

**SELECTIVE**  
INSURANCE®

**ABUSE OR MOLESTATION QUESTIONNAIRE**

*Prevention of Abuse or Molestation is focused on keeping children, consumers, vulnerable, and elderly in your programs safe from sexual, physical and mental abuse, which is what this questionnaire is intended for.*

*An employee sexual harassment policy is focused on preventing and responding to employee sexual harassment and discrimination, which is NOT what this insurance questionnaire is intended for.*

**GENERAL INFORMATION**

1. Insured Name: Greenwood School District 50
2. Number of children served: 6,459 Number of program participants: 1,339 Number of Volunteers: 91
3. Abuse or Molestation limit: 1,000,000 / 2,000,000
4. Does your Umbrella policy include Abuse or Molestation coverage, if so, what limit? 5,000,000
5. Coverage: Current Carrier: Liberty Mutual Occurrence: \_\_\_\_\_ Or:  
Claims made: \_\_\_\_\_ Retro Date: \_\_\_\_\_
6. Have there been any discontinued or added programs recently?  Yes  No  
If yes, please describe: \_\_\_\_\_

**LOSS HISTORY**

7. Has your organization ever had an allegation or incident of abuse or molestation (physical, sexual and/or emotional) whether or not it has resulted in a claim?  Yes  No  
If yes:
  - a. Is the person(s) identified in the claim/allegation still employed, volunteering, participating or otherwise have access to the children and/or vulnerable population you serve?  Yes  No
  - b. What corrective actions were taken in response to the incident (changes to policies/procedures, training, etc.)? \_\_\_\_\_

**LOSS PREVENTION EFFORTS**

**Screening:**

8. Check which of the following methods are used in the screening and hiring process for employees and volunteers.

Loss Prevention Methods	Employees	Volunteers
Standard Application including a signed Code of Conduct	✓	✓
Face-to-Face Interview	✓	
Professional References Required	✓	
Personal References Required	✓	
<b>Criminal Background Check Screening</b>		
SSN Trace/Name & Address History	✓	✓
Current County of Residence	✓	✓
All Additional Counties from last 7 years	✓	✓
Multi-State (Nat'l) Criminal Database	✓	✓
National Sex Offender Registry	✓	✓

9. Are criminal background checks repeated for those that have regular/repeated contact & access to vulnerable populations?
- a. Employees  Yes  No If yes, how often? \_\_\_\_\_
- b. Volunteers  Yes  No  N/A If yes, how often? \_\_\_\_\_
- c. Contracted Staff  Yes  No  N/A If yes, how often? \_\_\_\_\_
10. Based on the results of the criminal background screening, do you have criteria that would disqualify a potential applicant (employee, volunteer, contracted staff) from becoming part of your organization?  Yes  No
- If yes, provide additional details \_\_\_\_\_

**Policies:**

11. Do you have written Abuse or Molestation prevention policies (Not Sexual Harassment Policy)?  Yes  No
- a. Do you require written sign-off by employees and volunteers? *Employees*  Yes  No
- b. Does it include description/definition of abuse or molestation?  Yes  No
- c. Does it communicate a zero tolerance for abuse or molestation?  Yes  No
- d. Does it define appropriate and inappropriate interactions/boundaries (i.e., high fives, fist pumps, no lap sitting, no inappropriate jokes, extent of disclosure of personal information, etc) between employees/volunteers etc. and the children and/or vulnerable population they serve?  Yes  No
12. If you allow interactions outside of your organizations programs (i.e., babysitting, private tutoring, coaching, clients visiting staff at home, meeting for coffee, personal travel, errands etc.) What are your policies and any restrictions/mechanisms to manage boundaries? \_\_\_\_\_

**Training:**

13. Does the applicant require everyone who works/volunteers/interns at the organization to participate in training that addresses the **prevention and detection of abuse or molestation**?
- a. Do you review your written abuse prevention policies & procedures during the training?  Yes  No
- b. How often is training repeated?  Annually  Never  Other: \_\_\_\_\_

**Incident Reporting and Response:**

14. Does the applicant have formal written reporting procedures for employees, volunteers, and parents to raise complaints, grievances, or suspected abuse?  Yes  No
- If yes, please provide details how this information is communicated (i.e., website, employee handbook, parent handbook, posting notice, etc.): *Policy* \_\_\_\_\_

Insured's Signature

Title and Position

Date

- Attach a copy of your written Abuse or Molestation prevention policy.
- Attach a copy of your application for employment.

# SCHOOL BOARD LEGAL LIABILITY INSURANCE APPLICATION

## Educators Legal Liability and Employment Practices Liability Coverage

### CLAIMS MADE POLICY FORM

ALL QUESTIONS MUST BE COMPLETED IN ORDER TO REVIEW FOR QUOTATION. THIS POLICY IS NOT AN AUTOMATIC RENEWAL. AN APPLICATION MUST BE SUBMITTED PRIOR TO THE EXPIRATION DATE OF THIS POLICY.

#### SECTION I — APPLICANT INFORMATION

Educational Entity: Greenwood School District 50

Named Insured: \_\_\_\_\_

Street Address: 1855 Calhoun Rd

City: Greenwood State: SC Zip: 29649 County: Greenwood

Mailing Address (if different): P.O. Box 248

City: Greenwood State: SC Zip: 29648 County: Greenwood

1. Educational Entity location is:

- Rural (not located within 25 miles of 250,000 population)  
 Suburban (located within 25 miles of 250,000 population)  
 Urban (250,000 population, or more)

2. Do you have a risk manager?

Yes  No

if yes, name: Benefits Coordinator

Full Time  Part Time

3. Number of board members: 9

4. When was your entity organized or incorporated? —

5. How long has the charter been in place? —

6. What is the largest city within 25 miles? \_\_\_\_\_

7. Please describe your institution by checking every box that applies:

- |   |   |
|---|---|
| <input type="checkbox"/> Municipal              | <input checked="" type="checkbox"/> Kindergarten      |
| <input type="checkbox"/> County                 | <input checked="" type="checkbox"/> Elementary School |
| <input type="checkbox"/> State                  | <input checked="" type="checkbox"/> Secondary School  |
| <input type="checkbox"/> Special District Mult. | <input type="checkbox"/> Charter School               |
| <input type="checkbox"/> District Co-op         | <input type="checkbox"/> Special Education            |
| <input checked="" type="checkbox"/> Public      | <input type="checkbox"/> Vocational / Technical       |
| <input type="checkbox"/> Private Non-profit     | <input type="checkbox"/> Junior College               |
| <input type="checkbox"/> Private for profit     | <input type="checkbox"/> College / University         |
| <input type="checkbox"/> Parochial              | <input type="checkbox"/> Other                        |
| <input checked="" type="checkbox"/> Pre-school  |   |

8. Do you have your own Law Enforcement or Security Department? Yes  No   
 If no, do you contract with an outside agency for these services? Yes  No   
 If contracted, with what outside entity? Sheriff's Dept

9. Have you had any on-site monitoring by State or Federal Regulatory Agencies within the last 12 months, for other than a routine visit? Yes  No   
*Medi*

**SECTION II — INSURANCE INFORMATION**

1. Current School Board Legal Liability Insurance  
 Company: \_\_\_\_\_  
 Policy Term: \_\_\_\_\_  
 Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_  
 Prior Acts retroactive date (if any) \_\_\_\_\_

2. Does your policy include Employment Practices Liability? Yes  No   
 3. Has there been continuous claims made coverage for the past 5 years? Yes  No   
 4. Has your Educators Legal Liability coverage ever been denied, cancelled or non-renewed? Yes  No   
 If yes, please explain. \_\_\_\_\_

5. Limits of insurance requested:  
 \$500,000/500,000     \$1,000,000/1,000,000     \$1,000,000/\$2,000,000

6. Deductibles:  
 \$2,500     \$7,500     \$15,000     \$25,000  
 \$5,000     \$10,000     \$20,000

*Currently 1,000,000/3,000,000*  
*"One wrongful act"*

7. Optional Coverages:

A. Educators Legal Liability (Coverage A) Non-Monetary Defense Costs

Limit Options:

- \$ 50,000 per claim/\$100,000 aggregate
- \$100,000 each claim/\$100,000 aggregate
- No Coverage

B. Reimbursement for Defense Costs for dishonest, fraudulent or criminal, acts or omission by any insured

- \$50,000 per insured/\$300,000 aggregate

SECTION III — INSTITUTION PROFILE

Enrolment	Current Year			Prior Year		
	Full time	Part time	Total	Full time	Part time	Total
1. What is your total enrollment?	8,458		8,458	8,520		8,520
Do you have?	971		971			
a. Special Education students						
b. Disabled students	234		236			
2. What is your average Student to Teacher ratio for all students?	14.16:1		14.16:1	13.5:1		13.5:1

- 3. In the past 12 months, have you been involved in any mergers or consolidations? Yes  No
- 4. Has there been a reduction in staff in the last 12 months? Yes  No
- 5. Is any reduction in staff expected in the next 12 months? Yes  No

6. For which services does your entity contract with independent contractors?

- Food *in house*
- Transportation *in house*
- Custodial / Janitorial *in house*
- Medical / Health Care *nurses*
- Speech outsourced in house*
- Accounting *in house*
- Specialized
- Clerical / Administrative *in house*
- Extracurricular Activities *in house*

- 7. Do you require all subcontractors to carry their own liability coverage? Yes  No   
If yes, please provide limits. \_\_\_\_\_

- 8. Do you require all subcontractors to include you as an Additional Insured? Yes  No

**SECTION IV — GENERAL OPERATIONS AND PROCEDURES**

1. Do you have written policies and procedures for the following as pertains to students? *Please provide a copy.*

Policy	Yes	No	Date Updated
Suspension	✓		
Expulsion	✓		
Corporal Punishment		✓	
Possession of Weapons	✓		
Drug Testing and Searches	searches only		
Internet Access	✓		
Individuals with Disabilities	✓		
Special Education	✓		
Sexual Misconduct	✓		
Strip Searches		✓	

2. Do all students receive a "student handbook" addressing these issues? Yes  No

3. Do you have emergency and contingency plans for the following?

Policy	Yes	No	Date Updated
Fire	✓		annually
Flood		✓	
Hurricane		✓	
Tornado	✓		<del>annually</del> as needed
Earthquake	✓		annually
Unauthorized intrusions	✓		Continually
Violen. Acts	✓		Continually

4. Do you have written policies and procedures for the following as pertains to teachers?

Policy	Yes	No	Date Updated
Suspension	✓		
Expulsion	✓		
Transfer	✓		
Use of Corporal Punishment		✓	
Disciplinary Actions	✓		
Minimum Standards Testing	✓		
Teacher/Student Relationships	✓		
Sexual Harassment/Molestation	✓		
Drug Testing	Driving		
Reporting Physical Abuse	✓		

5. Do you conduct background investigations on all employees before employment? Yes  No

6. Do you provide special education programs and related services? Yes  No

7. Do other districts have access to your special education programs or facilities? Yes  No

8. How many students have an Individual Education Plan (IEP)? 971

9. Do you create your own IEP's? Yes  No

If not, who does? \_\_\_\_\_

10. Do you allow field trips for students? Yes  No

If yes, do you require a signed permission slip from parents or legal guardians? Yes  No

11. Do you allow student field trips to the following:

Inside Jail or detention facility? Yes  No

Amusement Parks? Yes  No

Swimming Pools? Yes  No

12. Are students always accompanied by an adult? Yes  No

**ATTACHMENT:** Please provide a copy of your current student handbook.

**SECTION V — EMPLOYMENT PRACTICES AND PROCEDURES**

	Current Year			Prior Year		
	Full time	Part time	Total	Full time	Part time	Total
1. Total Employees:	<del>1337</del>		1337			
a. Certified Instructors / Faculty	597		597			
b. Non-Certified Instructors / Aide	153		153			
c. Administrative Personnel	74		74			
d. Counselors / Psychologists	29		29			
e. Nurses / Medical Professionals	28		28			
f. Custodial / Janitorial	74	12	86			
g. Other: Police / Security	1		28			
h. Contract Teachers	4		4			

Please advise the number of terminations in the past 2 years:

	Current Year			Prior Year		
	Full time	Part time	Total	Full time	Part time	Total
a. Voluntary Terminations			147			
b. Involuntary Terminations			24			

Do you have a human resources coordinator?

Yes  No

1. Describe their training and experience: \_\_\_\_\_

2. Do you have a written employment manual including all personnel policies and procedures?

Yes  No

3. Do all of your administrative and supervisory employees maintain a copy?

Yes  No

4. Do these supervisors receive training in the proper implementation of your policies and procedures?

Yes  No

When was this manual last updated? We do not have a manual as board policies are online

5. Is this manual reviewed by counsel experienced and qualified in employment law?

Yes  No

6. Is this manual distributed to all employees upon hiring?

Yes  No

7. Do you have a written policy with respect to both sexual and non-sexual harassment?

Yes  No

8. Do you follow a formal written procedure for employee disputes/complaints? Yes  No
9. Are all actions to dismiss or demote employees reviewed in advance by legal counsel? Yes  No
10. Do you require that due process be served and documented for all proceedings involving dismissal demotion or suspension? Yes  No
11. Are all probationary or disciplinary actions recorded in writing and signed by the employee? Yes  No
12. Are you an Equal Opportunity Employer? Yes  No
13. Has there been a layoff of employees or reductions in service in the last 3 years? Yes  No   
If yes, provide details by attachment.
14. Have you had a strike, slowdown, or other employee disruption in the last 3 years? Yes  No   
If yes, provide details by attachment.
15. Has any person, former employee or job applicant filed a complaint or claim alleging unfair or improper treatment regarding employee hiring, remuneration, advancement, or termination of employment? Yes  No   
If yes, provide details by attachment.
16. Have you had any disputes involving integration, segregation, discrimination or violation of civil rights? Yes  No   
If yes, provide details by attachment.
17. Have any complaints been filed with the EEOC within the last 3 years? Yes  No   
If yes, provide details by attachment.
18. Have all disputes, complaints and claims been reported to your current or prior carriers? Yes  No   
If yes, provide details by attachment.

**ATTACHMENT:** Please provide a copy of your current employment manual including policies and procedures pertaining to sexual harassment, discrimination, and employee grievances, and your current EEOC log.

**SECTION VI — FINANCIAL/BOND INFORMATION**

1. Please complete the following chart using budget figures for the past 3 years (Mandatory):

*General Fund Only*

Year	Revenue	Expenditures	Surplus/Deficit	Accumulated
2023	84,265,000	84,265,000	-	-
2022	78,045,000	78,045,000	-	-
2021	75,330,000	75,330,000	-	-

2. What is the amount of your outstanding bonds? 12,320,000 - GO Bonds Issued in FY23

3. What is your latest bond rating? (Moody's or Standard & Poor's)? Aa3 / Aa1

4. What is your previous bond rating? Aa3 / Aa1

5. Has any bond issue been defeated within the past 3 years? Yes  No

If yes, has the proposal been resubmitted, or is it expected to be resubmitted? \_\_\_\_\_

\_\_\_\_\_

If surplus/deficit exists, indicate use of \_\_\_\_\_

\_\_\_\_\_

6. Has your institution been in default on the principal or interest on any bond? Yes  No

If yes to any of these questions, please give details:

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

**ATTACHMENT: Please attach your most recent audited financial statement. If your entity does not have a formal audit on a regular basis, please provide your most current annual budget.**

**SECTION VII — LOSS HISTORY**

- 1. Has any claim been made in the past five years or is now pending against any person in their capacity as an official or employee of the educational entity, including EEOC or other similar administrative hearings? Yes  No
- 2. Does any board member, employee or volunteer have any knowledge of any negligent act, error, omission, or breach of duty which may reasonably be expected to give rise to a claim? Yes  No
- 3. Has any person alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment in the past five years? Yes  No
- 4. Have there been any sexual harassment, EEOC, human rights or civil rights claims in the past five years? Yes  No
- 5. Do you have any special education students who are represented by an attorney? Yes  No

Please list the students: \_\_\_\_\_  
\_\_\_\_\_

- 6. Do you have any employees who were reinstated pursuant to a settlement, court order or similar binding order? Yes  No

Please list the employees: \_\_\_\_\_  
\_\_\_\_\_

If yes to any of the above questions, please explain in a separate attachment.

**ATTACHMENT: Please provide a currently valued copy of your Educators Legal Liability and Employment Practices Liability Loss Runs for the past 5 years. NOTE: Your current and previous carriers are obligated and required to forward currently valued loss runs at your request.**

**FRAUD WARNING**

**APPLICABLE IN AL, AR, DC, LA, MD, NM, RI and WV:**

Any person who knowingly (or willingly)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD only.

**APPLICABLE IN CO:**

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.

**APPLICABLE IN FL and OK:**

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)\*.

\* Applies in FL only.

**APPLICABLE IN KS:**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**APPLICABLE IN KY, OH and PA:**

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.

**APPLICABLE IN ME, TN, VA and WA:**

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, and denial of insurance benefits. \*Applies in ME only.

**APPLICABLE IN NJ:**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**APPLICABLE IN OR:**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**This Application and any supplements thereto shall be incorporated into any policy that may be issued and the Underwriters are relying on the truth of the statements set forth herein in making a determination to issue the policy.**

**The signing of this Application does not bind the undersigned to purchase the insurance, nor does the review of this Application bind the Insurance Company to issue a policy.**

**The undersigned represents to the best of his or her belief and knowledge, after reasonable inquiry and due diligence, the statements set forth in this application and any supplements thereto are true and correct.**

**The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the insurer. As a result, the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.**

The official designated to receive any and all notices from the Insurer to the educational entity concerning any policy issued as a result of this application shall be (please type or print):

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

Title: \_\_\_\_\_

Entity's Attestation — The authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true; that no fact, circumstances, or situation indicating the probability of a claim or action now known to any school board official or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim or signing of this application does not bind the signer to purchase the insurance, but it is agreed this form shall be the basis of the contract should a policy be issued, and this form will serve as the basis of and will be referenced in the policy.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

**APPLICABLE 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.

\_\_\_\_\_  
Authorized signatory for educational entity

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

( ) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Insurance Agent

\_\_\_\_\_  
Date