



EDUCATIONAL INSTITUTIONS

OVER 40 YEARS OF KEEPING KIDS AND SCHOOL STAFF SAFE



SUPPLEMENTAL APPLICATION – EDUCATIONAL INSTITUTIONS

Please complete, sign and date the application for our review. Coverage cannot be bound without a Utica National Insurance Group underwriter's approval.

Date 2/22/24 Producer _____

Named Insured Greenwood School District 50

Policy Period: From 7/01/24 to 7/01/25

Year Organized 2024

Public School
 Private School
 College/University

For new business, complete the sections where coverage is requested, if updating information for a renewal, complete the sections requested by the underwriter.

- I. Abuse or Molestation Liability Insurance (Including Sexual Misconduct or Sexual Molestation)
- II. School District and Educators Legal Liability Insurance – Claims-Made Basis
- III. Employment Practices Liability Insurance – Claims-Made Basis
- IV. Employee Benefit Programs Liability Insurance – Claims-Made Basis
- V. Employee Theft Insurance
- VI. Computer and Funds Transfer Fraud Insurance / Fraudulent Impersonation
- VII. Cyber Suite Insurance
- VIII. Unmanned Aircraft Insurance (Drones)
- IX. Data Processing Insurance
- X. Health Student Professional Liability Insurance
- XI. Barber and Beauty Shop Insurance
- XII. Security Personnel Legal Liability Insurance – Claims-Made Basis
- XIII. Adventure Course Program
Fraud Warning



Utica Mutual Insurance Company and its affiliated companies, New Hartford, NY 13413
www.uticanational.com

I. Abuse or Molestation Liability Insurance (Including Sexual Misconduct or Sexual Molestation)

Select Limits of Liability (each loss/annual aggregate)

- \$ 500,000 / \$ 500,000
- \$ 1,000,000 / \$2,000,000
- \$ 500,000 / \$1,000,000
- \$ 1,000,000 / \$3,000,000
- \$ 1,000,000 / \$1,000,000

1. a. Have there ever been any abuse (including physical or sexual abuse), sexual misconduct or sexual molestation claims: staff to student, student to student, or any other type? Yes No
- b. Is there any record or knowledge of any previous incidents which might have resulted in such claims if they had been pursued? Yes No
- c. If yes to either a. or b., please provide details.

2. a. What is the average daily enrollment? 8,459 as of 2/23/24
- b. Is there a policy addressing abuse, molestation or sexual harassment in all its forms (anti-abuse, anti-molestation, anti-sexual harassment)? Yes No
- (1) If the answer to 2.b. is yes, is the policy communicated annually to all:
- (a) Staff (employees) Yes No
 - (b) Students Yes No
 - (c) Volunteers Yes No
 - (d) Parents/Community Yes No
- (2) Are employees required to sign an acknowledgement of receipt and understanding of the abuse, molestation and sexual harassment policy? Yes No
- (3) Do volunteers have unsupervised contact with students? Yes No
- If yes, are they required to sign an acknowledgement of receipt and understanding of the abuse, molestation and sexual harassment policy? Yes No
- c. Is documentation maintained on annual training regarding abuse, molestation and sexual misconduct provided to staff, students and volunteers? Yes No
- d. Is there a policy and procedure for screening (finger printing, criminal record check, teacher credentialing bureau) all:
- (1) Prospective employees? Yes No
Provide details. Certified fingerprints
- (2) Volunteers that have unsupervised contact with students? Yes No
Provide details. Background checks
- e. Are signed/dated applications required of all:
- (1) Prospective employees? Yes No
 - (2) Volunteers that have unsupervised contact with students? Yes No
- f. Are application references checked and documentation maintained? Yes No
- g. Has the insured developed and publicized to employees and volunteers abuse, molestation and sexual harassment reporting and investigation procedures? Yes No
- h. Have persons charged with complaint management and investigation been adequately trained in these responsibilities? Yes No
Provide details.
- i. Has a Title IX or equivalent officer/coordinator been appointed by the insured and adequately trained in these duties? Yes No
Provide details.

3. a. Does the insured operate a day care/pre-school program before or after school? Yes No
- b. If yes:
- (1) What is the average daily enrollment? 8
 - (2) What is the staff to children ratio? 4:1
 - (3) Is the insureds facility open to parental visits? Staff
 - (4) Are the premises utilized for day care built or modified for that particular purpose? Yes No

4. a. Is there any day care/pre-school before or after school program exposure which is not run by the insured? Yes No
- b. If 4.a. is yes:
- (1) Do the operators of such exposure have their own liability insurance, including coverage for abuse or molestation (including sexual misconduct or sexual molestation), with limits at least equal to those being requested above? Yes No
- (2) Is the school named as additional insured on the operator's liability policy which includes coverage for abuse or molestation (including sexual misconduct or sexual molestation)? Yes No

II. School District and Educators Legal Liability Insurance – Claims-Made Basis

Select Limits of liability (each loss/annual aggregate)

- \$ 500,000 / \$ 500,000 \$1,000,000 / \$2,000,000
- \$ 500,000 / \$1,000,000 \$1,000,000 / \$3,000,000
- \$1,000,000 / \$1,000,000

Select Retention (per claim)

- \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$20,000 \$25,000

In New York, up to 50% of the retained amount will be payable for "defense costs."

Select Co-insurance participation (per claim)

- 0% 5% (with \$50,000 per claim max)
- 5% (with \$25,000 per claim max) 10% (with \$50,000 per claim max)
- 10% (with \$25,000 per claim max)

1. Optional Additional Defense Coverages:

- Suits seeking no pecuniary relief
- Suits alleging failure to provide an appropriate individualized education program (IEP)

2. Requested effective date: This insurance is to be effective from 12:01 a.m. 7/1/24

- a. Requested retroactive date _____ ("None" provides unlimited prior acts coverage.)
- b. Entry date into uninterrupted claims-made coverage _____
- c. Has any work, accident or location been excluded, uninsured or self-insured from any previous coverage? Yes No
- d. Was extended reporting period coverage purchased under any previous policy? Yes No
- If yes, provide effective and expiration dates of coverage. _____

3. If the educational institution has been in existence less than three years was this institution an offshoot from another institution? Yes No

If yes, what is the name of original institution? _____

4. a. Number of members comprising the governing board of the institution 9
- b. Number of: Administrators _____ School officials 43 Teachers (including student teachers, Cadet, practice) 597 All other employees _____

5. Financial status of the educational institution General Fund only
- a. Total current budget \$ 90,340,000 Tax roll \$ 23,406,060 Present tax rate \$ 130.30 (Operations)
- b. Total accumulated deficit \$ N/A or surplus \$ 33,254,344 (All Funds)
- c. How many years in the past five has there been a deficit? None surplus? 5
- d. Total amount of bond authority \$ 18,804,294 Total amount of bonds issued \$ 12,320,000 - GO Bond issued
- e. Current bond rating Aa3/Aa1 1PRB Previous bond rating Aa3/Aa1 1PRB
- f. If there is a deficit, what is being done to eliminate it? N/A

6. Employment Risk Management Practices

- a. (1) Have all your employment related policies and procedures been reviewed and approved by outside counsel? Yes No
- If yes, when? annual review of policies
- By what firm? School Board Association By what attorney? _____
- (2) Have all recommendations from that review been implemented? Yes No
- If not, explain or provide time frame for implementation. _____
- b. Do you use an employment application during your hiring process? Yes No

If yes, does it contain:

- (1) An employment at will statement? *Staff* Yes No
- (2) Authorization to check references and criminal conviction records? Yes No
- (3) The applicant's signature attesting that all representations are true? Yes No
- (4) An equal employment opportunity statement? Yes No

c. Where allowed by law, do you perform criminal background checks on all prospective employees? Yes No

d. Do you distribute an employment handbook to your employees? Yes No

If yes, does it contain:

- (1) An employment at will statement? Yes No
- (2) A written equal employment opportunity statement? Yes No
- (3) A written anti-sexual and anti-general harassment policy? Yes No
- (4) A written internal complaint procedure for discrimination and sexual harassment claims? Yes No

If no, do you have written policies on all of the above that are distributed separately? Yes No
Specify any that are not.

Safe School training, hiring information

e. Do you have a progressive disciplinary program? Yes No

If yes, is it made available in writing to all employees? Yes No

f. Do you post all notices required by law in places that can be seen by all employees and applicants for employment? Yes No

g. When requested by employees, do you distribute information as required by federal law regarding the Family Medical Leave Act? Yes No

h. Do you require that all employment terminations be reviewed by the personnel having human resources responsibilities prior to termination? Yes No

i. Have you made all personnel aware, in writing, of their responsibility to provide you with prompt notice of any claims, incidents or allegations? Yes No

7. For your educational institution and its affiliates, to the best of your knowledge, are the organization's governing board, individual governing board members, trustees or directors, employees or volunteers aware of any claims or incidents (facts, circumstances, events or acts) during the past five years or any pending legal action or proceeding against them or any act or error or omission which they have reason to believe might result in a future claim that would fall within the scope of this proposed insurance involving:

- Busing Claim Incident None
- Teacher's tenure, dismissal, strikes, demotion, or other employment related actions Claim Incident None
- Segregation, civil rights action involving pupils or employees Claim Incident None
- Bullying Claim Incident None
- Harassment Claim Incident None
- Other Claim Incident None

If there is a claim or incident for any of the above, please explain. Include any judgment or demands.

8. a. To the best of your knowledge, has similar insurance been declined, cancelled or renewal refused? Yes No

If yes, explain.

b. Prior carrier of similar insurance.

III. Employment Practices Liability Insurance – Claims-Made Basis

Select Limits of liability (each claim/aggregate)

- \$100,000 / \$100,000 \$ 500,000 / \$ 500,000
- \$250,000 / \$250,000 \$1,000,000 / \$1,000,000

Select Retention (per claim)

- \$5,000 \$10,000 \$25,000 \$50,000 \$100,000

Included in School Leader E+C 1,000,000/3,000,000

Select Co-insurance participation (per claim)

- 0%
- 5% (with \$25,000 per claim max)
- 10% (with \$25,000 per claim max)
- 5% (with \$50,000 per claim max)
- 10% (with \$50,000 per claim max)

1. Requested effective date: This insurance is to be effective from 12:01 a.m. 7-1-24
- a. Requested retroactive date _____ ("None" provides unlimited prior acts coverage.)
- b. Entry date into uninterrupted claims-made coverage _____
- c. Has any work, accident or location been excluded, uninsured or self-insured from any previous coverage? Yes No
- d. Was extended reporting period coverage purchased under any previous policy? Yes No
If yes, provide effective and expiration dates of coverage. _____

2. Overview of Your Operations

- a. Provide details of any changes in your operations in the past three years, including downsizing/layoffs (greater than 10% at any location), union participation, attempt to unionize, union organizing activity and any anticipated within the next 12 months.

None

- b. Provide details of any changes in average daily student attendance – broken down by K-8 and 9-12 grades if applicable (omit student numbers here if you have already provided with other renewal information) and any anticipated within the next 12 months.

3. Employees

- a. Breakdown of current full time employees by their total cash compensation:

Salary ranges	# of Employees	% of total
\$30,000 or less per year	<u>386</u>	<u>28.88</u>
\$30,001 - \$100,000 per year	<u>908</u>	<u>67.91</u>
Over \$100,000 per year	<u>43</u>	<u>3.2</u>

- b. Number of full time plus part time employees terminating employment divided by the total number of employees at the start of the year for the last year as a percentage 12.4 %
- c. Total number of employer-initiated terminations of F/T and P/T employees in the last year ~~24~~ 24

4. Loss History

- a. Within the last five years, has your institution, or any individual proposed for this insurance:
- (1) Received any employment related inquiry, complaint or charge from any municipal, state, or federal regulatory authority or any other governmental entity? Yes No
- (2) Had a claim, suit, grievance, or demand been brought against them? Yes No
If yes to either, explain any that has not previously been reported to us.

- b. Are you aware of any facts, incidents, or circumstances which may result in a claim(s) being made against you? Yes No
If yes, explain.

IV. Employee Benefit Programs Liability Insurance – Claims-Made Basis

Select Limits of liability (each loss/annual aggregate)

- \$ 50,000 / \$150,000
- \$ 100,000 / \$300,000
- \$ 250,000 / \$ 750,000
- \$1,000,000 / \$3,000,000

1. Average number of employees _____

2. Proposed effective date: This insurance is to be effective from 12:01 a.m. 7/1/24
- Proposed retroactive date _____
("None" provides unlimited prior acts coverage.)
 - Entry date into uninterrupted claims-made coverage _____
 - Has any work, accident or location been excluded, uninsured or self-insured from any previous coverage? Yes No
 - Was tail coverage purchased under any previous policy? Yes No
If yes, give effective and expiration dates of tail coverage.
3. Is Summary Plan Documentation distributed to all employees? Yes No
If yes, please attach a copy.
4. Is there an Orientation Checklist acknowledging the explanation of benefits and election options chosen signed by the employee? Yes No
If yes, please attach a copy.
5. Is there a person dedicated to presenting benefit plans to employees, such as a Personnel Manager or Employee Benefits Manager? Yes No
6. Is there a written succession plan which promotes conformity of the organization? Yes No
If yes, attach a copy or describe.
7. Have any claims been paid in the last five years? Yes No
If yes briefly describe.
8. Are you aware of any circumstance which may result in any future claim? Yes No
If yes, please explain.

V. Employee Theft Insurance

- Select Limit: \$100,000 \$250,000 \$500,000 \$1,000,000
 Select Deductible: \$0 \$100 \$250 \$500 \$1,000

EXCESS EMPLOYEE THEFT

If excess employee theft coverage is requested, provide the position title, number of employees for the position, and requested excess limit.

Title of Position	Number of Employees for Position	Excess Limit of Insurance for Each Employee
Superintendent	1	400,000
Asst. Superintendent of Business	1	400,000
Director of Finance	1	400,000
Financial Coordinator	1	400,000

PLEASE SUBMIT THE FOLLOWING ALONG WITH THIS APPLICATION.

- Auditor's management letter
- School Board's response to the management letter
- Completed and signed **ACORD 141C**

INTERNAL CONTROLS

1. Do employees who reconcile bank statements also:
- Sign checks? Yes No
 - Handle bank deposits? Yes No
 - Have access to check-writing instruments? Yes No
- If yes to any of the above, are the bank reconciliations signed off by someone OTHER THAN those employees who have access to a, b, and/or c? Yes No

2. a. Are at least two signatures required on checks? Yes No
 If yes, over what amount? all
 If no, do you have segregation of duties between accounts payable invoices and check disbursement? Yes No
 If no, what is your procedure?

- b. Are blank checks ever pre-signed? Yes No
 3. Are incoming checks stamped "FOR DEPOSIT ONLY" immediately on receipt? Yes No

4. Maximum amount of cash on hand at any one time None

5. Frequency of deposit(s) Weekly

6. Does someone outside the accounts payable department verify the accuracy all invoices? Yes No

7. Is segregation of duties practiced in the following areas?
- Inventory management Yes No
 - Vendor approval Yes No
 - Purchase order approval and payment Yes No
 - Cash and check receipts Yes No
 - Oversight of blank check stock Yes No
 - Payroll Yes No
 - Wire transfer receipts and payments Yes No

If no is answered to any of the above, please explain the controls to prevent or detect employee theft.

8. Are vendors prescreened and approved before use? Yes No

9. Are the following computer controls in place?
- a. All software programs used on the district's computers are approved by the school district. Yes No
 - b. Computer check writing is separate from check authorizing. Yes No
 - c. Computer passwords are changed at regular intervals. Yes No

10. Does an outside auditor review systems of internal controls and furnish written reports? Yes No

11. Is the audit report given directly to the board? Yes No

12. Has the auditing firm made any recommendations that have not been adopted? Yes No
 If yes, explain.

13. Is a confidential hotline or procedure in place for employees to report violations of your policies? Yes No

14. Has any insurance of this sort been declined, non-renewed or rescinded in the past? Yes No

15. Do you have any knowledge of any circumstances that could lead to theft loss? Yes No
 If yes, explain.

16. List all crime losses within the past five years whether reimbursed or not. Check if no losses

Date	Amount of Loss	Description of Loss and Corrective Action
_____	_____	_____
_____	_____	_____

VI. Computer and Funds Transfer Fraud Insurance / Fraudulent Impersonation

Select Limit: \$100,000 \$250,000 \$500,000 \$1,000,000
 Select Deductible: \$0 \$100 \$250 \$500 \$1,000

1. Does the school annually designate its depository and publicly publish or announce its designation? Yes No
2. What is the average number of monthly transfers? 16
 Average transfer dollar amount \$ 870,000
3. What is the largest single amount allowed to be transferred? No limit
4. Are fund transfers executed by one designated person and do all transfers require a paper trail prepared by another person and documented in a file pertinent to the transfer? Yes No
 If no, describe the procedure that is in place. What is the written procedure?
- a. Do employees verify all requests for transfer by prearranged authentication procedure? Yes No
- b. Do employees verify the legitimacy of all e-mail addresses? Yes No
- c. Are duties split on all wire transfers and are they limited to specified employees? Yes No
- d. Is there a designated stationary computer for all funds transfers? Yes No
- e. Do wire transfers to accounts outside the United States require review and approval by the school's chief fiscal officer? Yes No N/A
5. Do employees receive training on the school's written wire transfer policy? Yes No
6. Do all employees receive training on social engineering, phishing and other scams? Yes No
7. Does the school have a social media policy that includes not sharing details about key or important operations and school officials, their locations and schedules with non-employees? Yes No
8. Does the financial institution at a predetermined fund transfer amount call the school to verify the transfer with someone other than the person that requested the transfer? Yes No
 If no, describe the procedure that is in place.
- We have a maximum amount that is allowed. Finance Director + Internal Auditor receive positive pay notification for approval
9. Are computer passwords required to be at least 8 characters, use at least one upper and one lower case letter, a number and a symbol; changed frequently; and is the system access terminated for inactive/terminated employees? Yes No
10. Are employees trained not to share passwords, open e-mails or attachments from strangers, install personal software without approval and to report unusual or suspicious problems to management? Yes No
11. Are controls in place so that employees cannot gain access to programs and files that they are not authorized to access? Yes No
12. Is the computer network and its users monitored by a member of the administration who does not perform substantial user functions? Yes No
13. Is there an internal audit function to perform regular reviews of:
 - a. User compliance with established policies and procedures? Yes No
 - b. Existing systems on an ongoing basis? Yes No
 - c. New programs for adequacy of controls, auditability and proper implementation? Yes No
14. Are there written standards to govern the development ~~or~~ acquisition of application software? Yes No
15. Are software contractors (including contract programmers) and vendors pre-screened and subject to review and monitoring of computer use and access? Yes No
16. Are comprehensive records kept of all program changes and their respective effective dates in a manner that preserves a complete and chronological program status? By vendor Yes No
17. Are tests performed to detect security vulnerabilities or unauthorized programming changes? Yes No
18. List all computer and funds transfer losses within the past 5 years. Check if no losses

Date	Amount of Loss	Description of Loss and Corrective Action
_____	_____	_____
_____	_____	_____

VII. Cyber Suite Insurance

Select Limit / Deductible

\$ 500,000 / \$10,000

\$1,000,000 / \$10,000

1. Has your organization suffered a breach of personal information in the last twelve months? Yes No
2. Do you conduct background screening on prospective employees? Yes No
3. Is there a posted document retention and destruction policy in place? Yes No
4. Do you maintain regularly updated computer security measures, firewall configured to maximum security, secured wireless connectivity, virus protection configured to update automatically? Yes No
5. Are your employee, customer, and other physical records maintained in a secure environment with limited access? In the case of electronic records, this includes using networks that cannot be accessed externally. Yes No
6. Is access to personal information or third party confidential information restricted by job position? Yes No
7. Is there a Chief Information or Chief Security Officer (or equivalent)? Yes No
8. Do you have a comprehensive Information Security and Privacy Policy addressing such items as use of e-mail (including size limitations), etc.? Yes No
9. Do you provide regular security training and information to all people who have access to personally identifying information, whether in paper or electronic format? Yes No
10. Are all users issued unique ID's and passwords when connecting to or accessing the internal network and do passwords require period changes, minimum length and mixed case letters, numbers and special characters? Yes No
11. Do you backup computer data and store it off site? Yes No
12. Do you use encryption techniques for secure communications and the transfer of confidential information? Yes No

VIII. Unmanned Aircraft (Drone) Insurance

Unmanned Aircraft Information

Serial No. or ID	Year	Make and Model	Weight/Payload Weight	Length with Wingspan	Property Limit (not to exceed \$5,000 per unit)
		DJI Mini Series	249 grams	245x289x56	\$
					\$

Base Station and Transmitter Information

Serial No. or ID	Year	Make and Model	Weight/Payload Weight	Length with Wingspan	Property Limit (not to exceed \$5,000 per unit)
					\$
					\$

Payload Information (Sensor, Downlink, Gimbal)

Serial No. or ID	Year	Make and Model	Payload Type and Use	Property Limit (not to exceed \$5,000 per unit)
				\$
				\$

1. Select a property deductible: \$500 \$1,000 \$2,500
2. Liability Coverage: Commercial General Liability Coverage automatically includes \$250,000 blanket coverage for bodily injury or property damage caused by lightweight unmanned aircraft.
For other unmanned aircraft, indicate the desired Aggregate Limit of Insurance:
 \$50,000 \$100,000 \$200,000 \$300,000 \$500,000 \$1,000,000
3. Will the drone be used for any other activities such as racing or sporting events? Yes No
if yes, explain.
4. Will the drone be flown faster than 25 mph? Yes No

5. Will the drone be flown within five miles of an airport? Yes No
6. How will the drone be operated? within line of sight or computer guided
7. Is the drone ground pilot operated or not operated by ground pilot; entirely pre-programmed? *For missions are programmed*
8. Describe where the drone will be operated and all its intended uses. Include locations including outdoors, indoors or both and reason for use.

9. Does the operator have a pilot airman certificate? *Drones are used as a training tool to assist students in earning their FAA Commercial Pilots license* Yes No
 If no, explain. *The teacher has his airman certificate and he is the remote pilot in command for all missions. The students fly 1 at a time under direct supervision*
10. Does the school provide training in the operation of drones to third parties? Yes No
 If yes, explain.

PILOT INFORMATION

*Attach Pilot Airman Certificate for each pilot identified below.

	Pilot 1	Pilot 2	Pilot 3
Name	David Payne		
Age			
Total hours piloting general aviation (not including UAVs)			
Total hours piloting UAVs			
Total hours piloting this make and model			
Any accidents in the last three years while piloting aircraft or UAVs? If yes, provide details.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will anyone other than the pilots operate the UAV? If yes, describe who.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Are there any losses from use of drones/unmanned aircraft in the last five years? Yes No
 If yes, describe. *None*
12. Is a maintenance log maintained for all drones? Yes No
13. Is a flight log maintained for all drones? Yes No
14. Will the drone ever be rented or leased to a third party? Yes No
 If yes, explain to whom and when.
15. Are there safety protocols in place? *All students required to pass FAA Trust exam before they can fly* Yes No
16. How is the drone secured when not in use? *they are kept in locked cabinet*
17. How is access to the drone controlled? *Kept in locked cabinet*
18. Who has access to the drone? *PRO The teacher and students are the only ones with access*

IX. Data Processing Insurance

Select Deductible (except Breakdown)

- \$500 \$1,000 \$2,500 \$5,000 \$10,000

Select Breakdown Deductible

- \$500 \$1,000 \$2,500 \$5,000 \$10,000

Select Business Income Waiting Period or Dollar Deductible if Business Income is Requested

- 72 hours 96 hours 120 hours 144 hours 168 hours 336 hours

OR

- \$500 \$1,000 \$2,500 \$5,000

Select Data Processing Equipment (hardware) Coinsurance if Equipment Coverage is Requested

- 80% 90% 100%

Select Data Processing Equipment (hardware) Valuation if Equipment Coverage is Requested

- ACV RC Upgraded Value

Select Media/Computer Programs Valuation if Media/computer Programs Coverage is Requested

- ACV RC

Select Coverage Type

- Blanket all premises Specific insurance each premises Scheduled equipment

Provide building name, address and limits if blanket or specific insurance is requested.

10,000,000 @ all sites Chromebooks, Smart board computers

Building Name	Address	Limits (enter 100% values if blanket all premises)			
		Equipment	Media / Computer Programs	Extra Expense	Business Income & Extra Expense
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Total for blanket all premises		\$	\$	\$	\$

List scheduled equipment or if blanket or specific insurance individual items valued more than \$250,000.

Building Name	Manufacturer	Model	Serial #	Value
				\$
				\$
				\$
				\$
				\$
				\$

Loss payee name and address

Property description

Computers and operations

- In the event the computer system or network is out of operation more than one week, is there a plan that makes a back-up system available? Yes No
- Is the computer equipment under manufacturer's warranty? Yes No
- Is there a service maintenance contract with a manufacturer or service contractor? Yes No
- Is the equipment protected by virus protection software that is updated monthly? Yes No
- Is all equipment protected by dedicated surge protection that is labeled "UL 1449"? Yes No
- Does the school rely on electronic commerce for its operations? Yes No
- Is a web host server used? Yes No
- Is software stored in a: vault, safe, secured computer room, or locked cabinet?

Explain any no answers or variations by premises.

or cloud

X. Health Student Professional Liability Insurance

Select Limits of Liability (each incident / aggregate)

\$500,000 / \$500,000

\$1,000,000 / \$1,000,000

~~\$1,000,000 / \$500,000~~

- Number of years the program has been in existence _____
- Number of Students

Classification	Number of Students
Nurses (RN, LPN and LUN - Specify)	8 CNA
Physical Therapists	0
Dental Hygienists/Assistants	0
Occupational Therapists	0
Dietician	0
Medical Technicians	0
EMTs	0
Others: Specify	

- Name of prior carrier _____
 Prior limits _____
 Prior annual premium _____

- Have there been any claims brought against any insured under this type of coverage in the last five years? Yes No
 If yes, please give details.

- Is the school aware of any previous incidents which may result in a claim being brought under this type of coverage? Yes No
 If yes, please give details.

- Does the school have hold harmless agreements signed? Yes No
 If yes, please describe or attach sample(s).

- As part of the school's program, do students:
 - Train at off-premises sites (e.g., hospitals, nursing homes, etc.)? Yes No
 - Perform any invasive techniques (e.g., drawing blood, etc.)? Yes No
 If yes to either a or b, please provide details.

XI. Beautician/Barbers Professional Liability Insurance

Select Limits of Liability (each occurrence / aggregate)

\$500,000 / \$500,000

\$1,000,000 / \$1,000,000

- Check all those services that are offered:

- | | | |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Hair washing/cutting/drying | <input type="checkbox"/> Tanning | <input type="checkbox"/> Massage therapy |
| <input checked="" type="checkbox"/> Hair dyeing/bleaching/
permanent waving/straightening | <input type="checkbox"/> Nail application - acrylic | <input type="checkbox"/> Acupuncture |
| <input type="checkbox"/> Hair implantation/
transplantation | <input type="checkbox"/> Nail application - other than acrylic | <input type="checkbox"/> Botox treatment |
| <input type="checkbox"/> Exercise or fitness programs | <input type="checkbox"/> Electrolysis or similar hair removal | <input type="checkbox"/> Laser treatment |
| <input type="checkbox"/> Diet or reducing programs | <input type="checkbox"/> Chemical skin peeling | <input type="checkbox"/> Tattooing or insertion of
pigment under the skin for
makeup/decoration |
| | <input type="checkbox"/> Ear piercing | |
| | <input type="checkbox"/> Manicures | |

2. Indicate the number of students in the program. If more than one location, indicate the number at each location.

	Full time (over 16 hrs./week)	Part time (16 or less hrs./week)
Barbers (no "hairstyling")	0	0
Beauticians	0	26
Manicurists	0	0

3. Does the school have material safety data sheets for each potentially harmful chemical contained in products used in the shop? Yes No
4. Do all operators routinely ask customers about past sensitivity to potentially irritating products? Yes No
5. Are any products manufactured or packaged by the school under their own label? Yes No
If yes, explain.

XII. Security Personnel Legal Liability Insurance – Claims-Made Basis

Select Limits of Insurance (each loss/annual aggregate)

- \$ 100,000 / \$100,000 \$800,000 / \$800,000
- \$ 300,000 / \$300,000 \$1,000,000 / \$1,000,000
- \$ 500,000 / \$500,000

Select Retained Amount (each loss)

- \$1,000 \$2,500 \$5,000 \$10,000 \$25,000

Optional Additional Defense Coverage

- \$100,000 aggregate limit for suits seeking no pecuniary relief

1. Requested effective date: This insurance is to be effective from 12:01 a.m. 7/1/24
- a. Requested retroactive date _____ ("None" provides unlimited prior acts coverage.)
- b. Entry date into uninterrupted claims-made coverage _____
- c. Has any claim or incident been excluded, uninsured or self-insured from any previous coverage? Yes No
- d. Was extended reporting period coverage purchased under any previous policy? Yes No
- If yes, provide effective and expiration dates of coverage. _____

2. Indicate the number of security officers that are:

		# of Officers / Guards	Payroll / Expenditure
Employed - Armed		0	\$
Employed - Unarmed		0	\$
Contracted - Armed	SROs	16 (currently only pay for 1)	\$ est. 70,000
Contracted - Unarmed	Crossing Guards	5	\$ 37,000

others are paid by grants

3. Do officers have arrest authority? Yes No
4. Do written policies exist for:
- a. Use of force? Yes No
- b. Deadly force? Yes No
- c. High-speed pursuit? Yes No
- d. Handling intoxicated individuals? Yes No

5. Does a mutual aid agreement exist between the institution and municipal police? Yes No

6. Indicate the frequency of the following for security officers:

	New Hires	Annually	Other
Criminal Background Checks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Psychological Review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Weapons Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Weapons Recertification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Drug Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Random
CPR Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

7. Is the institution required to be named as an additional insured on the independent contractor's law enforcement / police professional and general liability policies? N/A Yes No

a. If yes, indicate the minimum limit required on the following policies:
 (1) Law enforcement / police professional \$ _____
 (2) General liability \$ _____

b. If no, explain why:

XIII. Adventure Course Program - N/A

Complete this section if the school has an Adventure Course Program.

1. Location of course (specify inside or outside) _____
2. Name and phone number of program coordinator _____
3. a. What year was the course constructed? _____
 b. Who designed the course? _____
 c. Who constructed the course? _____
 d. Who furnished materials? _____
 e. Who inspected/certified the course? _____
 f. How often is the course inspected/certified? _____
4. What months of the year is the course open? _____
5. How many instructors are there? _____
6. Who trains the instructors? _____
7. How often are instructors trained? _____
8. What is the on-course ratio of instructors to participants? _____
9. Estimated number of participants per year _____ Minimum age _____ Maximum age _____
10. How many hours per year on average is each participant in attendance? _____
11. Is there any time during their participation in the program when individuals are permitted free time or unsupervised activity periods? Yes No
 If yes, please explain.
12. Please attach a copy of release/consent forms used for participants and parents.

13. Indicate below which course elements are present.

a. Low Challenge Course Elements:

- All Aboard Yes No
- Beam Yes No
- Bosun's Chairs Yes No
- Cross Crotch Yes No
- Electric Fence Yes No
- Fidgit Ladder Yes No
- Hanging Teeter-totter Yes No
- Hickory Jump Yes No
- Maypole Swing Yes No
- Maze Yes No
- Mohawk Walk (Mohawk Traverse) Yes No
- Nitro Crossing Yes No
- Prouty's Landing (Swing Aboard) Yes No
- Rebirth Yes No
- Seagull Swing Yes No
- Spider's Web Yes No
- Stump-to-Stump Swing Yes No
- Swinging Leg Yes No
- Swinging Tires (Tire Traverse) Yes No
- T.P. Shuffle Yes No
- Tension Traverse Yes No
- Triangular Tension Traverse Yes No
- Trolley Yes No
- Trust Fall Yes No
- Vertical Pole and Tire Wall Yes No
- Wild Woosey Yes No

b. High Challenge Course Elements:

- Burma Bridge Yes No
- Cat Walk Yes No
- Dangle Do Yes No
- Ding-A-Ling Yes No
- Heebie-Jeebie Yes No
- Inclined Log Yes No
- Pamper Pole Yes No
- Pamper Plank Yes No
- Platform-Platform Swing Yes No
- Running Zip Yes No
- Tired Two Line Yes No
- Two Line Bridge Yes No
- Zip Wire Yes No
- High Tension Wire Yes No
- Multivine Traverse Yes No
- Simulated Rock Climb Yes No

c. Describe all others not listed in a. or b. above.

14. Please summarize information on any unique or unusual characteristics of your curriculum not contemplated in an adventure type program.

15. Loss History (five years)

Date	Amount Paid	Amount Reserved	Element Involved	Description (Include Instructor and students)

Applicant understands that if this application is accepted and a policy is issued, the representations in this application are being relied upon by the Company and will be the basis for the policy/contract. However, this application does not bind the applicant or the Company to complete the transaction.

If a policy is issued, this application will be deemed attached to and made a part of the policy, whether physically attached or not. *(Not applicable in North Carolina)*

The undersigned authorized representative of the Educational Institution has read the responses/representations set out in this Supplemental Application – Educational Institutions and declares that, to the best of his or her knowledge and belief, such responses/representations are true and accurate.

FRAUD WARNINGS

FOR APPLICANTS IN THE FOLLOWING STATES:

DISTRICT OF COLUMBIA – 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.

FLORIDA – 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 of the third degree.

KENTUCKY – 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 and subjects such person to civil and criminal penalties.

MARYLAND – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

OHIO – Any person who, with intent to defraud or knowing that he/she 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.

PENNSYLVANIA – 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.

FOR APPLICANTS IN ALL OTHER STATES EXCEPT NEW YORK:

Any person who knowingly presents a false claim 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, and denial of insurance benefits.

FOR APPLICANTS IN NEW YORK – 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.

Signature: _____
Must be signed by an authorized representative of the Educational Institution.

Print name: _____ Title: _____ Date: _____

Producer's Signature: _____ Date: _____