



## THE SCHOOL POLICY LIABILITY APPLICATION

### I. GENERAL INFORMATION

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

Risk Manager (or other Contact)/Title: \_\_\_\_\_ Contact/Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_ Need Quote By: \_\_\_\_\_

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

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

### II. COVERAGES: List current and desired coverages below.

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

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

### III. EXPOSURES

#### General Liability:

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

#### Separately Rated Classes:

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

#### Other Exposures:

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

Additional information may be required for all Yes responses.

**School Board Legal Liability:**

1.	Employees:	Full-time:	Part-time:			
2.	Do you have a written human resources manual?				Yes:	No:
	If Yes, what year was this manual updated?					
	If Yes, please indicate if the manual contains a policy/procedure for the following:	Written application for employment:			Yes:	No:
		Legally-prohibited discrimination:			Yes:	No:
		Employee disciplinary actions:			Yes:	No:
		Terminations, layoffs, early retirements:			Yes:	No:
		Employee appraisals/reviews:			Yes:	No:
	Sexual molestation/sexual harassment:			Yes:	No:	
3.	Is there any employee training you provide as respects the above?				Yes:	No:
4.	Do you have an employee handbook?				Yes:	No:
	If Yes, is it distributed to all employees?				Yes:	No:
	If Yes, is employee signature required?				Yes:	No:
5.	Employee turnover for the last 3 years:	Full-time employees hired:	Part-time employees hired:	Full-time employees terminated:	Part-time employees terminated:	
6.	What is the advance review procedure for employee termination?					
	Is legal counsel consulted?				Yes:	No:
7.	Are there any facts or circumstances that may result in employment-practice claims being made against you?				Yes:	No:
	If Yes, please provide a listing of each instance:					

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

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

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

**General Liability:**

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

**School Board Legal Liability:**

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

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

## V. AUTOMOBILE LIABILITY

Please summarize your vehicle fleet:

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

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

Any Leased Buses:	Yes:	No:
Limits required by school for leased buses:		

Please provide vehicle count for the past 5 years:

Policy Term	# of Vehicles

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

## VI. LOSS HISTORY – Automobile Liability

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

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

### Automobile Liability:

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

## VII. Signature

### 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.

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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.

Name:	Title:	
Company:		
Address:		
City:	State:	Zip:

Signature

[Please see Supplemental Claims Information page below.](#)

[Please see also Supplemental Application for Sexual Abuse and Molestation Coverage](#)

## The School Policy

### Supplemental Claims Information

1.	Please provide name, address, phone number and key contact of the proposed claim handler:		
	Contact Name:		Telephone #:
	Company Name:		
	Address:		
	City:	State:	Zip:
2.	Please list the names, experience levels and authority levels of the claims handling staff:		
	Name	Experience	Authority Level
3.	Who is responsible for reporting claims to the excess carrier?		
4.	Are reserves established for each reported claim?		Yes:      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:
9.	If vendor-programmed, please provide name of vendor:		
10.	How often are claim reports generated:		
11.	Do your claim reports include details on the current status of each claim, as well as the paid amount, incurred amount and description of loss?	Yes:	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:

## The School Policy

### Supplemental Application for Sexual Abuse and Molestation Coverage

- |   |      |     |
|---|------|-----|
| 1. Are there rules or guidelines prohibiting closed door one-on-one meetings?   | Yes: | No: |
| 2. Are there written complaint procedures and are they displayed prominently?   | Yes: | No: |
| 3. Do you have an anonymous complaint reporting system in place?<br>If Yes, please describe: _____<br>_____                                   | Yes: | No: |
| 4. Are all prospective employees checked with the child abuse register and with law enforcement agencies for criminal records?                | Yes: | No: |
| 5. Has any current employee refused to be fingerprinted or screened by law enforcement?   | Yes: | No: |
| 6. Have any employees been subject of a child abuse/neglect investigation?<br>If so, what was the result of the investigation? _____<br>_____ | Yes: | No: |
| 7. Have there ever been any alleged or actual incidents regarding any abuse or molestation?<br>Please describe: _____<br>_____                | Yes: | No: |
| 8. If transportation is provided, please describe driver screening and controls: _____<br>_____   |      |     |
| 9. Do you require background checks on third party contractors providing service to you?  | Yes: | No: |