

## COLLEGE AND UNIVERSITY POLICY LIABILITY APPLICATION

### I. GENERAL INFORMATION

Applicant Name (As it is to appear on policy): \_\_\_\_\_ Broker Name: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_ Contact Name/Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_ Need Quote By: \_\_\_\_\_

1. What is the rating of your general obligation bonds? Moody's: \_\_\_\_\_ Standard & Poor's: \_\_\_\_\_

2. How will you handle claims?

In House: Yes:  No:  If Yes, attached Supplemental Application must be completed.

Independent Administrator/Adjuster: Yes:  No:  If Yes, provide contact information:

Contact Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

3. THIS QUESTION DOES NOT APPLY IN MISSOURI. DO NOT ANSWER FOR MISSOURI ACCOUNTS.

Has any insurance for the Applicant been cancelled or non-renewed in the last five years? Yes:  No:

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

### II. COVERAGES: List current and desired coverages below.

<b>Current Coverages:</b>	Carrier	Limits	Deductible/ SIR	Occurrence or Claims Made	Retro Date for Claims Made	Expiring Premium
General Liability		\$	\$			\$
Educators Legal Liability		\$	\$			\$
Automobile Liability		\$	\$			\$
Excess Liability		\$	\$			\$

<b>Desired Coverages:</b>	Limits	Deductible/ SIR	Occurrence or Claims Made	Retro Date for Claims Made
General Liability	\$	\$		
Automobile Liability	\$	\$		
Educators Legal Liability	\$	\$		
Excess Liability	\$	\$		

### III. OPERATIONS:

#### A. General:

1. Type of Institution:  Public  Private  For Profit  Not-for-Profit  
 Community College  Junior College  Trade College  Other College or University
2. Student enrollment for proposed term: Undergraduate:  Full time  Part time  
 Graduate:  Full time  Part time

#### B. Housing:

1. Complete the following table for each residence hall you own or manage.

Building Name	City	ST	Year Built	Area Sq Ft	# of Stories	# of Resid. Units	# of Students	Type of Construction	Smoke Alarms?	% Sprinklered

2. If any of the above buildings four stories or higher are not 100% sprinklered, do you have any plans to retrofit them to make them 100% sprinklered? Yes:  No:

Please provide details: \_\_\_\_\_  
 \_\_\_\_\_

3. For each residence hall: Is there key-card or security code access during daytime hours? Yes:  No:   
 Is there key-card or security code access during nighttime hours? Yes:  No:   
 Is there a security guard at the front desk of every residence hall? Yes:  No:

If No, please describe security program at residence halls: \_\_\_\_\_  
 \_\_\_\_\_

4. Number of faculty or other employees in housing buildings you own or manage: \_\_\_\_\_

5. Do you own or manage any hotel or guest housing? Yes:  No:

If Yes, total number of residential units: \_\_\_\_\_ Total square footage of guest housing: \_\_\_\_\_

6. Do you provide an after-hours security escort service for students or employees to housing or parking areas? Yes:  No:

#### C. Other Buildings:

1. Complete the following table for all classroom, office, and other non-residential buildings four stories or higher that you own or manage.

Building Name	City	ST	Year Built	Area Sq Ft	# of Stories	Type of Construction	Smoke Alarms?	% Sprinklered

2. If any of the above buildings four stories or higher are not 100% sprinklered, do you have any plans to retrofit them to make them 100% sprinklered? Yes:  No:   
 Please provide details: \_\_\_\_\_

3. What are the estimated gross receipts from operation of parking at: Open air lots: \_\_\_\_\_ Parking structures: \_\_\_\_\_

**D. Athletics:**

- Check the sports, activities, or clubs your sports teams or clubs compete in.
 

<input type="checkbox"/> Football	<input type="checkbox"/> Ice hockey	<input type="checkbox"/> Rock/wall climbing	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Rugby	<input type="checkbox"/> None of the above
<input type="checkbox"/> Horse-related activities	<input type="checkbox"/> Rifle shooting	<input type="checkbox"/> Skydiving	
- Check the athletic program's classifications.
 

<input type="checkbox"/> NCAA Division I	<input type="checkbox"/> NCAA Division III	<input type="checkbox"/> Club sports	<input type="checkbox"/> No athletic program
<input type="checkbox"/> NCAA Division II	<input type="checkbox"/> NAIA	<input type="checkbox"/> Intramurals	
- Do you require students (or guardians if student is a minor) to sign a liability waiver or hold harmless agreement prior to participation in each program? Yes:  No:   
 Does counsel approve the wording of the agreements prior to use? Yes:  No:
- Do you or the NCAA or another outside organization provide accident insurance for your athletic participants? Yes:  No:
- Number of swimming pools: With diving boards: \_\_\_\_\_ Without diving boards: \_\_\_\_\_  
 Are all pool managers currently certified for life safety? Yes:  No:   
 Are swimming pools available for personal use outside of the school swimming or diving team by: Students: Yes:  No:   
 General public: Yes:  No:

**E. Stadiums and Arenas:**

1. Complete the following table for all stadiums, arenas, and other similar facilities:

Name of Building	Seating Capacity	Use of Building by You	Use of Building by Others	Annual Receipts
				\$
				\$
				\$
				\$
				\$

- Do you require certificates of liability insurance from other entities that use your buildings? Yes:  No:   
 If Yes, what is the minimum limit required? \_\_\_\_\_  
 Do you require that the liability insurance policy name you as an additional insured? Yes:  No:

**F. Alcohol:**

1. Complete the following table for all facilities under your ownership or control that serve or sell alcohol and provide the sales from each facility.

Name of Facility	Type of Operation	Alcohol Sales
		\$
		\$
		\$
		\$
		\$

2. Do you have an established written policy which provides guidelines for alcohol use:
- At athletic events? Yes:  No:
  - At on-campus events of any student organization? Yes:  No:
  - At on-campus fraternities and sororities? Yes:  No:
  - At off-campus fraternities and sororities? Yes:  No:
3. Do you have an established policy that regulates the disciplinary procedures concerning violation of the alcohol policies?  
 Yes:  No:
- If Yes, how is the policy communicated to students, parents, and guardians? \_\_\_\_\_
- 

**G. Security:**

1. Please provide information on security personnel.
- |                               | # of persons | Payroll  |
|-------------------------------|--------------|----------|
| Armed security employees      | _____        | \$ _____ |
| Armed contracted security     | _____        | \$ _____ |
| Non-armed security employees  | _____        | \$ _____ |
| Non-armed contracted security | _____        | \$ _____ |
- If there are any contracted personnel, what liability insurance limits do you require from the security company? \_\_\_\_\_
- 

2. Does the security force have the power of arrest? Yes:  No:
3. Do you have a mutual aid agreement with local police? Yes:  No:
4. Do you get criminal background checks on all security employees? Yes:  No:
- If Yes, how often? \_\_\_\_\_
5. Do you get psychological background checks on all security employees? Yes:  No:
- If Yes, how often? \_\_\_\_\_
6. Are armed security personnel trained and certified for weapons use? Yes:  No:
- If Yes, how frequently are they retrained? \_\_\_\_\_
- 

**H. Watercraft:**

1. How many surface watercraft under 26 feet do you own or operate? \_\_\_\_\_
2. Do you have a written policy which:
- Specifies checkout procedures? Yes:  No:
  - Requires signed waiver, releases, and hold harmless forms? Yes:  No:
  - Requires life jackets for non-sports team activities? Yes:  No:
3. Are any of these watercraft rented to students or the general public? Yes:  No:
- If Yes, what are the estimated gross rental receipts? \_\_\_\_\_

**I. Fraternities and Sororities:**

1. Are there any fraternities or sororities: On campus? Yes:  No:   
Off campus but under your control? Yes:  No:
2. Do you require certificates of liability insurance from the local fraternity and sorority chapters? Yes:  No:   
 If Yes, what is the minimum limit required? \_\_\_\_\_
3. Do you have an established policy to work with the local fraternity and sorority chapters on alcohol and life safety issues? Yes:  No:   
 If Yes, how is the policy communicated to the local fraternity and sorority chapters? \_\_\_\_\_
- 

**J. Commercial and Research:**

1. List general areas of research and identify which of those are directed at formulation of a product or a process with commercial application.

Area of research	Describe the commercial application

2. Do you have a written policy detailing rules for dealing with outside entities with whom you do research or product development? Yes:  No:
3. Does counsel review each contract involving research operations prior to engaging in the research? Yes:  No:
4. Have you or any subsidiaries, affiliates, auxiliaries, or any Director, Officer or Trustee:
- Been involved in any antitrust, copyright, or patent infringement litigation? Yes:  No:
- Been charged in any civil or criminal action or administrative proceeding with a violation of any Federal or State antitrust or unfair trade practice law or any federal or state securities law or regulation? Yes:  No:
- Been involved in any representative actions, class action, or derivative suits? Yes:  No:
- If Yes for any question above, please describe: \_\_\_\_\_
- 

**K. Media:**

1. Who provides your website content? Employees? Yes:  No:   
Students? Yes:  No:   
Other? Yes:  No:
- If Other, please describe: \_\_\_\_\_
2. Is there a written agreement with the website content provider(s) that the content is owned by you? Yes:  No:
3. Do you have procedures for monitoring the website for errors, inappropriate content, or hacking? Yes:  No:   
 If Yes, how often is the website monitored? \_\_\_\_\_
4. Do you collect data on website visitors? Yes:  No:   
 If Yes, what do you do with the information? \_\_\_\_\_
- Do you ever sell name lists? Yes:  No:

5. What are the prior year's gross sales from each of the following categories:
- |   |  |
|---|--|
| \$ _____ Textbook publishing                  | \$ _____ Newspaper publishing            |
| \$ _____ Book publishing other than textbooks | \$ _____ Radio station broadcasting      |
| \$ _____ Magazine publishing                  | \$ _____ Television station broadcasting |
| \$ _____ Other, please describe: _____        |  |
6. Do you intend the broadcasting operation to reach beyond the campus students and employees? Yes:  No:
7. Do you host an electronic bulletin board or chat room? Yes:  No:
- If Yes, are there procedures for monitoring and managing the content? Yes:  No:
8. Do you provide a venue for students, faculty, and/or staff to create and use blogs? Yes:  No:
- If Yes, do you provide guidelines as to the acceptable use of the facility? Yes:  No:
- If Yes, how are the guidelines communicated to the facility users? \_\_\_\_\_
- 

**L. Clinical Trials:**

1. Do you allow or conduct clinical trials that are:
- |  |  |
|--|--|
| Medically invasive including dispensing pharmaceuticals? | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Medically non-invasive?                                  | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Non-medical?   | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
- If Yes for any of the above, describe the clinical trials: \_\_\_\_\_
2. Do you require certificates of liability insurance from other entities you work with in the clinical trials? Yes:  No:
- If Yes, what is the minimum limit required? \_\_\_\_\_
- Do you require that the liability insurance policy name you as an additional insured? Yes:  No:
3. Are you held harmless from any loss or expense related to clinical trials by:
- |  |  |
|--|--|
| The terms of the research grant?                 | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| The organization sponsoring the clinical trials? | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| The terms of waivers signed by participants?     | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |

**M. Medical:**

**Note: The Genesis policy excludes premises liability and professional medical services at all overnight medical locations except for clinics and infirmaries.**

1. Do you have a clinic or infirmary intended for use by:
- |                 |  |
|-----------------|--|
| Students?       | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| Employees?      | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
| General public? | Yes: <input type="checkbox"/> No: <input type="checkbox"/> |
2. State the total number of each of the following.
- |                             |                            |                      |                         |
|-----------------------------|----------------------------|----------------------|-------------------------|
| _____ Employed physicians   | _____ Volunteer physicians | _____ Student nurses | _____ Athletic trainers |
| _____ Contracted physicians | _____ Employed nurses      | _____ EMTs           |                         |
- Please describe others: \_\_\_\_\_
- For contracted physicians, what is the minimum liability limit required? \_\_\_\_\_
- Do you require that the liability insurance policy name you as an additional insured? Yes:  No:
3. Check the services provided at student clinic/infirmaries.
- |   |  |
|---|--|
| <input type="checkbox"/> Emergency care                                     | <input type="checkbox"/> Diagnosis and treatment of athletic team participants |
| <input type="checkbox"/> Contraception                                      | <input type="checkbox"/> Pharmacy  |
| <input type="checkbox"/> Sexually transmitted disease testing and treatment | <input type="checkbox"/> Diagnostic checks for hearing and vision              |
| <input type="checkbox"/> Immunizations and allergy injection                | <input type="checkbox"/> Laboratory services                                   |
- Please describe others: \_\_\_\_\_

4. Are there separate professional liability policies for the employed staff and volunteers at the clinic/infirmery? Yes:  No:   
 If Yes, what is the minimum required? \_\_\_\_\_  
 Do you require that the liability insurance policy name you as an additional insured? Yes:  No:
5. How many beds does the clinic or infirmery provide for overnight stays? \_\_\_\_\_
6. What is the maximum number of nights any one person is allowed to stay at the clinic or infirmery? \_\_\_\_\_

**N. Counseling Services:**

1. State the total exposure for each:
- |  |            |               |               |
|--|------------|---------------|---------------|
|  | Employed   | Psychologists | Psychiatrists |
|  | _____      | _____         | _____         |
|  | Contracted | _____         | _____         |
- For contracted psychiatrists, what is the minimum liability limit required? \_\_\_\_\_  
 Do you require that the liability insurance policy name you as an additional insured? Yes:  No:
2. Do you have a written policy detailing procedures for providing counseling to students in each of these areas:
- |                |                               |                              |
|----------------|-------------------------------|------------------------------|
| Academic:      | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| Career:        | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| Financial Aid: | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| Psychological: | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
3. Do you have an administrative hearing process to deal with students perceived at risk of suicide? Yes:  No:   
 If Yes, how is the process communicated to the students and others in the school community? \_\_\_\_\_  
 \_\_\_\_\_

**O. Child Care and Camps:**

1. What is the average number of minors at any daycare operation under your control or on your premises? \_\_\_\_\_
2. Do you get criminal or child abuse background checks on all persons who work in daycare operations or have regular contact with children? Yes:  No:   
 If Yes, how often do you get updates for employees? \_\_\_\_\_
3. Do you provide daycare services to children other than those of students and employees? Yes:  No:   
 If Yes, please explain: \_\_\_\_\_
4. What is the annual average number of minors who attend or participate in any summer camp, recreational, or non-student program you operate or control or that is on your premises? \_\_\_\_\_
5. Do you require certificates of liability insurance from other entities that operate programs on your premises? Yes:  No:   
 If Yes, what is the minimum liability limit required? \_\_\_\_\_  
 Do you require that the liability insurance policy name you as additional insured? Yes:  No:
6. Do you require participant (or parent/guardian if participant is a minor) to sign a liability waiver or hold harmless agreement prior to participation in each program? Yes:  No:

**P. International:**

1. How many of your school's students do you estimate will travel for school-sponsored study outside of the United States and Canada in the upcoming year? \_\_\_\_\_
2. Do you require each student to sign a liability waiver or hold harmless agreement prior to the travel? Yes:  No:
3. Do you sponsor any student travel to countries on the United States State Department Travel Warnings list? Yes:  No:
4. Do you have a response plan for emergencies and disasters occurring outside the United States and Canada? Yes:  No:

**Q. Automobile:**

1. Summarize your vehicle fleet for the proposed term by type and normal radius of operations:

	Local <50 miles	Intermediate 50-250 miles	Long >250 miles
Police or security private passenger car	_____	_____	_____
Ambulances	_____	_____	_____
Other private passenger cars	_____	_____	_____
Motorcycles	_____	_____	_____
Passenger Vans 1-8 seats	_____	_____	_____
Passenger Vans 9-20 seats	_____	_____	_____
Vans, light trucks, pickups <10,000 lbs GVW not transporting passengers	_____	_____	_____
Medium trucks 10,001 – 20,000 lbs GVW	_____	_____	_____
Heavy trucks >20,001 lbs GVW	_____	_____	_____
Tractor trailers	_____	_____	_____
Buses 1-8 passengers	_____	_____	_____
Buses 9-20 passengers	_____	_____	_____
Buses 21-60 passengers	_____	_____	_____
Buses 61+ passengers	_____	_____	_____

2. Do you use 15-passenger vans? Yes:  No:   
 If Yes, describe any restrictions on how the vehicles may be used? \_\_\_\_\_

3. Do you lease any buses? Yes:  No:   
 If Yes, what is the minimum liability limit required? \_\_\_\_\_

4. Please provide vehicle count for the current year and 5 prior years:

	Policy Term	# of vehicles
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

5. Are students allowed to drive their own vehicles on your behalf? Yes:  No:   
 If Yes, please describe: \_\_\_\_\_

6. Are students allowed to drive your owned vehicles? Yes:  No:   
 If Yes, please describe: \_\_\_\_\_

7. Do you require that employees or students driving on your behalf take driver safety classes? Yes:  No:   
 If Yes, please describe: \_\_\_\_\_

8. Do you check Motor Vehicle Reports on employees or students driving on your behalf? Yes:  No:   
 If Yes, please describe: \_\_\_\_\_

**IV. Educators Legal Liability**

1. State the number of employees by type.

	Faculty	All other
Full-time	_____	_____
Part-time	_____	_____

2. Do you have a written human resources manual approved by counsel? Yes:  No:
- If Yes, what year was this manual last updated? \_\_\_\_\_
- If Yes, please indicate if the manual contains a policy/procedure regarding:
- Written application for employment: Yes:  No:
  - Legally-prohibited discrimination: Yes:  No:
  - Employee disciplinary actions: Yes:  No:
  - Terminations/layoffs/early retirements: Yes:  No:
  - Employee appraisals/tenure/reviews: Yes:  No:
  - Appeal/hearing process for denial of tenure: Yes:  No:
  - Sexual molestation/sexual harassment: Yes:  No:
- Is there any employee training you provide as respects the above policies/procedures? Yes:  No:
- Is the manual given or made available to faculty, administration, and staff? Yes:  No:
3. Do you have an employee handbook? Yes:  No:
- If Yes:
- Is it distributed to all employees? Yes:  No:
  - Is employee signature required? Yes:  No:
4. Show the turnover rate and the number of employees hired and terminated for each of the past four years.

Year	Turnover rate	# Full-time hired	# Part-time hired	# Full-time involuntarily terminated	# Part-time involuntarily terminated

5. Is legal counsel consulted prior to any employee termination? Yes:  No:
6. Has any accrediting body taken or advised probationary action against you in past three years? Yes:  No:
- If Yes, please describe: \_\_\_\_\_
7. Do you keep track of the diversity of the student enrollment and employee makeup? Yes:  No:
- If Yes, do you have clear procedures in place to deal with the situation? Yes:  No:
8. Do you have clear procedures in place for responding to complaints or knowledge of potentially dangerous situations? Yes:  No:

## V. Affiliated Entities

1. Any for-profit entity affiliated organization must be scheduled on the policy for coverage to apply. Complete the information below for each for-profit affiliated entity and any not-for-profit entity owned more than 50% by the Named Insured.

Name of Entity	Year Acquired or Established	For Profit	Not-for-Profit	Annual Budget	Description of Operation
		<input type="checkbox"/>	<input type="checkbox"/>	\$	
		<input type="checkbox"/>	<input type="checkbox"/>	\$	
		<input type="checkbox"/>	<input type="checkbox"/>	\$	
		<input type="checkbox"/>	<input type="checkbox"/>	\$	
		<input type="checkbox"/>	<input type="checkbox"/>	\$	

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## VI. Risk Management and Safety

1. Please describe or attach information regarding risk management programs, training programs, or safety programs: \_\_\_\_\_  
\_\_\_\_\_
2. Do you employ a full-time risk manager? Yes:  No:   
If Yes, state the risk manager's name and title: \_\_\_\_\_  
If No, who is responsible for coordination of risk management and safety operations? \_\_\_\_\_
3. Do you have a Risk Management/Safety Committee? Yes:  No:   
If Yes, how often does the committee meet:: \_\_\_\_\_
4. Do you have a full-time head of security? Yes:  No:
5. Do you have a response plan for acts of terrorism and other emergencies occurring at the campus? Yes:  No:   
If Yes, how often is the plan reviewed? \_\_\_\_\_
6. What is the frequency of physical inspections of buildings, parking areas, and common areas?  
Dormitories and other residential: \_\_\_\_\_  
Classrooms: \_\_\_\_\_  
Office buildings: \_\_\_\_\_  
Stadiums and arenas: \_\_\_\_\_  
Please describe others: \_\_\_\_\_
7. Do you require that legal counsel review all contracts and agreements prior to signing documents? Yes:  No:
8. Do you designate certain individuals for authorization to sign legal documents with specific value and term limitations? Yes:  No:
9. Are there financial controls in place regarding the handling of money (such as dual controls with check signatories)? Yes:  No:
10. Are there clear records of donations and, if applicable, the use of funds as they were intended by the donors? Yes:  No:
11. Is there a clear policy stating that funds cannot inure to the benefit of the institution's trustees or employees? Yes:  No:
12. Do you have a written policy that prohibits hazing by any individual or group affiliated with the college or university? Yes:  No:   
If Yes, how is this policy communicated to the students and organizations? \_\_\_\_\_  
\_\_\_\_\_

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## VII. Comments

Please provide additional comments you have about your operation or any of the questions on this application.

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## VIII. Attachments

Attach the following documents:

- The latest audited financial statement.
  - Recently valued loss runs showing aggregate incurred and paid losses for each of the past six years including the current year.
  - Description and value of each claim excess of \$50,000 for the past six years including the current year.
  - Student handbook and guidelines for living in insured-controlled residential buildings.
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## IX. Signature

The applicant acknowledges that the College and University Policy may contain a provision that claim expenses will serve to erode the retained limit and/or the limit(s) of insurance.

Any person who knowingly and with intent to defraud any insurance company or other 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.

Completion of this questionnaire creates no obligation upon the applicant to accept insurance or upon Genesis Underwriting Management Company to offer insurance. However, in the event that any insurance offering is accepted by the applicant or is issued by Genesis Underwriting Management Company, this questionnaire will form the basis for the acceptance and insurance.

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Date: \_\_\_\_\_

**Please see Supplemental Claims Information page.**

## THE COLLEGE AND UNIVERSITY POLICY LIABILITY APPLICATION

### Supplemental Claims Information

1. Please provide name, address, phone number and key contact of the proposed claim handler:

Contact Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Please list the names, experience levels, and authority levels of the claims handling staff:

Name	Experience	Authority Level

3. Who is responsible for reporting claims to the excess carrier?

4. Are reserves established for each reported claim? Yes:  No:

If No, please explain: \_\_\_\_\_

5. Describe method utilized in setting reserves: Case by case:  Formula:

Please explain: \_\_\_\_\_

6. Who establishes the reserves? \_\_\_\_\_

7. Are you in compliance with GASB 10? Yes:  No:

8. Describe your claim system: Manual:  Automated:

If automated, is software internally-programmed? Yes:  No:

If automated, is software vendor-programmed? Yes:  No:

9. If vendor-programmed, please provide name of vendor: \_\_\_\_\_

10. How often are claim reports generated: \_\_\_\_\_

11. Do your claim reports include details on the current status of each claim, as well as the paid amount, incurred amount, and description of loss? Yes:  No:

12. How is litigation handled? Legal Staff: Yes:  No:

Independent Counsel: Yes:  No:

Both: Yes:  No:

13. Are all claim files and reports centralized and coordinated by one individual? Yes:  No: