

## THE SCHOOL POLICY LIABILITY APPLICATION

### I. GENERAL INFORMATION

Applicant Name – (As to be shown on policy): \_\_\_\_\_ Broker Name: \_\_\_\_\_

Risk Manager (or other Contact)/Title: \_\_\_\_\_ Contact/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. Is a full-time risk manager employed? Yes:  No:
2. What is the Bond Rating of the Entity? Moody's: \_\_\_\_\_ Standard & Poor's: \_\_\_\_\_
3. Has any insurance for the Entity been cancelled or non-renewed in the last 5 years? Yes:  No:   
If yes, please explain: \_\_\_\_\_
4. Please describe or attach information regarding risk management programs, training programs, or safety programs: \_\_\_\_\_
5. How will you handle claims? In House: Yes: \* No:   
Independent Administrator/Adjustor: Yes:  No:   
Insurance Company: Yes:  No:

\* If you answered Yes to In-House claim handling, attached Supplemental Application must be completed.

### 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		\$	\$			\$
Automobile Liability		\$	\$			\$
School Board Legal Liability		\$	\$			\$
Excess Liability		\$	\$			\$

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

### III. EXPOSURES

#### General Liability:

1.	Public or private institution:			
2.	<b>Type of School</b>	<b># Schools</b>	<b>ADA/Student Count</b>	<b># Teachers</b>
	Preschool			
	K-8			
	High School			
	Vocational/Trade Schools			
	Night/Adult Education			
	College – full-time/part-time			
	Graduate/Professional			
3.	Number of faculty members:			
4.	Total square footage of campus buildings (colleges/universities only):			
5.	Please provide Total Average Daily Attendance count for the past 5 years:	<b>Term</b>	<b>ADA/Student Count</b>	

#### Separately Rated Classes:

Classification	Provide total exposure for each:		
Medical Staff:	Physicians:	Carry own insurance: <input type="checkbox"/>	School Provides: <input type="checkbox"/>
	Nurses:	Student Nurses:	EMTs:
Dormitories:	Residence Halls:	Residential Units:	
	Square Footage:	Resident Advisors:	
Daycare Operations:	Number of locations:	Number of children:	
	Ratio of children to care providers:	Age range of children:	
Restaurants/Commissaries:	Food Receipts:	Liquor Receipts:	
Police/Security Force:	Full-time/armed:	Full-time/non-armed:	
	Part-time/armed:	Part-time/non-armed:	
Stadiums/Bleachers:	Facilities:	Seating Capacity:	Stadium Receipts:
Swimming Pools:	Pools:		

#### Other Exposures:

Classification:	Exposure	Coverage Desired
Beaches or Lakes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Watercraft	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Hospitals or Clinics	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Athletic Programs	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Radio Stations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Publishing Activities	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Joint Venture Projects	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Charter Schools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Additional information may be required for all Yes responses.

#### School Board Legal Liability:

1.	Employees:	Full-time:	Part-time:	
2.	Do you have a written human resources manual?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	If Yes, what year was this manual updated?			
	If Yes, please indicate if the manual contains a policy/procedure for the following:	Written application for employment:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		Legally-prohibited discrimination:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		Employee disciplinary actions:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		Terminations, layoffs, early retirements:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		Employee appraisals/reviews:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
		Sexual molestation/sexual harassment:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
3.	Is there any employee training you provide as respects the above?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
4.	Do you have an employee handbook?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	If Yes, is it distributed to all employees?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>

	If Yes, is employee signature required?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
5.	Employee turnover for the last 3 years:	Full-time employees hired:	Part-time employees hired:		
		Full-time employees terminated:	Part-time employees terminated:		
6.	What is the advance review procedure for employee termination?				
	Is legal counsel consulted?			Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
7.	Are there any facts or circumstances that may result in employment-practice claims being made against you?			Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	If Yes, please provide a listing of each instance:				

#### IV. LOSS HISTORY – Other than Automobile Liability

Please provide 6 years prior loss history as outlined below. Losses must be shown from first dollar and include open and closed claims.

1.	Does Insured reserve only to retention level? If Yes, excess claims information must be provided.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
2.	If losses are not broken out by General Liability and School Board Legal Liability, please confirm that these are all included in the information you have provided. If No, please explain:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
3.	Attach a listing of all opened and closed claims excess of \$50,000. Include date of loss, description of claim/injury, total incurred and paid amounts.		
4.	Attach company loss runs.		

##### General Liability:

Experience Period	Number of Claims	Total Incurred	Total Paid	Valuation Date
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

##### School Board Legal Liability:

Experience Period	Number of Claims	Total Incurred	Total Paid	Valuation Date
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

If Automobile Liability is not being requested, please proceed to Section VII.

#### V. AUTOMOBILE LIABILITY

Please summarize your vehicle fleet:

Vehicles:	# Units
Private passenger – all other:	
Vans (no passenger), light trucks & pickups (up to 10,000 lbs. GVW):	
Passenger vans (1-8 seats):	
Passenger vans (9-20 seats):	
Medium trucks (10,001 to 20,000 lbs. GVW):	
Heavy trucks (20,001 to 45,000 lbs. GVW):	
Extra heavy trucks (over 45,000 lbs. GVW):	
Heavy truck tractor (up to 45,000 lbs. GVW):	
Extra heavy truck tractor (over 45,000 lbs. GVW):	

School Owned and Operated Buses:	# Units
1-8 passengers	
9-20 passengers	
21-60 passengers	
61+ passengers	

Any Leased Buses:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Limits required by school for leased buses:		

Please provide vehicle count for the past 5 years:

Policy Term	# of Vehicles

1.	How often are vehicles inspected:	Daily: <input type="checkbox"/>	Weekly: <input type="checkbox"/>	Monthly: <input type="checkbox"/>	Quarterly: <input type="checkbox"/>	
2.	Are safety inspection records maintained?				Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
3.	Do you have a formal written accident reporting procedure?				Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
4.	Do you have driver-hiring criteria in place?				Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	a.	MVRs checked on all drivers prior to hire?			Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	b.	MVRs checked at least annually thereafter?			Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	c.	Drug/alcohol testing at time of hire?			Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	d.	Reference checks?			Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
5.	Do you provide a driver training program?				Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	If Yes, please describe:					
	Any other actions taken with regard to driver hiring or training:					
6.	Do you provide safety incentive awards?				Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	If Yes, please describe:					
7.	Are employees, or families of employees, allowed to use company autos for non-business/ personal use?				Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	If Yes, please describe:					

## VI. LOSS HISTORY – Automobile Liability

Please provide 6 years prior loss history as outlined below. Losses must be shown from first dollar and include open and closed claims.

1.	Does Insured reserve only to retention level? If Yes, excess claims information must be provided.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
2.	Attach a listing of all opened and closed claims excess of \$50,000. Include date of loss, description of claim/injury, total incurred and paid amounts.		
3.	Attach company loss runs.		

### Automobile Liability:

Experience Period	Number of Claims	Total Incurred	Total Paid	Valuation Date
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

## VII. Signature

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:		
Address:		
City:	State:	Zip:

Please see Supplemental Claims Information page below.

## The School Policy

### 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: <input type="checkbox"/> No: <input type="checkbox"/>
	If No, please explain:		
5.	Describe method utilized in setting reserves:		Case by case: <input type="checkbox"/> Formula: <input type="checkbox"/>
	Please explain:		
6.	Who establishes the reserves?		
7.	Are you in compliance with GASB 10?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
8.	Describe your claim system:		Manual: <input type="checkbox"/> Automated: <input type="checkbox"/>
	If Automated, is software internally-programmed?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	If Automated, is software vendor-programmed?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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: <input type="checkbox"/> No: <input type="checkbox"/>
12.	How is litigation handled?		Legal Staff: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Independent Counsel: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Both: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
13.	Are all claim files and reports centralized and coordinated by one individual?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>