



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## EDUCATIONAL INSTITUTION LIABILITY RENEWAL APPLICATION

**ANSWER ALL QUESTIONS. If not applicable, indicate N/A.**

*Please provide currently valued loss runs for the past 5 years from your previous insurance carriers.*

### GENERAL INFORMATION

1. Current Kinsale Policy Number: \_\_\_\_\_
2. Legal name of the entity which is the primary applicant and will be the first named insured listed on the policy:  
\_\_\_\_\_
3. Please list all other business/dba names, including subsidiaries, commissions or boards created by the Applicant for which you are seeking coverage under this policy: \_\_\_\_\_  
\_\_\_\_\_
4. Type of educational entity:  Public  Private  Educational Service District  
 Charter School  Community College  Four Year College/University  
 Other (describe): \_\_\_\_\_
5. If an Educational Service District, how many schools comprise this district? \_\_\_\_\_
6. Please list any names of other entities that you own or manage or that you do business under (such entities are not requesting coverage under this policy): \_\_\_\_\_  
\_\_\_\_\_
7. Primary location address: \_\_\_\_\_
8. County of primary location: \_\_\_\_\_ Date entity established: \_\_\_\_\_
9. Total number of branches: \_\_\_\_\_ List all addresses for additional branches: \_\_\_\_\_  
\_\_\_\_\_
10. Entity location is:  Rural  Urban  Suburban
11. Current population of district: \_\_\_\_\_
12. What is your web-site address? www. \_\_\_\_\_
13. Has the name or ownership of the entity changed or has any other business been purchased, merged or consolidated with the entity within the last 12 months? Yes  No
14. Does any entity own or control your business or does your business own or control any entity? Yes  No
15. During the past 12 months, has your name been changed or has any other business purchased, merged or consolidated with you? Yes  No
16. During the past 12 months, have you been involved in any school mergers/closings, or plan to do so in the next 12 months? Yes  No
17. Do you plan to have any school openings in the next 24 months? Yes  No

18. Is the Applicant managed or administered by any third party under contract or agreement? Yes  No

For questions 13-18, please fully explain any "yes" response, including the names, dates, impact involved on revenue & headcount:

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19. Does the Applicant now have tax exempt status under the United States Internal Revenue Service? Yes  No

20. Is there now, or has there been, any dispute as to the Applicant's tax exempt status? Yes  No

*If Yes, please attach an explanation.*

### ORGANIZATION INFORMATION

1. Student Enrollment (if a college/university, the number of students should include the full-time equivalent of part-time):

	Current School Year	Last School Year	Projected Next School Year
Total number of students			
Teacher/Student Ratio			
Number of Students With Disabilities			
Teacher/Student with Disabilities Ratio			
Number of Special Education Students			
Teacher/Special Education Ratio			
Average Class Size			

2. List the number and type of staff:

Type of Employee	This Year	Last Year
Administration		
Counselors/Psychologists		
Law Enforcement/Security		
Non-Professional		
Teaching Faculty		
Other: (describe function):		
<hr/>		
Total Number		

3. Number of Board Members: \_\_\_\_\_

a. Term of office: \_\_\_\_\_

b. Terms staggered: Yes  No  If "yes" what is the schedule: \_\_\_\_\_

c. Board Members/Trustees are:  Appointed  Elected

d. If elected, they are elected by:  At Large  Single Member Districts

e. Are all Board seats currently filled? Yes  No  Please explain any "no" response.

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4. Does the Applicant perform any of the following services:

*If Yes to any question, please explain (attach an additional explanation if needed).*

- a. Operation of any daycare facilities or services? Yes  No
- b. Organize or sponsor any type of contest, lottery, tournament, prize, give-away, raffle or other game of chance? Yes  No
- c. Operate or sponsor a political action committee? Yes  No
- d. Organize domestic or international field trips for students? Yes  No
- e. Manage/administer any entity (other than the Applicant Entity) under contract or agreement? Yes  No

For questions 4 A-E, please fully explain any "yes" response, including details of number of participants, type of events, frequency, etc.:

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**OPERATIONAL INFORMATION**

1. Has the Applicant made any changes in the past 12 months to any written policies/procedures governing students regarding the below? If "yes" to any response, please attach a narrative explanation detailing the changes.

	<u>All Students</u>	<u>Special-Needs Students</u>
Acceptance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Corporal Punishment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dismissal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dress Code	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Drug Testing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Extracurricular Activities	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parking	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Promotion	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Harassment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Suspension	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Transfer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Use of lockers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

- 2. Have the above policies and procedures been reviewed by an attorney? Yes  No
- 3. Is the student handbook, including the above policies and procedures, distributed to all students at the time of enrollment? Yes  No
- a. At the start of each new school year? Yes  No

Please explain any "no" response to question # 2 and #3 \_\_\_\_\_

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**FISCAL INFORMATION**

1. Complete the following chart providing the requested financial information:

Indicate the following as it relates to the Applicant's fiscal year end (FYE): <i>(Please indicate negative figures with "( )" or "-" as appropriate)</i>	Most Recent FYE (Month/Year) ( ___/___ )	Projected Next FYE (Month/Year) ( ___/___ )
Revenues	\$ _____	\$ _____
Expenditures	\$ _____	\$ _____
Surplus or Deficit Amount	\$ _____	\$ _____
Accumulated Surplus or Deficit	\$ _____	\$ _____

2. If a deficit exists, please explain how and when it will be eliminated: \_\_\_\_\_  
\_\_\_\_\_

3. How much of the operating revenue/budget is: State Aid? \$ \_\_\_\_\_ Federal Aid? \$ \_\_\_\_\_

4. Does the Entity have the authority to issue bonds? Yes  No
- a. What was the date and size of the most recent bond issuance? \_\_\_\_\_
  - b. What is the Entity's Bond Rating? \_\_\_\_\_
  - c. Is a bond vote or issuance planned for the next 12 months? Yes  No   
If Yes, what is the dollar amount of the bond? \$ \_\_\_\_\_
  - d. Has the Entity been in default of principal or interest on any bond during the past 5 years, or will you be in the next 12 months? Yes  No

If Yes, explain: \_\_\_\_\_

5. Does the Entity have the authority to raise taxes? Yes  No

6. Has any bond or tax increase been defeated in the past three years? Yes  No

If Yes, explain: \_\_\_\_\_

7. Do you expect a budget reduction in the next year? Yes  No

If Yes, please provide the estimated amount of the reduction and the impact it will have \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYEES**

1. Number of Employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

2. Number of Volunteers: \_\_\_\_\_ How many hours per week do volunteers work on average? \_\_\_\_\_

3. Please describe the services performed by Volunteers for or on behalf of your Entity. \_\_\_\_\_  
\_\_\_\_\_

Salary Ranges <i>(including bonuses, dividends and commissions)</i>	Number of full time employees	Number of part time employees
\$50,000 or less:	_____	_____
\$50,001 to \$100,000:	_____	_____
\$100,001 and over:	_____	_____
<b>TOTAL:</b>	_____	_____

If you have multiple locations, please list employees by state:

	<i>State:</i>	<i>State:</i>	<i>State:</i>	<i>State:</i>	<i>State:</i>
<b>Full-Time</b>					
<b>Part-Time</b>					
<b>Volunteers</b>					

5. Did any of the following take place in the past 3 years?
- a. Strike, slowdown, or other staffing disruption? Yes  No
  - b. Disputes involving integration, segregation, discrimination, or violations of civil rights (with staff or students)? Yes  No
  - c. Has any employee been suspended, dismissed, demoted, transferred, or had a tenure contract non-renewed? Yes  No

Please explain all "yes" answers to 5 a-c: \_\_\_\_\_

6. Does the Applicant use seasonal or temporary employees? Yes  No   
 If so, when and how many? \_\_\_\_\_  
 Are these employees included in #4 above? Yes  No
7. Does the Applicant use leased workers? Yes  No   
 If Yes, how many have been retained by the Applicant in the past 12 months? \_\_\_\_\_  
 Are these employees included in #4 above? Yes  No
8. Does the Applicant use independent contractors? Yes  No   
 If Yes, how many work solely for the Applicant? \_\_\_\_\_

9. For which of the following services does the Entity or District use subcontractors (check all that apply):  
 Administrative/Secretarial  Accounting/Financial  Custodial  Food  Medical  Specialized Education  
 Transportation  Other Please explain in detail: \_\_\_\_\_

10. Do you require all subcontractors or independent contractors to provide evidence of carrying liability insurance?  
 Yes  No  Are you added as an additional insured to these policies? Yes  No
11. How many employees are covered by collective bargaining or other union agreements? \_\_\_\_\_
12. In the past 12 months, how many employees have left your employ? \_\_\_\_\_  
 Of the above, how many were terminated involuntarily? \_\_\_\_\_

**EMPLOYMENT PRACTICES & HUMAN RESOURCES**

1. Has the Applicant established or changed any written policies/procedures governing teachers & other personnel in the past 12 months? If "yes" to any response, please attach a narrative explanation detailing the changes.
- a. Background checks Yes  No
  - b. Demotion Yes  No
  - c. Dismissal Yes  No
  - d. Drug Testing Yes  No
  - e. Hiring Yes  No
  - f. Promotion Yes  No
  - g. Sexual Harassment Yes  No

- h. Suspension Yes  No
- i. Transfer Yes  No

2. Do you conduct background checks on all:
- a. Applicants? Yes  No
- b. New Hires? Yes  No
- c. Volunteers? Yes  No

3. Please check the appropriate areas for the type of checks performed:

Type	Teachers	Other Employees	Volunteers
Academic Credentials			
Credit			
Criminal Checks-All States			
Criminal Checks-Federal			
Criminal Checks-Home State			
Driving Record			
Licenses			
Personal References			
Prior Employers			
Random Drug Tests (post hire)			
Other: (Describe): _____			

4. Have the Applicant's supervising personnel or other employees attended training and education programs/seminars on sexual harassment and other types of discrimination within the last 12 months? Yes  No   
 If Yes, who has attended? \_\_\_\_\_  
 If Yes, who conducts the sessions? \_\_\_\_\_
5. Does the Applicant have its employment policies/procedures reviewed by labor or employment counsel? Yes  No   
 If Yes, identify the firm and date of last review: \_\_\_\_\_
6. Does the Applicant have a Human Resources or Personnel Department? Yes  No   
 If No, who handles this function? \_\_\_\_\_
7. Does the Applicant have an employee handbook? Yes  No
- a. If Yes, does the Applicant distribute it to all employees? Yes  No
- b. If Yes, do all employees sign for its receipt? Yes  No
- c. If Yes, does it expressly state that it is not a contract and that employment is "at will"? Yes  No
8. Does the Applicant have written procedures for handling employee complaints of discrimination and/or sexual harassment? Yes  No
9. Does the Applicant require all terminations to be reviewed by:
- The person in charge of human resources? Yes  No
- Outside counsel? Yes  No
10. Does the Applicant maintain a personnel file for each employee? Yes  No

## OTHER MATERIAL INFORMATION

1. After inquiry with each person as appropriate does anyone have any other Material Facts to disclose? (If Yes, please provide such Material Facts on a separate sheet.) Yes  No

*A Material Fact is one likely to influence assessment of this risk, the premium charged or the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material, you should disclose it. All of the information requested in this proposal is material.*

## INSURANCE AND LOSS HISTORY

1. Does the Applicant currently carry General Liability Insurance? Yes  No
2. Other than routine visits, has the entity had any on-site monitoring visits by a State or Federal Regulatory Agency within the last 12 months? Yes  No   
If yes, provide the name of the agency, purpose of the visit and results: \_\_\_\_\_

3. Is the Applicant operating under any court orders? Yes  No   
If Yes, please explain: \_\_\_\_\_

4. Has the entity been criticized by the state board of education? Yes  No   
If yes, please attach details including the Applicant's response.

5. After inquiry with each person as appropriate, in the last twelve (12) months, have any School Board Liability claims, or any wrongful termination, discrimination, sexual harassment claims or any other wrongful employment practices liability claim or suit (including third party claims), ever been made against the Entity or any predecessor Entity or any current or former member of the Entity or predecessor Entity (whether insured or uninsured)? Yes  No

**If "Yes," how many? \_\_\_\_\_ Please complete a separate Supplemental Claim Form for each claim or suit and include a currently valued loss run for each claim.**

6. In the past 12 months, has the Applicant reported any new D&O or EPL claims to a previous carrier including under any Extended Reporting Period/Tail Provision? Yes  No

**If "Yes," how many? \_\_\_\_\_ Please complete a separate Supplemental Claim Form for each claim or suit and include a currently valued loss run for each claim.**

### FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**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 insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**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 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 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 civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 \$5,000 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/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.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**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 a 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 the person to criminal and civil penalties.

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**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**



Applicant: \_\_\_\_\_ Title: \_\_\_\_\_  
(Authorized signatory for Applicant Entity)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_



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### SCHOOL BOARD LIABILITY SUPPLEMENTAL CLAIM APPLICATION

- *This form is to be completed when the Applicant has been involved in any claim or is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.*
- *If space is insufficient to answer any questions fully, attach a separate sheet.*
- *In lieu of attaching suit papers, please provide a complete narrative description of the allegations involved.*

#### APPLICANT'S INFORMATION

1. Full Name of Applicant: \_\_\_\_\_
2. Full Name of Individual(s) or entity involved in the claim: \_\_\_\_\_
3. Additional defendants \_\_\_\_\_
4. Full Name of Claimant: \_\_\_\_\_
5. Is the Claimant still your student/employee/customer after bringing the claim? Yes  No
6. Indicate whether:  CLAIM  SUIT  Incident/Circumstance Only (no claim or suit)
7. Date and location of alleged act, error or omission: \_\_\_\_\_
8. Date of claim: \_\_\_\_\_ Date reported to Insurance Company: \_\_\_\_\_
9. What is the status of the claim? Closed/Settled  Open/Pending  Incident/Circumstance

10. IF CLOSED:

Total paid including deductible(s)? Responses such as "unknown" or "unavailable" are insufficient.

	Defense costs	Loss/compensatory damages
Paid by you-out of pocket	\$ _____	\$ _____
Insurance Company	\$ _____	\$ _____

Date Resolved: \_\_\_\_/\_\_\_\_/\_\_\_\_ Trial  Out of Court

11. IF PENDING:

- Claimant's settlement demand? \$ \_\_\_\_\_ Defendant's settlement offer (if any): \$ \_\_\_\_\_
- Insurer's reserve amounts? Loss \$ \_\_\_\_\_ Defense \$ \_\_\_\_\_
- Amounts already spent defending the claim? By you? \$ \_\_\_\_\_ By the insurer? \$ \_\_\_\_\_
- What is your best estimate of the likely settlement amount for this matter? \$ \_\_\_\_\_
- What is your best estimate of the date when you expect this claim to be resolved? \_\_\_\_\_

Note: Answering "unknown" or "unavailable" to the above questions is an insufficient response.

12. Name(s) of Insurer(s) responding to this claim or incident \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Limits of Liability: \_\_\_\_\_ Deductible: \_\_\_\_\_

13. Provide narrative description of suit, claim or incident, including the allegations involved, the potential size of injury and your response (do not provide suit papers): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Explain what action(s) have been taken to prevent reoccurrence of a similar claim and/or steps to better defend/avoid such allegations in the future: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### FRAUD WARNING

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**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

**I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could void my protection.**

Applicant Name (Print) \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized signatory for Applicant Entity)

Agent/Broker Name: \_\_\_\_\_