

Member Companies of American International Group, Inc.



SCHOOL LEADERS ERRORS AND OMISSIONS APPLICATION

Name of Insurance Company To Which Application is Made

Name of Insurance Company to which Application is made (herein called the "Insurer"*)

NOTICE: THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A CLAIMS MADE BASIS. FURTHER NOTE THAT THE DEDUCTIBLE FOR THIS POLICY SHALL APPLY TO BOTH DAMAGES AND DEFENSE COSTS. IF A POLICY IS ISSUED, THE APPLICATION WILL BECOME PART OF THE POLICY AS IF PHYSICALLY ATTACHED. THEREFORE, IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

INSTRUCTIONS

"School Entity," "You," "Your" or "Applicant" refer individually and collectively to the Applicant, persons, entities, and the authorized agent of all person(s) and entity(ies), proposed for this insurance. Some sections of the Application may not apply to the School Entity. If this is the case, please mark "not applicable" (N/A). In the event You need more space to fully answer a question, please attach separate sheet(s) to this Application with Your full answer and indicate the question number to which You are responding.

This Application must be signed and dated by either (a) the highest ranking elected or appointed member of the board of the applicant (b) the business manager or risk manager of the applicant, or (c) the Treasurer or Comptroller of the applicant.

I. GENERAL INFORMATION

- 1. Legal Name of School Entity: _____
- Address: _____
- City: _____ State: _____ Zip Code: _____
- Telephone: _____ - _____
- Internet Web Page Address: _____

a.

Type of School Entity	Check all that apply
Elementary/Primary	<input type="checkbox"/>
High School/Secondary	<input type="checkbox"/>
College/Post Secondary	<input type="checkbox"/>
Vocational/Technical	<input type="checkbox"/>
Charter	<input type="checkbox"/>

- b. Is the School Entity public or private? Yes No
- c. If the School Entity is private, is it a for-profit entity? Yes No

* If this blank is not completed "Insurer" shall mean the insurer that issues the policy to the Applicant based on this Application.

- d. Is the School Entity a boarding school? Yes No
- e. If the School Entity is a college, is it a 2 or 4 year college? _____ years.
- f. The School Entity was created in _____ (year).

2. Student Enrollment

	Current	Prior	Projected
Full Time			
Part Time			
Pre-School			

If the enrollment includes pre-school children, what is/are the age range(s)?

II. FINANCIAL INFORMATION

3. Fiscal Year _____

	Current	Prior	Projected
Total Budget			
Total Expenditures			
Surplus/Deficit			

Total accumulated surplus or deficit \$ _____

If a deficit exists, what steps are being taken to eliminate it? _____

4. Does the School Entity anticipate any special projects which will result in a substantial budget increase or decrease in the next 3 years?

- a. Total amount of School Entity's bond authority: \$ _____
- b. Total amount of outstanding bonds: \$ _____
- c. Latest Moody's, Standard and Poor's and/or Finch's bond rating: _____
If the bonds are not rated, please explain: _____

d. Has the School Entity been in default on the principal or interest of any Bond? Yes No

If yes, provide details: _____

III. SPECIAL EDUCATION

6. Does the School Entity have Special Education Programs and/or Facilities for the mentally, emotionally or physically handicapped? Yes No
 If no, describe where and/or whom manages these programs/facilities:

7. How often are the students evaluated for:
 Placement: _____
 Adjustment to the Individualized Education Plan (IEP) based on progress: _____
 Mainstreaming: _____
8. a. How often over the course of a school year does the School Entity conduct Special Education Due Process hearings? _____
 b. Have any decisions of the Due Process Hearing officer been appealed this year? Yes No
 If yes, how many? _____

IV. OPERATIONS

9. Has the School Entity established guidelines related to:
 a. procedures for suspension or dismissal of students? Yes No
 If yes, are these guidelines in writing? Yes No
 b. reporting and investigating allegations of sexual harassment brought by students? Yes No
 If yes, are these guidelines in writing? Yes No
10. a. Does the School Entity conduct seminars on preventing or identifying sexual harassment and/or instruction on the procedures to be used to report incidences of sexual harassment? Yes No
 b. Are these seminars conducted on a regular basis? Yes No
 c. When was the last seminar conducted? _____
 d. Is attendance mandatory for all employees? Yes No
 e. Are seminars conducted for students? Yes No
11. a. Are background checks conducted on all potential employees? Yes No
 b. Is an offer for employment contingent upon such checks? Yes No
 c. Are background checks conducted on current employees? Yes No

- d. Are background checks conducted by the School Entity employees? Yes No
 If background checks are not conducted by employees, who performs this service?

- 12. Has the School Entity established guidelines for reporting any instance of suspected child abuse to the proper authorities? Yes No
 Are these guidelines in writing? Yes No

V. EMPLOYMENT PRACTICES
Complete this section if You are applying for Employment Practices Coverage

- 13. Staff Size
 - a. Number of instructors currently employed: _____
 - b. Number of non-instructional employees currently employed: _____
 - c. Total number of employees (including Elected and Appointed Board Members): _____
 - d. Total number of volunteers: _____
 - e. Total number of student teachers: _____

- 14. Does the School Entity have a Human Resources Department?
 Yes Number of employees in the Human Resources Department: _____
 No Explain how this function is handled: _____

- 15. Does the School Entity have a written human resources manual? Yes No
 If no, please explain what guidelines are followed: _____

- 16. Has the School Entity established guidelines related to procedures for suspension, dismissal, or non-renewal of employment contracts of:
 - a. Instructors and supervisory personnel? Yes No
 - b. Are these guidelines in writing? Yes No
 - c. Non-professional employees? Yes No
 - d. Are these guidelines in writing? Yes No

- 17. Is a uniform contract for instructors used? Yes No
 If "yes", are all "in force" contracts the same? Yes No
 If "no", explain differences: _____

- 18. Has the School Entity adopted a pay scale for personnel providing for remuneration without regard to age,

sex, race, or creed? Yes No

19. a. Does the School Entity anticipate any reduction in staff in the next twelve (12) months? Yes No

b. Has the School Entity had any reduction in staff in the last twelve (12) months? Yes No

If "yes", explain: _____

c. Has any employee of the School Entity been suspended, demoted, dismissed, transferred or had a contract of employment non-renewed within the last twelve (12) months? Yes No

If "yes", explain: _____

20. How many employees have resigned, been terminated (with or without cause) or retired:

Current Year: _____

Prior Year: _____

21. Has any person, former employee or job applicant alleged unfair or improper treatment regarding employee hiring, non-remuneration advancement or termination of employment? Yes No

If "yes", explain: _____

22. Does the School Entity:

a. Use an employment application for all applicants for hire? _____ Yes No

b. Use any tests to screen applicants for employment or to promote employees? Yes No

c. Have a formal orientation program for all new employees? Yes No

d. Publish an employment handbook? Yes No

If yes, is it distributed to all employees? Yes No

e. Provide regular, written performance evaluations for all employees? Yes No

f. Have a formally implemented and adopted anti-sexual harassment policy? Yes No

If yes, is it distributed annually to all workers? Yes No

g. Have a written procedure for handling employee complaints of discrimination and sexual harassment? Yes No

h. Have a policy on AIDS or on assisting employees with life-threatening or other communicable diseases? Yes No

i. Have a policy on accommodating the disabled as required by the Americans with Disabilities Act and related laws? Yes No

j. Comply with the Family Medical Leave Act? Yes No

23. Does the School Entity require terminations to be reviewed by its: Human Resources Department? Yes No

Legal Department? Yes No
 Outside counsel? Yes No

24. Does the School Entity have a formal out-placement program which assists terminated or laid off employees in finding other jobs? Yes No

25. Does the School Entity conduct exit interviews? Yes No

VI. OTHER INFORMATION

26. Is the School Entity affiliated with any other entity? Yes No
 If yes, please list the name of the entity(ies), the nature of its operations and the relationship between the School Entity and the other entity(ies): _____

Will the School Entity be adding any of this entity(ies) as additional insureds? Yes No

27. For which of the following services does the School Entity use subcontractors:

Service Provided	Yes/No	
Accounting/Financial	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Administrative	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Consultants	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Custodial	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Food	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Legal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Educational	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transportation	Yes <input type="checkbox"/>	No <input type="checkbox"/>

28. Does the School Entity require all sub-contractors or independent consultants to carry liability insurance? Yes No
 Does the School Entity request to be added as an additional insured to such liability insurance? Yes No

29. a. Is the School Entity involved in any disputes regarding integration? Yes No
 If "yes", explain: _____

b. Has the School Entity been closed or school activities disrupted during the past three (3) years due to student or teacher strikes or actions? Yes No
 If "yes", explain: _____

VII. INSURANCE AND LOSS HISTORY

30. Does the School Entity presently carry School Leaders Errors and Omissions or similar insurance? Yes No

Name of Company: _____ Expiration Date: _____
Limits: _____ Deductible: _____ Premium: _____

31. Does the School Entity presently carry Employment Practices Liability insurance? Yes No

Name of Company: _____ Expiration Date: _____
Limits: _____ Deductible: _____ Premium: _____

32. Name of primary General Liability Insurance carrier: _____

33. Has any similar School Leaders Errors and Omissions insurance ever been declined, cancelled or non-renewed
(MISSOURI APPLICANTS NEED NOT REPLY)? Yes No

If yes, please attach explanation.

34. List all School Leaders Errors and Omissions claims made against the School Entity or any other proposed insured(s) during the past five years.

No claims made during the past five years.

Date of Claim	Claimant	Nature of Claim	Defense Costs	Indemnity Amt.	Reserve, if open	Current Status

35. Limit of Liability Requested (Aggregate):
 \$500,000 \$4,000,000
 \$1,000,000 \$5,000,000
 \$2,000,000 Other _____
 \$3,000,000

36. Deductible requested (Each Wrongful Act):
 \$5,000 \$50,000
 \$10,000 \$100,000
 \$25,000 Other _____

Note: Minimum deductible for Employment Practices Violation Wrongful Acts will apply.

37. Does any prospective Insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim made against the Insured or the School Entity? Yes No

If yes, please attach explanation.

VIII. ADDITIONAL DOCUMENTS AND INFORMATION INCORPORATED BY REFERENCE

ALL WRITTEN STATEMENTS, MATERIALS OR DOCUMENTS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF, INCLUDING WITHOUT LIMITATION ANY SUPPLEMENTAL APPLICATIONS OR QUESTIONNAIRES.

ANY SECURITY ASSESSMENT, ALL REPRESENTATIONS MADE WITH RESPECT TO ANY SECURITY ASSESSMENT, AND ALL INFORMATION CONTAINED IN OR PROVIDED BY APPLICANT WITH RESPECT TO ANY SECURITY ASSESSMENT, REGARDLESS OF WHETHER SUCH DOCUMENTS, INFORMATION OR REPRESENTATIONS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

IX. LEGAL NOTICE AND SIGNATURES

BEFORE YOU SIGN THIS APPLICATION, READ THESE NOTICES CAREFULLY AND DISCUSS WITH YOUR BROKER IF YOU HAVE ANY QUESTIONS.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF ALL PERSON(S) OR ENTITIES PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HER/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE

THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE AGREES THAT IF THE STATEMENTS AND INFORMATION SUPPLIED ON THIS APPLICATION OR INCORPORATED BY REFERENCE CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION AND ANY INFORMATION INCORPORATED BY REFERENCE HERETO, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IS INCORPORATED INTO AND IS PART OF THE POLICY.

SHOULD INSURER ISSUE A POLICY, APPLICANT AGREES THAT SUCH POLICY IS ISSUED IN RELIANCE UPON THE TRUTH OF THE STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION OR INCORPORATED BY REFERENCE HEREIN. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION, INCORPORATED BY REFERENCE OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY POLICY ISSUED.

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

STATE FRAUD DISCLOSURES:

NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

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 ALSO 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 OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

The undersigned is a duly authorized representative of the Applicant and hereby acknowledges that reasonable inquiry has been made to obtain the answers herein which are true, correct, and complete to his/her best knowledge and belief.

Signed: _____
(Duly authorized representative, by and on behalf of the Applicant)

Date: _____

Title: _____
(must be signed by an authorized officer)

Attest: _____
(Duly authorized representative, by and on behalf of the Applicant)

Producer: _____

License Number: _____

Address: _____

