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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:

1. 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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Current Coverages:*** | Carrier | Limits | Deductible/ SIR | Occurrence or  Claims Made | Retro Date for Claims Made | Expiring Premium |
| General Liability |  | $ | $ |  |  | $ |
| Educators Legal Liability |  | $ | $ |  |  | $ |
| Automobile Liability |  | $ | $ |  |  | $ |
| Excess Liability |  | $ | $ |  |  | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Desired Coverages:*** | Limits | Deductible/ SIR | Occurrence or  Claims Made | Retro Date for Claims Made |
| General Liability | $ | $ |  |  |
| Automobile Liability | $ | $ |  |  |
| Educators Legal Liability | $ | $ |  |  |
| Excess Liability | $ | $ |  |  |

# III. OPERATIONS:

1. ***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

1. ***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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. 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 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Athletics:***
2. Check the sports, activities, or clubs your sports teams or clubs compete in.

Football  Ice hockey  Rock/wall climbing  Wrestling

Gymnastics  Lacrosse  Rugby  None of the above

Horse-related activities  Rifle shooting  Skydiving

1. Check the athletic program’s classifications.

NCAA Division I  NCAA Division III  Club sports  No athletic program

NCAA Division II  NAIA  Intramurals

3. 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:

4. Do you or the NCAA or another outside organization provide accident insurance for your athletic participants? Yes: No:

5. 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:

1. ***Stadiums and Arenas:***
2. 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 |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |

2. 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:

1. ***Alcohol:***
2. 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 |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |

1. 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:

1. 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Watercraft:***
2. How many surface watercraft under 26 feet do you own or operate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***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 |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***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?

1. ***Clinical Trials:***
   1. Do you allow or conduct clinical trials that are: Medically invasive including dispensing pharmaceuticals? Yes: No:

Medically non-invasive? Yes: No:

Non-medical? Yes: No:

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:

1. Are you held harmless from any loss or expense related to clinical trials by: The terms of the research grant? Yes: No:

The organization sponsoring the clinical trials? Yes: No:

The terms of waivers signed by participants? Yes: No:

1. ***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: No:

Employees? Yes: No:

General public? Yes: No:

1. 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:

1. Check the services provided at student clinic/infirmaries.

Emergency care Diagnosis and treatment of athletic team participants

Contraception Pharmacy

Sexually transmitted disease testing and treatment Diagnostic checks for hearing and vision

Immunizations and allergy injection Laboratory services

Please describe others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Are there separate professional liability policies for the employed staff and volunteers at the clinic/infirmary? 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 infirmary provide for overnight stays? \_\_\_\_\_\_\_\_\_\_\_\_

6. What is the maximum number of nights any one person is allowed to stay at the clinic or infirmary? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Counseling Services:***

1. State the total exposure for each: Psychologists Psychiatrists

Employed \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

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:

1. Do you have a written policy detailing procedures for providing counseling to students in each of these areas: Academic: Yes: No:

Career: Yes: No: Financial Aid: Yes: No:

Psychological: Yes: No:

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Child Care and Camps:***
2. What is the average number of minors at any daycare operation under your control or on your premises? \_\_\_\_\_\_\_\_\_\_\_\_\_\_­
3. 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:

1. ***International:***
2. 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you require each student to sign a liability waiver or hold harmless agreement prior to the travel? Yes: No:
4. Do you sponsor any student travel to countries on the United States State Department Travel Warnings list? Yes: No:
5. Do you have a response plan for emergencies and disasters occurring outside the United States and Canada? Yes: No:
6. ***Automobile:***
7. Summarize your vehicle fleet for the proposed term by type and normal radius of operations:

Intermediate

Local <50 miles 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 \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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 |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |
|  |  |  |  | $ |  |

# 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you require that legal counsel review all contracts and agreements prior to signing documents? Yes: No:
2. Do you designate certain individuals for authorization to sign legal documents with specific value and term limitations?

Yes: No:

1. 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 Yes: No:

university?

If Yes, how is this policy communicated to the students and organizations?

# VII. Comments

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

**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.

# 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.

**FRAUD WARNING**

**Notice to Applicants of all states except Colorado, New York, and Pennsylvania:**

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes 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 and denial of insurance benefits.

**Notice to Colorado Applicants:**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Notice to New York Applicants:**

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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Notice to Pennsylvania Applicants:**

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes 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 Management and Insurance Services Corporation to offer insurance. However, in the event that any insurance offering is accepted by the applicant or is issued by Genesis, this questionnaire will form the basis for the acceptance and insurance.

Signature:

Name: Title:

Company:

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please see Supplemental Claims Information page.**

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## 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:

1. 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: