

SECTION A: Applicant Information

1. Applicant Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Website: _____ Phone Number: _____
2. Proposed Effective Date: From: _____ To: _____ 12:01 A.M., Standard Time at Address of Applicant

SECTION B: Business Information

1. Type of accredited school (select one):
☐ Private school: grades: _____ through: _____
☐ Public/charter: grades: _____ through: _____
☐ Trade/vocational: grades: _____ through: _____
☐ Special needs: grades: _____ through: _____
☐ Other (please specify and list grades): _____
2. Is your school:
☐ For-Profit ☐ Non-profit
3. Percentage of students that are solely online: _____ %
4. Is the Insured's school accredited? ☐ Yes ☐ No
 If yes, list accrediting organization: _____
5. Has the school or any of Insured's academic programs ever lost accreditation, been placed on probation, or become unable to gain accreditation? ☐ Yes ☐ No
 If yes, provide details: _____
6. Please provide the total enrollment of the following:
 Pre-school/Daycare: _____ K-8: _____
 Adult Education: _____ 9-12: _____
 Industrial Arts/Vocational: _____
7. Provide the total number of personnel employed:
 Officials, administrators, managers, principals, assistant principals: Full time: _____ Part time: _____
 Teaching faculty (all levels), student teachers: Full time: _____ Part time: _____
 Nurses, counselors, psychologists, athletic trainers, professional staff: Full time: _____ Part time: _____
 Security/law enforcement: Full time: _____ Part time: _____
 All other employees: Full time: _____ Part time: _____
 Total employees: Full time: _____ Part time: _____
8. Employee/volunteer hiring or selection procedures (indicate all practices followed by the administration):
☐ Signed employment applications are obtained for all potential employees
☐ Criminal background checks on all employees are required
☐ Local ☐ Federal ☐ None conducted
☐ Criminal background checks on volunteer workers are obtained (direct involvement with children)
☐ Background checks include search of National Crime Information Center
☐ Background checks include search of multi-state sex offender registry
☐ Records of employment applications and background/reference checks are retained
☐ An employee orientation is conducted covering all written policies with documentation kept in file
9. Does the application ask if the applicant has ever been convicted of any crime, including sex-related or abuse-related allegations, convictions, or pleadings of guilty or "no contest?" ☐ Yes ☐ No

Charter School Information:

1. What year was the charter granted? _____
2. Is the school chartered or managed by a management organization? ☐ Yes ☐ No
If yes, provide details: _____
3. Does the school have direct control over its own finances? ☐ Yes ☐ No
If yes, provide details: _____
4. Who is the authorizer/sponsor of the charter school? _____
5. Is Education Management Organization (EMO) utilized? ☐ Yes ☐ No
If yes, provide the name of the EMO: _____
If yes, is the EMO a for-profit entity? _____
If no, how many years of experience does the charter school management have in running a charter school?

SECTION C: Financial Information

1. Please complete the chart below:

Please provide the following budget information	Current Year	Prior Year	Previous Year
Total Revenues			
Expenditures			
Surplus (+) / Deficit (-)			
Annual Receipts from Tuition			

2. If deficit exists, indicate cause of deficit and how it will be eliminated:

3. What is the institution's bond rating?

Current: _____

Previous: _____

4. Please advise the scope of financial statement preparation:

☐ Internal ☐ CPA Compilation ☐ CPA Review ☐ CPA Audit
SECTION D: Safety and Security Information

1. Does the Insured have a written safety program implemented/emergency response plan? ☐ Yes ☐ No
If yes, please provide a copy of the emergency response plan table of contents.
2. Is there a safety committee with regular safety meetings conducted? ☐ Yes ☐ No
3. Indicate any of the following building access and safety procedures that are currently in place:
☐ Visitor sign-in ☐ Exterior doors locked during the school day
☐ Security cameras installed ☐ Fire and emergency drills conducted
☐ Other security measures: _____
4. Does the Insured have procedures in place for all active threats on campus (i.e. ALICE or similar)? ☐ Yes ☐ No
5. Does the Insured have a policy (or plan to have within the next 12 months) permitting employees (other than security personnel), volunteers, or guests, to carry open or concealed firearms on school premises? ☐ Yes ☐ No
If yes, provide details: _____
If no, does the weapons policy have any exceptions? ☐ Yes ☐ No
Provide details: _____
6. Does the Insured have an after-hours escort service available to students? ☐ Yes ☐ No
7. Does the Insured have emergency call boxes located throughout campus that are connected directly to campus security? ☐ Yes ☐ No
8. Does the Insured have a notification policy in place to contact parent/guardian if student poses a risk? ☐ Yes ☐ No

SECTION E: Property Information

1. Does the school own any buildings that are vacant or unoccupied? ☐ Yes ☐ No
If yes, provide details for each building including future for structure: _____
2. Are there any buildings presently under construction or renovation? ☐ Yes ☐ No
If yes, describe project (including cost & length of time): _____

3. Does the school generate its own power through solar panels, geo-thermal tech., or wind turbines? ☐ Yes ☐ No
If yes, provide details: _____
4. Are there any buildings of historical value or listed on a historic register? ☐ Yes ☐ No
If yes, provide details: _____
If yes, please provide a copy of the property appraisal

SECTION F: General Liability Information

Safety Programs/Procedures:

1. Indicate any of the following safety procedures implemented:
 - ☐ Periodic inspections of interior/exterior walking surfaces
Frequency: _____ How documented: _____
 - ☐ Quality control measures for food preparation and storage
 - ☐ Scientific lab inspections with unsafe conditions identified and corrections documented
 - ☐ Written safety program on use of machinery provided to all students and staff
 - ☐ Bleacher/grandstand inspection
Frequency: _____ How documented: _____

Facility Use:

1. Does the Insured allow outside groups/individuals to use/rent your institution's premises? ☐ Yes ☐ No
If yes, provide the estimated annual:
Number of Rentals _____
Revenue \$ _____
If yes, indicate if the school obtains any of the following:
 - Certificate of insurance from group and \$ _____ of limits of insurance required? ☐ Yes ☐ No
 - Evidence that school is named as additional insured on groups' liability insurance? ☐ Yes ☐ No
 - A signed contract/agreement in which the school is held harmless? ☐ Yes ☐ No*Please attach copy of the building use form*

Swimming Pools: ☐ N/A

1. Indicate the number of pools: _____
2. Does the pool(s) meet the Virginia Graeme Baker Pool and Spa Safety Act? ☐ Yes ☐ No
3. Please indicate any of the following safety procedures implemented (select all that apply):
 - ☐ Safety rules posted ☐ Depth markings ☐ Lifeguard on duty at all times
 - ☐ Locked after school hours ☐ other (describe): _____
4. Are there any diving boards? ☐ Yes ☐ No
If yes, describe (number, height, etc.): _____
5. Is the pool available to the public for rent? ☐ Yes ☐ No
If yes, does Insured require a certificate of insurance verifying CGL and sexual abuse coverage/limits? ☐ Yes ☐ No
If yes, does Insured require a waiver of liability to be signed by the group and all participants? ☐ Yes ☐ No

Student field trips: ☐ N/A

1. Are there written procedures in place regarding chaperone/student ratio for field trips? ☐ Yes ☐ No
If yes, please describe: _____
2. Are school-sponsored overnight field trips allowed? ☐ Yes ☐ No
If yes, describe (including grades, destinations, and chaperone/student ratio): _____

3. Are written permission/waiver of liability obtained from each child's parent or guardian? ☐ Yes ☐ No
4. When transportation is provided, does Insured require two adults and restrict time and routes? ☐ Yes ☐ No
5. Are all trips within the United States? ☐ Yes ☐ No
If no, please list locations outside of the United States: _____
6. Does the Insured currently purchase foreign liability coverage? ☐ Yes ☐ No
If yes, advise current insurance company: _____
Policy limits: \$ _____

Camps: ☐ N/A

1. Does the school operate any camps (including summer camps, youth camps, etc.)? ☐ Yes ☐ No
If yes, provide annual revenue generated from sponsored camps: \$ _____
If yes, complete the chart below:

Camp Name(s)/Description(s):			
Type: Day OR Overnight:			
Number of Campers Per Day:			
Number of Days Per Year Operated:			
Age Range of Campers:			

2. Does the Insured's camp registration include consent and acknowledgement of risk or injury and liability waiver to be signed by a parent or guardian? ☐ Yes ☐ No
3. Are any of these camps operated by third parties at premises? ☐ Yes ☐ No
If yes, provide details: _____
If yes, does the Insured require the third party to provide a certificate of insurance showing general liability and sexual misconduct coverage for athletic participants, with limits of at least \$1,000,000? ☐ Yes ☐ No
If yes, does the Insured require the third party to list you as an additional insured in a contract/written agreement? ☐ Yes ☐ No

Athletic Programs: ☐ N/A

1. Indicate any of the following policies and procedures that apply:
- ☐ Insured requires consent and acknowledgment of risk of injury forms and liability waivers to be signed by athletes and/or parents annually
 - ☐ Insured requires all athletic participants to carry and acknowledge they maintain accident and health insurance
 - ☐ Student accident policy
 - ☐ Offered to parents
 - ☐ Purchased by school district
- Provide policy limit: \$ _____
2. Does the Insured require an annual medical exam/evaluation from a qualified medical professional giving clearance for all athletes to participate in sports before they begin participating? ☐ Yes ☐ No
3. Is a physician, EMT, or other medical service providers present at all athletic events? ☐ Yes ☐ No
4. Does Insured have formal equipment and athletic facility inspection with maintenance protocol in place? ☐ Yes ☐ No
5. Does the Insured own or operate any fitness facility that is open to the public? ☐ Yes ☐ No
If yes, provide number of members: _____ Annual receipts: \$ _____

Pandemic and Communicable Disease:

1. Does Insured have a formal procedure in place to handle pandemic or other communicable diseases? ☐ Yes ☐ No
2. Do procedures address (check all that apply):
- | | | | |
|-----------------------------------|--------------------------------------|--|---|
| ☐ Staffing | ☐ PPE | ☐ Internal & External Communication | ☐ Maintenance of Premises & Vehicles |
| ☐ Training | ☐ Client Care | ☐ Vendors/Visitors | ☐ CDC Guidelines & Recommendations |

Please provide a copy of your written procedures

3. Has the Insured ever had to implement those procedures? ☐ Yes ☐ No
- If yes, provide details:

SECTION G: Concussion Management Safety Information

1. Does Insured have a formal written concussion management program in place for all athletic programs? ☐ Yes ☐ No
- If yes, when was it implemented? _____
- If yes, is it consistently implemented & enforced for all athletic programs? ☐ Yes ☐ No

2. Does the institution inform all athletes annually on the following items (check all that apply):

- ☐ Risks of concussion
- ☐ Signs and symptoms of concussions
- ☐ Potential consequences of concussions over time & if not treated properly
- ☐ General prevention & preparedness efforts to keep athletes safe
- ☐ Athlete responsibility to report a possible TBI or concussion to a trainer or medical staff

3. Are athletes required to sign a concussion injury information sheet? ☐ Yes ☐ No

4. Does Insured require training in recognizing the signs/symptoms of a concussion for all coaches? ☐ Yes ☐ No

5. Does the protocol when a concussion is suspected require the following (check all that apply):

- ☐ Removing the athlete/student from play
- ☐ Evaluation by an appropriate healthcare professional
- ☐ Informing the athlete/student's parents or guardians about the possibility of a concussion and giving them information about concussions
- ☐ Keeping the athlete/student out of play until an appropriate healthcare professional certifies that he or she is symptom-free and gives the approval for them to return to play

6. Does the Insured perform/record at least annually baseline TBI or concussion assessment? ☐ Yes ☐ No
- If yes, describe tools used for baseline assessment (check all that apply):

- | | |
|---|---|
| ☐ Symptom checklist | ☐ Neuropsychological testing |
| ☐ Standardized cognitive & balance assessments | ☐ Other: _____ |

SECTION H: School Sponsored Activity Information

1. Indicate whether any school programs or clubs involve any of the following activities:

- | | | |
|--|---|--|
| ☐ Equestrian | ☐ Rock Climbing/Indoor Walls | ☐ Challenge Rope Course |
| ☐ Firearms/Rifle/Gun Activities | ☐ Whitewater Sports/Rafting | ☐ Skiing/Snowboarding |
| ☐ Scuba Diving | ☐ Other: _____ | |

2. Provide details of operations for each activity indicated above and controls implemented:

SECTION I: Incidental Professional Liability Information

1. Does the Insured operate a medical facility or infirmary? ☐ Yes ☐ No
If yes, the facilities are for:
☐ Staff ☐ Students ☐ General public
2. Does the Insured provide more than immediate care/first aid? ☐ Yes ☐ No
If yes, please explain: _____
3. Does the Insured obtain sign releases to emergency medical treatment to minors? ☐ Yes ☐ No
4. Does the facility have accommodation for overnight lodging and treatment? ☐ Yes ☐ No
5. Complete the table below with the appropriate number of staff for each category:

	Physicians	Physician Assistant or Nurse Practitioner	Psychologists
Employed			
Contracted			

SECTION J: Special Events Information ☐ N/A

1. Provide details on any special events sponsored or allowed at your premises (i.e. fund-raising events, carnivals with rides, use of inflatables, fireworks, car shows, etc.):

SECTION K: Sexual Misconduct Liability Coverage Information

1. Current policy limits: \$ _____
Current policy deductible: \$ _____
2. Current coverage written on (select one):
☐ Occurrence Basis ☐ Claims Made Basis → Retro Date: _____
3. Does the Insured have a written abuse prevention policy (including training) addressing abuse, molestation, and sexual harassment in all of its forms (anti-abuse, anti-molestation, anti-harassment)? ☐ Yes ☐ No
4. Does the Insured provide training to all employees on sexual abuse/molestation policy, mandatory reporting, and procedures? ☐ Yes ☐ No
If yes, does the Insured provide this training annually including new staff? ☐ Yes ☐ No
5. Does the written policy outline the following (check all that apply):
☐ Recognizing the signs of inappropriate sexual behavior
☐ Responsibilities of all employees and volunteers in observing and reporting potential sexual misconduct
☐ How and where to report sexual misconduct or abuse incidents
☐ Retain records of all communication(s) distributed
☐ Defining and prohibiting retaliation against those who report inappropriate behavior
If yes, are the policies formally communicated annually to (select all that apply):
☐ All employees ☐ All students ☐ All volunteers/chaperones who work directly with children
6. Has an officer/title IX coordinator been appointed by the insured to receive and investigate complaints of abuse, molestation, and /or harassment? ☐ Yes ☐ No
7. Does Insured's web page contain information/resources on the title IX and sexual misconduct policies? ☐ Yes ☐ No
8. Does Insured provide training to all students on sexual assault, including prevention and resources? ☐ Yes ☐ No
9. Has the Insured ever had any alleged or actual incidents of abuse or molestation? ☐ Yes ☐ No
If yes, please provide details:

SECTION L: Auto/Transportation Information

1. Indicate the number of vehicles used for student transportation:

PPT/8 Passenger Van: _____ Handicap Vehicles: _____
9-14 Passenger Van: _____ Buses: _____
15 Passenger Van: _____ Police Vehicles: _____
Emergency Vehicles: _____ Other (specify): _____

2. Are there any buses leased or loaned to others or used by outside groups? ☐ Yes ☐ No

3. If an independent contractor operates the bus fleet, provide the following information:

Name of contractor: _____

Limits required: \$ _____

Total cost of hire: \$ _____

Does the Insured require certificates of insurance from the contractor? ☐ Yes ☐ No

Is the school an additional insured on the contractor's policy? ☐ Yes ☐ No

If Insured owns/operates any 12-15 passenger vans, answer the following questions 1-6: ☐ N/A

1. Does the Insured allow students to drive passenger vans? ☐ Yes ☐ No

2. Is/are the van(s) equipped with electronic stability control? ☐ Yes ☐ No

3. What is the frequency of tire pressure checks? _____

4. Does the Insured have guidelines in place limiting the passenger count? ☐ Yes ☐ No

5. Does the Insured limit cargo placement forward of the rear axle and prohibit cargo on the roof? ☐ Yes ☐ No

6. Are drivers required to complete training designed to alert them to the dangers inherent to vans? ☐ Yes ☐ No

Non-Owned and Hired Exposures:

1. Does the Insured have a program in place to monitor employee/volunteer personal auto liability policy? ☐ Yes ☐ No

2. Does the Insured require staff/volunteers to carry state minimum auto liability limits on personal autos? ☐ Yes ☐ No

3. Does the Insured rent or lease vehicles for business purposes? ☐ Yes ☐ No

Driver Qualification (including approved substitute drivers):

1. Does the Insured obtain MVRs on all employed drivers, students, and volunteers before operation of an owned vehicle can take place? ☐ Yes ☐ No

2. Indicate the procedures implemented as part of fleet safety program:

☐ Prescreening driver's MVR's, verify CDL and physicals, past qualifications and training prior to job offer

☐ have a 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

☐ Annual MVR order and review of all employed drivers and approved students

☐ Vehicle key access is centrally controlled and released only to approved drivers

☐ Accident review committee that reviews all accidents

☐ Preventive maintenance program in place with documentation mentioned

SECTION M: School Educators' Legal Liability Information

General Applicant Information:

1. Current policy limits: \$ _____

2. Current policy deductible: \$ _____

3. Current retro date: _____

4. Current carrier: _____

4. Premium: \$ _____

5. Has any coverage been declined, refused, cancelled, or non-renewed within the past five years? ☐ Yes ☐ No

If yes, provide details: _____

6. Number of board members: _____

7. Current student enrollment: _____ Expected enrollment next year: _____

Prior year enrollment: _____ No. of students receiving special ed. services: _____

8. Is the Insured's legal counsel:
☐ An employee ☐ On retainer ☐ No current legal counsel
9. Does an attorney regularly participate in all grievance or administrative hearings? ☐ Yes ☐ No
- Guidance, Policies, and Procedures:**
1. Have Insured's policies and procedures been reviewed by legal counsel? ☐ Yes ☐ No
2. Indicate if you have established policies and procedures governing all students in the area of (check all that apply):
☐ Suspension ☐ Expulsion ☐ Sexual Misconduct ☐ Threats of Violence ☐ Corporal Punishment
☐ Anti-Hazing ☐ Anti-Bullying ☐ Use of Alcohol ☐ Possession of Weapons ☐ Drug Testing/Search
3. Have any of the following taken place during the last five years:
 Disputes involving integration, segregation, discrimination, or violations of rights? ☐ Yes ☐ No
 Violation of title IX arising out of a sexual assault or abuse? ☐ Yes ☐ No
 Entity has had any on-site monitoring by state or federal agencies? ☐ Yes ☐ No
 If yes to any of the above, please provide details:

4. Does the student agreement/contract include a provision allowing a change in the delivery method of education as a part of your crisis response (ex. Switching temporarily to remote learning)? ☐ Yes ☐ No
Please provide a copy of your student contract

SECTION N: Directors, Officers, and Entity Liability

1. Provide a list of all direct and indirect subsidiaries or any other entity or organization you control:
- | Name/Type of Business | % Owned/Controlled | Date Created/Acquired | For Profit | Not for Profit |
|-----------------------|--------------------|-----------------------|------------|----------------|
| | | | | |
| | | | | |
| | | | | |
2. Total gross assets (including endowments): \$ _____
3. If the Insured has an endowment fund, is it managed or reviewed annually by an independent auditor? ☐ Yes ☐ No
 If no, who manages/reviews your endowment fund? _____
4. Does the board have "conflict of interest" guidelines for business dealings between the school and board members or firms which the board members have a significant financial interest? ☐ Yes ☐ No
5. Has any person proposed for coverage been the subject of, or involved in, any of the following in the past five years (check all that apply):
☐ Any disciplinary action by any regulatory agency or association
☐ Any administrative proceedings charging violation of federal or state law or regulation
☐ Any anti-trust, copyright, or patent litigation
☐ Any action for suspensions or revocation of a license, authority, or for any professional disciplinary sanction
☐ Any other criminal actions
 If yes to any of the above, provide details:

6. Does the board direct or request any individual to serve as director, officer, or trustee of any other entity? ☐ Yes ☐ No
 If yes, provide details: _____

SECTION O: Employment Practices Liability Information

General Applicant Information:

1. Current policy limits: \$ _____ Current policy deductible: \$ _____
 Current retro date: _____ Premium: \$ _____
 Current carrier: _____
2. Does the Insured have a human resource coordinator or person responsible for employment matters? ☐ Yes ☐ No
 If no, who is responsible for employment matters? _____
3. Does the Insured have a written employment manual including all personnel policies and procedures? ☐ Yes ☐ No
 If yes, does the Insured require employees to sign receipt acknowledging they received and understand manual? _____
 ☐ Yes ☐ No
 If yes, is the manual reviewed by counsel experienced and qualified in employment law? ☐ Yes ☐ No
4. Have any complaints been filed with the EEOC over the last five years? ☐ Yes ☐ No
5. Does the Insured offer tenure? ☐ Yes ☐ No
 If yes, what percentage of employees are tenured or on a "tenure track?" % _____
 Are there written guidelines regarding the awarding of tenure? ☐ Yes ☐ No
6. Does the Insured consult with your HR department or outside counsel before dismissing any employee? ☐ Yes ☐ No
7. Does the Insured anticipate any school closings, layoffs, or restructuring resulting in a workforce reduction in the next 24 months? ☐ Yes ☐ No
 If yes, provide details: _____

Guidelines, Policies, and Procedures:

1. Complete the table below:

Does the Insured have written procedures in place regarding the following listed	Written Policy? (Y/N)	Employees Sign/Acknowledgment Receipt? (Y/N)
Written Performance Reviews	☐ Yes ☐ No	☐ Yes ☐ No
Discharge/Termination	☐ Yes ☐ No	☐ Yes ☐ No
Equal Opportunity Employment	☐ Yes ☐ No	☐ Yes ☐ No
Anti-Discrimination	☐ Yes ☐ No	☐ Yes ☐ No
Anti-Sexual Harassment	☐ Yes ☐ No	☐ Yes ☐ No

2. Does Insured conduct HR training on guidelines, policies, and procedures for all supervisory positions? ☐ Yes ☐ No
3. Does the Insured conduct training for all employees on issues of discrimination, sexual, and other workplace harassment? ☐ Yes ☐ No
4. During the last 5 years, has any persons been involved in any lawsuit, charges, inquiries, investigations, grievances, or other administrative hearings or proceedings before any of the following agencies (check all that apply):
☐ National Labor Relations Board ☐ Equal Employment Opportunity Board
☐ U.S. Department of Labor ☐ Any state or federal government agency
 If any of the above are selected, provide details:

5. Has the Insured updated your HR policies regarding pandemic or communicable diseases? ☐ Yes ☐ No
6. Does the Insured anticipate in the next 12 months any reduction in the workforce because of any pandemic or communicable disease? ☐ Yes ☐ No
7. Does the Insured anticipate any material impact on your revenues, profit level, cash position, and long-term debt levels over the next 6-12 months because of any pandemic or communicable diseases? ☐ Yes ☐ No
 If yes, provide details:

8. Does the Insured anticipate any reduction or changes in benefits to your employee benefits plans? ☐ Yes ☐ No
 If yes, provide details:

SECTION P: Law Enforcement Professional Liability Information

1. Current policy limits: \$ _____ Current policy deductible: \$ _____
Current retro date: _____ Premium: \$ _____
Current carrier: _____
2. Indicate the number of personnel in the following positions:
School resource officer or equivalent: unarmed: _____ armed: _____
Employed security: unarmed: _____ armed: _____
Contracted security: unarmed: _____ armed: _____
3. Are all security personnel subject to the same level of scrutiny as teachers and other faculty? ☐ Yes ☐ No
4. Indicate if the scope of security operations include (check all that apply):
☐ Athletic events ☐ Concerts and plays ☐ On premises during school hours
☐ On premises after hours ☐ Other: _____
5. If there are employed armed security, are they trained and/or re-certified annually to the standards required for public sector law enforcement personnel within the political subdivision for use of weapons? ☐ Yes ☐ No
6. Is the Insured's security department accredited by the International Association of Campus Law Enforcement Administration (IACLEA)? ☐ Yes ☐ No
7. Does a mutual air agreement exist between the institution and municipal police department? ☐ Yes ☐ No
8. Indicate if Insured has established policies and procedures governing your security personnel (check all that apply):
☐ Use of force continuum ☐ Use of deadly force ☐ Passive restraint
☐ Wrongful detention ☐ Crowd control
9. Do security/law enforcement receive training in the administration of (check all that apply):
☐ All established policies ☐ Crisis management response plan
☐ CPR/first aid ☐ Non-violent crisis intervention
- Contracted Security Services:** ☐ N/A
1. Please provide the name of the firm or department: _____
2. Does Insured require contractors to carry general liability and law enforcement professional coverage? ☐ Yes ☐ No
If yes, what are the minimum limits required? _____
Are hold harmless/indemnification agreements in Insured's favor required from contractor? ☐ Yes ☐ No
Does the Insured require certificates of insurance? ☐ Yes ☐ No
Is the Insured listed as an additional insured on the contractor's policy? ☐ Yes ☐ No

SECTION Q: Loss and Incident Information

1. List all incidents and claims incurred within the past five years including complaints, charges, administrative proceedings, due process hearing, and lawsuits involving the entity, security/law enforcement employees, outside security/law enforcement personnel, or volunteers (please attach a separate sheet if necessary):

Coverage	Date	Description and Details	Damages Incurred	Defense Incurred	Open or Closed
Sexual Abuse					
Educators Legal					
Employment Practices					
Director and Officers					
Professional					
Law Enforcement					

SECTION R: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____