it include notification to the fire department? Yes No
 How often are drills conducted? _____

5. Is the hot water set to a temperature of 120 degrees? Yes No

6. Does the school have all A/C units locked & secured to prevent theft of copper wiring? Yes No

L. Automobile N/A

NOTE: A driver is an employee whose primary job duties are to operate a motor vehicle for the organization.

- 1. Do you have written safety/security procedures for school bus operation? Yes No
- 2. Do you have a written driver safety program? Yes No
- 3. Are there any drivers under the age of 21 years old? Yes No
- 4. Are all of your vehicles equipped with seat belts as required by law? Yes No
 - a) Do you have written and strictly enforced guidelines mandating all passengers are secured in their seat belts? Yes No
 - b) Would you ever make an exception based on a medical condition? Yes No
- 5. Does insured order/receive/approve MVRs prior to employee driving? Yes No
- 6. Does the insured maintain driver's record files? Yes No

Does it include: date of hire _____ dates of training _____ Drug tests _____
MVR and date ordered and received _____ Reference Checks _____
- 7. Do you furnish anyone with an auto? Yes No
 - a. If yes, are relatives ever allowed to operate an organization's vehicle? Yes No
- 8. Do you have an accident investigation program? Yes No
 - a. Do you keep a file on accidents? Yes No
- 9. Is there a vehicle maintenance program? Yes No

If yes:

 - a. Are maintenance logs and files reviewed by management? Yes No
 - b. Do drivers have procedures for reporting, repairing and servicing? Yes No

If yes - daily , weekly , other _____
- 10. With respect to any rules or procedures, how do you enforce them to assure compliance? _____

- 11. Do you obtain written authorization to release driver information from all of your staff upon hiring? Yes No
- 12. What are your procedures for dealing with driver accidents or violations? _____
- 13. Do all drivers possess the required license for the type of vehicle driven? Yes No

M. Hired & Non-Owned Vehicles N/A

- 1. Do you hire vehicles? Yes No

If yes, what types of vehicles do you hire? _____
- 2. Do you hire from a transportation company? Yes No
 - a. Do you obtain certificates of insurance? Yes No
 - b. What minimum limits do you require? _____
- 3. Annual number of vehicles hired: _____ Annual cost of hire: _____
- 4. How many employees/volunteers drive personal vehicles for business use: regularly? _____ occasionally? _____
 - a. Do you obtain proof of insurance for anyone driving for business purposes? Yes No
 - b. Do you update these records at least semi-annually? Yes No
 - c. Do you require at least \$100,000 in minimum limits? Yes No
- 5. Do any of your staff members transport clients/children in their personal vehicle? Yes No

If so, under what circumstances and how often? _____

N. Planned Event / Fund Raisers N/A

Questions	Event #1	Event #2	Event #3	Event #4	Event #5
Describe/Insert letter for event type: A = Wine tasting; B = Golf outing; C = Other Sporting event; D = Picnic; E = Banquet; F = House tour; G = Bingo; H = Walkathon/Run; I = Fashion Show; J = Concert; K = Other (specify)					
Event Type (from above)					
Date(s) held?					
Daily Hours of operation					
Will any event last longer than 3 days? If so, how long?					
Total anticipated revenue					
Location held					
Estimated Attendance					
Are certificates of insurance obtained from all vendors providing products/services?					
Will alcohol be served?					

O. Residential Facilities N/A

Location Address	Type of facility (student dorms, faculty housing)	Area (sq ft.) of residential facility

Student Dorms/Housing - Complete Below:

- Annual # of students by grade: Pre-K ___ K thru 5 ___ 6 thru 8 ___ 9 thru 12 ___ Post High ___
 - Specify number of students: Male ___; Female ___
 - Are residents separated by:

Male/Female	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Age Group	Yes <input type="checkbox"/>	No <input type="checkbox"/>
 - Total number of bedrooms: ___
 - What was the date of the last inspection by a licensing agency? _____. Any deficiencies? Yes No
If Yes, describe _____
 - What is the ratio of resident to staff? Day _____ Night _____
 - How do you provide for the residents privacy and individual security? _____
-
- Does the residential facility have hard-wired smoke detectors in each bedroom? Yes No
If yes, are the smoke detectors attached to a central station or local alarm system? Yes No
 - How often are rooms inspected? _____ Who performs the inspections? _____
Are logs of all inspections maintained? Yes No
 - Do you have written safety procedures? Yes No
 - Is it reviewed by management regularly? Yes No
 - How often are bed checks done? _____ Random Scheduled
 - Are there security cameras monitoring operations? Yes No

P. Food Preparation Facilities

N/A

- 1. The food preparation equipment is: Electric Gas Propane Other _____
- 2. The food preparation equipment is in: One common area; Each Floor; Individual Rooms; Other _____
Total number of cooking areas _____
- 3. Who has access to the cooking area? Staff; Students/Residents; Unrestricted
- 4. For whom is the food prepared? Staff; Students/Residents; Unrestricted
If unrestricted, explain _____
- 5. Describe eating and serving areas: _____
- 6. Is food properly covered, stored, served? Yes No
- 7. Are there fire extinguishers in the cooking area? Yes No
- 8. The cooking equipment is: Residential Commercial
- 9. Cooking equipment is equipped with: Nothing; Hoods; Ducts; Exhaust Fans; Automatic fire suppression systems; Automatic fuel shutoff controls; Other _____
- 10. How often is cooking equipment cleaned? _____ Cleaned by: You; Cleaning contractor
- 11. Do the hoods have removable filters? Yes No

Q. Medical Facilities

N/A

- 1. The facilities are for: Staff Students General Public (check all that apply)
- 2. What are the facility hours? _____
- 3. Do you provide more than immediate care/first aid? Yes No If yes, explain _____

- 4. By job title, who staffs the facilities? _____
- 5. Do you keep only over-the-counter drugs on the premises? Yes No If no, explain _____

- 6. Which staff members dispense the medications? _____
- 7. Are medications and equipment kept in a locked facility? Yes No
If no, where are they kept? _____ Which staff members have access? _____
- 8. Do you have policies & procedures in place for prescribing/administering medication? Yes No
If yes, explain _____
- 9. What medical equipment do you have? _____
- 10. Do you maintain a log of all those who receive care? Yes No
- 11. Do you maintain a medical history and care records for each individual? Yes No

R. Lakes / Ponds

N/A

1. Is swimming allowed? Yes No Is there a designated & clearly marked swimming area? Yes No
2. Are the appropriate number of trained lifeguards on duty at all times during operating hours? Yes No
If no, explain _____
3. How are your lifeguards certified? _____
4. Are all users evaluated for swimming ability prior to pool use? Yes No
5. Are all non-swimmers required to wear life preservers? Yes No
6. Who uses the lake/pond area? Staff; Students/Residents; Unrestricted
If unrestricted, explain _____
7. Are there boat docks? Yes No If yes, where? _____
8. Lake use (check all that apply)
 Swimming; Water Skiing; Jet Skis/Wave Runners; Canoes/Row boats; Sail Boats/Catamarans;
 Paddle Boats Ice Skating/Hockey Power Boats (max H.P./length) _____
9. Is there watercraft rental? Yes No If yes, what types _____ Annual Receipts \$ _____

S. Pool

N/A

1. Are the appropriate number of trained lifeguards on duty at all times when the pool is open? Yes No
If no, explain _____
2. How are your lifeguards certified? _____
3. Are all pool users evaluated for swimming ability prior to pool use? Yes No
4. Are all non-swimmers required to wear life preservers? Yes No
5. Who uses the pool area? Staff; Students/Residents; Unrestricted
If unrestricted, explain _____
6. Is the pool completely fenced with a self locking gate? Yes No If yes, what height? _____
If no, explain _____
7. The pool area includes: Jacuzzi; Hot Tub; Whirlpool/Spa; Diving Board; Kiddie Pool; Water slide; Trampoline; Water Blob; Trapeze; Other (describe) _____
Describe height of any water slide, diving board, trapeze, or elevated structure _____
8. Are depths clearly marked? Yes No Is diving prohibited in non-dive areas? Yes No
9. Is the walking surface around the pool non-skid and in good condition? Yes No
10. Is the staff trained in: Water Safety? Yes No ; CPR? Yes No ; First Aid? Yes No
11. Are all areas of the pool, including the bottom, visible at all times? Yes No
12. Are there interval breaks to clear the pool, change lifeguards, etc? Yes No If yes, how often? _____
If not, explain procedures _____
13. Do posted rules meet all state and local regulations? Yes No
14. Are swimming lessons given? Yes No If yes, by whom _____
15. Is there any swim team participation? Yes No
16. Are pool chemicals properly stored and secured? Yes No How often is pool tested? _____
17. How often is the pool cleaned? _____
18. Do you have specific written guidelines for closing the pool due to water contamination? _____

T. Camps

N/A

1. Is the camp held on your premises? Yes No If held off premises, give address/description of where camp(s) are held: _____
2. Is written permission/waiver of liability obtained from every child's parent or legal guardian? Yes No
3. Is a medical release form obtained from every child's parent or legal guardian? Yes No
4. Does the camp provide overnight services? Yes No If Yes, what is the average length of stay? _____
5. What is the total number of days in operation annually? _____ Number of children at each camp? _____
6. What is the total number of staff members at each camp? _____ Ratio of campers to staff? _____
7. Are criminal background checks done on each camp staff member including volunteers? Yes No
8. What staff qualifications are required for working with children? _____

9. Are sleeping quarters segregated by sex? Yes No If no, explain _____
10. Indicate any of the following camp operations:
 Obstacle Course; Motor Boats; Archery; Jet Skis/Wave Runners; Pools; Lake;
 Guns; Rock Climbing; Ropes Courses; Horses; Adventure/Wilderness Experiences;
 Paint Ball; Zip Lines; Scuba; Contact Sports; White water rafting; Skiing; Other
 Explain other _____

U. Current Policy Information

Line of coverage	Current Carrier	Policy Expiration Date	Expiring or Renewal Premium
Property			
General Liability			
Employee Benefits Liability			
Professional Liability (E&O)			
Abuse & Molestation			
Directors & Officers			
Employment Practices			
Automobile			
Student Accident			

NOTICE TO APPLICANTS:

In most states, any person who knowingly, with intent to defraud, files an application for insurance containing any materially false information or who, for the purpose of misleading, conceals information concerning any fact material hereto, commits a fraudulent act, which is a crime.

 APPLICANT'S SIGNATURE
 (A quote will not be provided without an applicant's signature.)

TITLE: _____ DATE: ___/___/___

 AGENT'S SIGNATURE: _____ DATE: ___/___/___