

## Public K-12 - New Business Application

### Educational Institution Information

Name of Educational Institution

Insurance Contact/Title

Email Address

Address

Phone Number

City, State, Zip

Fax Number

### Broker Information

Broker

Broker Contact

Email Address

Address

Phone Number

City, State, Zip

Fax Number

PLEASE ATTACH THE FOLLOWING INFORMATION TO THIS APPLICATION:

- Acord Applications
- Statement of Values (Including Construction Type, Year of Construction, Square Footage & Sprinkler Percentage)
- Schedule of Vehicles (Including Vehicle Cost New & Class Code)
- Inland Marine Schedule
- Most Recent Audited Financial Statement, Auditor's Mgmt Letter, and Mgmt Response Letter
- Currently Valued Loss Runs (Previous **Five** Years & Current Year)

Effective Date of Coverage(s)

Quote Need by Date\*

\*We require a minimum of 30 days between the receipt of a complete application (including supplemental information) in order to provide a quote. Additional time may be needed if the expiring premium exceeds \$250,000.

**I. Summary of Current Insurance Information**

Coverage	Carrier	Limit	Premium	Deductible
Property				
Equipment Breakdown				
Inland Marine				
General Liability				
Sexual Misconduct Liability				
Employee Benefits Liability				
Educators Legal Liability				
Auto Liability				
Auto Physical Damage				
Umbrella/Excess Liability				
Crime				
Flood				
Earthquake				
Workers Compensation				
Other*:				
Other*:				

\*Please include all other Property & Casualty Insurance Policies the Institution has in place. This may include Liquor Liability, Foreign Liability, Pollution Liability, Aviation Liability, Fiduciary Liability, etc.

**II. K-12 Public School**

1. What is the educational institution's:
- a. K – 8 Average Daily Attendance? \_\_\_\_\_
  - b. 9 – 12 Average Daily Attendance? \_\_\_\_\_
2. What is the total number of:
- a. Full-Time employees? \_\_\_\_\_
  - b. Part-Time employees? \_\_\_\_\_

**Policies & Procedures**

3.

	Policy Exist?	Does the Student Sign the Policy?	Signed Copy Maintained by School?
Student Anti-Hazing	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Student Anti-Harassment	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

4. If no, to any part of question 4, please explain why not: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Do the institution's policies prohibit corporal punishment? Yes  No

**Student Safety**

6. Is there a crisis management plan in place? Yes  No
7. Is a policy in place to notify a parent or guardian if a student poses a risk? Yes  No
8. Does the institution have a written policy that has criteria for referral to an outside specialist? Yes  No

**Sexual Misconduct**

9. Has there ever been any sexual abuse, sexual molestation or sexual misconduct claims, accusations, incidents, charges, or convictions against any of the institutions employees, student teachers, members or trustees? Yes  No
- a. If yes, provide details including date and current status: \_\_\_\_\_  
\_\_\_\_\_

10. Does institution's written policies regarding sexual misconduct include:
- a. A statement that sexual abuse or physical abuse is not tolerated? Yes  No
  - b. Procedures for timely reporting, investigation and response to claims? Yes  No
  - c. Guidelines for reporting claims to the proper authorities? Yes  No
11. Are the institution's written policies regarding sexual misconduct distributed to all:
- a. Employees? Yes  No
  - b. Volunteers? Yes  No
12. Are the following individuals required to sign an acknowledgement that they have received and understand the sexual misconduct policy?
- a. Employees? Yes  No
  - b. Volunteers? Yes  No
13. When were the institution's polices regarding sexual misconduct last updated? \_\_\_\_\_
14. Is annual training conducted regarding sexual misconduct? Yes  No
- a. Are attendance records of all training maintained? Yes  No
  - b. If no, please explain: \_\_\_\_\_

15. Are comprehensive background checks completed for:
- a. Employees? Yes  No
- b. Volunteers? Yes  No
16. Who conducts the background checks? \_\_\_\_\_

**Playgrounds**

17. How many playgrounds does the institution have? \_\_\_\_\_
18. Identify what types of surfacing materials are utilized?
- Fibar  Pea Gravel  Other: \_\_\_\_\_
- Rubber  Sand  \_\_\_\_\_
19. What is the installation date of the playground equipment? (Enter multiple years if necessary) \_\_\_\_\_
20. Are illustrated rules posted at all playgrounds? Yes  No
- a. If no, explain why: \_\_\_\_\_
21. What is the average ratio of monitors to students using the playground? \_\_\_\_\_
22. Are monitors trained in playground supervision? Yes  No
- a. If yes, when was the last training conducted? \_\_\_\_\_
23. What is the frequency of playground inspections? \_\_\_\_\_
- a. If yes, are these inspections documented? Yes  No
- b. If no, explain why: \_\_\_\_\_

**Use of Facilities by Outside Entities**

24. Approximately how many outside groups use the institution's premises each year? \_\_\_\_\_
25. Does the institution charge for use of premises? Yes  No
- a. If yes, what is the estimated amount of annual receipts? \$ \_\_\_\_\_
26. Does the school **always** require:
- a. A certificate of Insurance from groups? Yes  No
- b. An indemnification agreement in favor of the school entity? Yes  No
- c. A signed contract/agreement in which the entity is to be named as an additional insured? Yes  No
- d. A copy of the endorsement (i.e. CG 20 26) naming the institution as an additional insured? Yes  No
- e. If no, to a, b, c or d, please explain: \_\_\_\_\_

**Other**

27. How often does the local fire department/code enforcement inspect your locations? \_\_\_\_\_
- a. Have there been any violations? Yes  No
- i. If yes, have **all** violations been corrected? Yes  No
- (a) If no, explain why: \_\_\_\_\_
28. Does the institution generate its own power? Yes  No
29. Does the institution have a rifle range (open or closed)? Yes  No
- \*If yes, please request supplemental questionnaire.

<b>III.</b>	<b>Automobile</b>	<b>N/A</b> <input type="checkbox"/>
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1. Are students permitted to drive institution's vehicles (not including drivers ed)? Yes  No
- a. If yes, what type of vehicles are they permitted to drive? \_\_\_\_\_
- b. If yes, is there a policy in place? Yes  No

2.

	Background Checks?	MVRs Checks	MVR Frequency?
Bus Drivers	<input type="checkbox"/>	<input type="checkbox"/>	
Non-bus drivers	<input type="checkbox"/>	<input type="checkbox"/>	
Students*	<input type="checkbox"/>	<input type="checkbox"/>	

\*Only Identify for students who are permitted to drive institution's vehicles.

3. Is any monitoring program used by the institution to get instant updates on driver MVR changes? Yes  No

a. If yes, what program is used? \_\_\_\_\_

4. Identify if drug testing is completed and its frequency:

	Drug Testing?	Random Testing?	Frequency?
Bus Drivers	<input type="checkbox"/>	<input type="checkbox"/>	
Non-bus drivers	<input type="checkbox"/>	<input type="checkbox"/>	
Students*	<input type="checkbox"/>	<input type="checkbox"/>	

\*Only Identify for students who are permitted to drive institution's vehicles.

5. Are passenger vans with a capacity of 15 or greater used? Yes  No

a. If yes:

i. Who is permitted to drive the vans? \_\_\_\_\_

ii. Are student transported in the vans? Yes  No

(a) If yes, What is the number of off campus trips for students each year \_\_\_\_\_

(b) If yes, What is the number of miles students are transported each year? \_\_\_\_\_

iii. Are drivers trained in driving these vans? Yes  No

iv. Is roof cargo prohibited? Yes  No

v. Is there a plan to ultimately remove vans from service? Yes  No

<b>IV. Crime</b>	<b>N/A</b> <input type="checkbox"/>
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If limits requested are in excess of **\$100,000** for any coverage, please complete supplemental crime application

**Coverage**

1. Enter all requested limits and deductibles:

Form	Limit	Deductible
Employee Theft – Per Loss	\$ _____	\$ _____
Faithful Performance Coverage	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Forgery or Alteration	\$ _____	\$ _____
Computer Fraud	\$ _____	\$ _____
Funds Transfer Fraud	\$ _____	\$ _____
Inside the Premises – Theft of Money & Securities	\$ _____	\$ _____
Outside the Premises – Theft of Money & Securities	\$ _____	\$ _____
Coverage Amendments(Endorsements):		

**Prior Insurance**

2. Has any similar insurance been declined or cancelled during the past three years Yes  No

a. If yes, explain: \_\_\_\_\_

**Loss Information**

3. Enter all claims or occurrences that may give rise to a claim, from the past five years: Check here if none:

Date of Occurrence	Date of Claim	Description of Occurrence	Total Amount of Occurrence	Total Paid Loss	Claim Status (Open/Closed)
			\$	\$	
			\$	\$	
			\$	\$	

4. Comments/Corrective actions taken regarding losses? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Underwriting Data**

5. What is the maximum amount of cash at any one location: \$ \_\_\_\_\_

6. Did the last CPA Audit letter disclose any material weaknesses in internal controls? Yes  No

a. If yes, provide details: \_\_\_\_\_

**V. School Security/Law Enforcement** N/A

1. Indicate the number of security officers that are:

	# of Officers/Guards	Payroll/Expenditure
Employed – Armed		\$
Employed – Unarmed		\$
Contracted – Armed		\$
Contracted – Unarmed		\$

2. Do officers have arrest authority? Yes  No

3. Are canines used by security officers? Yes  No

a. If yes, how many canines are used? \_\_\_\_\_

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

5. Do written policies exist for the following:

a. Use of force? Yes  No

b. Deadly force? Yes  No

c. High-speed pursuit? Yes  No

d. Handling intoxicated individuals? Yes  No

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

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

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

a. If yes, Identify the minimum limit that is required on the following policies:

i. Law enforcement/police professional? \$ \_\_\_\_\_

ii. General liability? \$ \_\_\_\_\_

b. If no, explain why: \_\_\_\_\_

**VI. Athletics**

N/A

1. Identify if any of the following activities or sports take place at the institution:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Boxing                                 | <input type="checkbox"/> Ice Hockey                       | <input type="checkbox"/> Skiing/Snowboarding             |
| <input type="checkbox"/> Competitive Cheerleading               | <input type="checkbox"/> Motor sports/Auto racing         | <input type="checkbox"/> Ski Jumping                     |
| <input type="checkbox"/> Challenge Courses/Rock climbing        | <input type="checkbox"/> Orienteering/Wilderness Programs | <input type="checkbox"/> Sky Diving                      |
| <input type="checkbox"/> Diving                                 | <input type="checkbox"/> Rodeo                            | <input type="checkbox"/> Spelunking                      |
| <input type="checkbox"/> Gymnastics                             | <input type="checkbox"/> Rugby                            | <input type="checkbox"/> Water Sports (ie: skiing, crew) |
| <input type="checkbox"/> Horse-related activities               | <input type="checkbox"/> Scuba Diving                     | <input type="checkbox"/> Whitewater Sports               |
| <input type="checkbox"/> Other non-traditional athletics: _____ |   |  |

2. Identify all stadiums, arenas, gyms, bleachers, etc. with a seating capacity in excess of 3,000:

Type of Structure	Location	Seating Capacity

3. Does the educational institution require all participants to sign an assumption of risk form or other liability waiver preceding any involvement in athletic participation? Yes  No

4. Does the educational institution inspect its athletic facilities and equipment: Yes  No

a. If yes, Identify frequency

i. Is a log kept? Yes  No

5. Identify if the following are present at athletic events and/or practices

	Athletic Events	Athletic Practices
Trainers	<input type="checkbox"/>	<input type="checkbox"/>
Emergency response equipment	<input type="checkbox"/>	<input type="checkbox"/>
Automatic External Defibrillator's (AED's)	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medical Services (EMT's)	<input type="checkbox"/>	<input type="checkbox"/>

**VII. Pools**

N/A

1. Identify the following regarding the institution's pools:

Pool Location	Number of Diving Boards/Platforms	Number of Diving Blocks	Pool open to public?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

2. Are other pool activities permitted while diving is occurring? N/A  Yes  No

a. If yes, what safety precautions are in place: \_\_\_\_\_

3. Are diving blocks accessible when not being used for team meets or practices? N/A  Yes  No

a. If yes, explain why: \_\_\_\_\_

4. Do all pool administrators have proper certification? Yes  No

a. If no, explain why: \_\_\_\_\_

5. Are certified lifeguards "water ready" and by the pool during all open hours? Yes  No

a. If no, explain why: \_\_\_\_\_

6. What is the lifeguard to swimmer ratio? \_\_\_\_\_

- 7. Are chemicals stored in a secure location? Yes  No
- 8. Is life saving equipment readily available? Yes  No
- 9. Is there a telephone with emergency numbers posted nearby? Yes  No
- 10. Are pool drains:
  - a. In compliance with the Virginia Graeme Baker Pool & Spa Safety Act? Yes  No
  - b. Covered and secure? Yes  No
  - c. Clearly visible through the water? Yes  No
- 11. Are pool rules posted? Yes  No
- 12. Are depth markings clearly posted? Yes  No

**VIII. Daycare** N/A

- 1. Identify the number of children that participate in daycare: \_\_\_\_\_
- 2. Identify the age range of the children participating: \_\_\_\_\_
- 3. Identify the number of employees for the daycare: \_\_\_\_\_
- 4. Are background checks conducted on all employees? Yes  No 
  - a. If no, explain why: \_\_\_\_\_
- 5. Is the daycare open to the public?: Yes  No
- 6. If third parties operate the daycare, are certificates of insurance obtained and on file? N/A  Yes  No 
  - a. If yes, what limit of general liability insurance is required? \_\_\_\_\_
  - b. If yes, what limit of sexual abuse/molestation insurance is required? \_\_\_\_\_
  - c. If no, explain why: \_\_\_\_\_

**IX. Camps** N/A

- 1. Identify the number of children that participate in camp: \_\_\_\_\_
- 2. Identify the age range of the children participating: \_\_\_\_\_
- 3. Identify the number of employees for the camp: \_\_\_\_\_
- 4. Are background checks conducted on all employees? Yes  No 
  - a. If no, explain why: \_\_\_\_\_
- 5. Is the camp open to the public?: Yes  No
- 6. Are overnight trips conducted? Yes  No
- 7. Are signed permission slips by parents/guardians obtained for:
  - a. Overnight trips? Yes  No
  - b. Off-premise activities? Yes  No
- 8. If third parties operate the camp, are certificates of insurance obtained and on file? N/A  Yes  No 
  - a. If yes, what limit of general liability insurance is required? \_\_\_\_\_
  - b. If yes, what limit of sexual abuse/molestation insurance is required? \_\_\_\_\_
  - c. If no, explain why: \_\_\_\_\_

**X. Medical – Infirmary/Clinic** N/A

- 1. Is the institution’s infirmary/clinic utilized by:
  - a. Students? Yes  No
  - b. Employees? Yes  No
  - c. The Public? Yes  No
  - d. Other: \_\_\_\_\_



2. Identify the number of employed or contracted staff who are:

	Employed	Contracted
Physicians		
Physician Assistants or Nurse Practitioners		
Nurses, other health personnel		

3. Is there a written agreement that requires the contractor to indemnify the institution? N/A  Yes  No

4. Is the institution required to be named as an additional insured on the contractor's medical professional and general liability policies? N/A  Yes  No

a. If yes, identify the minimum limit that is required on the following policies:

i. Medical professional liability? \$ \_\_\_\_\_

ii. General liability? \$ \_\_\_\_\_

b. If no, explain why: \_\_\_\_\_

5. Approximately how many students are seen each month? \_\_\_\_\_

6. Are beds available for overnight stays? Yes  No

a. If yes, what is the average number of beds utilized each month? \_\_\_\_\_

7. Identify the types of services provided:

- |   |   |
|---|---|
| <input type="checkbox"/> Emergency Care                   | <input type="checkbox"/> Prescriptions            |
| <input type="checkbox"/> Contraception                    | <input type="checkbox"/> Laboratory Testing       |
| <input type="checkbox"/> Immunizations/Allergy Injections | <input type="checkbox"/> Diagnostic Imaging       |
| <input type="checkbox"/> STD Testing and Treatment        | <input type="checkbox"/> Hearing and vision exams |
| <input type="checkbox"/> Sports Medicine/Therapy          |   |

Other: \_\_\_\_\_

<b>XI.</b>	<b>Educators Legal Liability, EPLI , D&amp;O</b>	N/A <input type="checkbox"/>
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7. Total current enrollment? \_\_\_\_\_

8. Expected enrollment in three years? \_\_\_\_\_

9. In the last three years, has the institution been involved in any school mergers/closings or plan to have any in the next 18 months? Yes  No

a. If yes, has your attorney reviewed your merger/closing plan? Yes  No

b. If yes, explain: \_\_\_\_\_

10. Any school openings in the next 18 months? Yes  No

a. If yes, explain: \_\_\_\_\_

11. Please indicate the number of employees in the following categories:

a. Total Number of Employees \_\_\_\_\_

b. Certified Teaching Faculty \_\_\_\_\_

c. Non-certified Teaching Faculty \_\_\_\_\_

d. Administration \_\_\_\_\_

e. Counselors/Psychologists \_\_\_\_\_

f. Volunteers \_\_\_\_\_

g. Security/Law Enforcement \_\_\_\_\_

h. Other: \_\_\_\_\_

12. Number of school board and/or board of trustees members? \_\_\_\_\_

13. Do you anticipate a reduction of staff in the next 18 months? Yes  No

a. If yes, explain: \_\_\_\_\_

14. Have you had on-site monitoring visits by State or Federal Regulatory agencies within the last three years? (Include copy of report) Yes  No

a. If yes, explain: \_\_\_\_\_

15. Does the education institution have in house counsel? Yes  No
16. Does the education institution counsel regularly participate in all grievances or administrative hearings? Yes  No
17. What is the name of your current Educator's Legal Liability Carrier? \_\_\_\_\_
- a. Current Term: \_\_\_\_\_
- b. Current Limit: \_\_\_\_\_
- c. Current Deductible: \_\_\_\_\_
- d. Current Premium: \_\_\_\_\_

**Financial Information**

18. Please provide budget information for the current and prior two years:

Year	Revenues	Expenditures
20	\$	\$
20	\$	\$
20	\$	\$

19. Reason for surplus or deficit: \_\_\_\_\_
20. Do you expect your federal or state aid to be reduced this year? N/A  Yes  No
- a. If yes, how will the gap be closed? \_\_\_\_\_
21. Has any bond been defeated in the past 3 years? N/A  Yes  No
- a. If yes, explain: \_\_\_\_\_
22. What is the institution's current bond rating? \_\_\_\_\_
23. Has the institution ever declared bankruptcy? Yes  No

**Policies/Procedures**

24. Does the education institution have written guidelines for handling:
- a. Sexual Harassment? Yes  No
- b. Equal Employment Yes  No
- c. Employee Termination? Yes  No
- d. Employment Discrimination? Yes  No
25. Do you have an employee handbook? Yes  No
26. Are employees asked to sign that they have received the above policies/handbooks in the above questions? Yes  No
- a. If no, explain: \_\_\_\_\_
27. Do you have policies and procedures for drug testing:
- a. Students? Yes  No
- b. Bus Drivers? Yes  No
- c. Drivers of other autos? Yes  No
- d. Other Employees? Yes  No

**Please provide a copy of policies/procedures and/or handbooks for questions**

28. Has the institution designated a Title IX Compliance Officer? Yes  No
29. Has any employee of the school entity been suspended, demoted, dismissed, involuntarily transferred, had disciplinary charges instituted against, or had their contract of employment non-renewed within the past 18 months? Yes  No

**Special Education**

- 30. What percentage of the student enrollment participates in a special education program? \_\_\_\_\_
- 31. In the past year how many Individualized Education Hearings (IEP) have been: \_\_\_\_\_
  - a. Handled? \_\_\_\_\_
  - b. Appealed? \_\_\_\_\_
  - c. Overturned? \_\_\_\_\_

**Prior Claims**

- 32. Have any of the following situations occurred during the past five years?
  - a. Allegations of unfair or improper treatment regarding employee hiring, tenure decisions, remuneration, advancement or termination of employment? Yes  No
  - b. Disputes involving integration, segregation, discrimination or violation of civil rights? Yes  No
  - c. Allegations of sexual molestation, abuse or harassment against any:
    - i. Students? Yes  No
    - ii. Current or Former Employee? Yes  No
    - iii. Other? \_\_\_\_\_ Yes  No
  - d. Complaints filed with the EEOC, Office of Civil Rights, Human Rights Commission, United States Department of Education, state or federal court, or any similar state or federal agency by any person, current or former employee or job applicant? Yes  No
  - e. Layoff of employees or reduction in services? Yes  No
  - f. Strike, slowdown or other disruption by employees? Yes  No

**If yes, to any part of questions in the Prior Claims section, please explain below or attach supplemental information.**

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- 33. Does the education institution, its board and/or trustees, or its employees have any knowledge of any pending injury, any potential claim or suit, or any error or omission which might reasonably be expected to give rise to a claim against the education institution, the board and/or its trustees, or any of its employees? Yes  No 
  - a. If yes, has the current E&O carrier been placed on notice of such pending injury, claim, suit, error or omission? Yes  No
  - b. If yes, please provide claim details, claim number and date of notice: \_\_\_\_\_

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**IT IS AGREED THAT ANY CLAIM BASED UPON, ARISING OUT, OR RELATED OR ATTRIBUTABLE TO ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, WHETHER LISTED IN RESPONSE TO QUESTIONS 33-34 OR NOT, IS EXCLUDED FROM THE POLICY BEING APPLIED FOR.**

**Entity's Attestation**

The Authorized signer of this application attests to the best of their knowledge that statements set forth herein are true, that no fact, circumstance or situation indicating the probability of a claim or action now known to any entity 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 action from coverage under the insurance being applied for. It is further acknowledged that the signing of this application does not bind the signer to complete 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.

The statements set forth herein are considered material to the policy of insurance being applied for and, in addition to the penalties set forth above, any misrepresentation may result in rescission of the subject policy.

**XII. Fraud Warnings**

**Arkansas, Louisiana and West Virginia 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.”

**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 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.”

**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.”

**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.”

**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.”

**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.”

**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.”

**Maryland Applicants:**

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

**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.”

**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.”

**New York Applicants:**

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.”

“Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.”

**Oklahoma Applicants:**

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

**Pennsylvania Applicants:**

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”

“Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.”

**Tennessee, Virginia and Washington Applicants:**

“It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”

**All Other Applicants:**

"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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation."

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Authorized Signature

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Date

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Please Print Name

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Title



**Public School/Charter School Crime Supplemental Application**

**I. Applicant Information**

Name of Educational Institution \_\_\_\_\_

PLEASE ATTACH THE FOLLOWING INFORMATION TO THIS APPLICATION:

- Most Recent Year End Audited Financial Statement
- Most Recent Interim Financial Statement
- Most Recent CPA Letter to Management
- Most Recent Management Response Letter
- Currently Valued Loss Runs (Previous **Five** Years & Current Year)

**Coverage**

1. Enter all requested limits and deductibles:

Form	Limit	Deductible
Employee Theft – Per Loss	\$ _____	\$ _____
Faithful Performance Coverage	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Forgery or Alteration	\$ _____	\$ _____
Computer Fraud	\$ _____	\$ _____
Funds Transfer Fraud	\$ _____	\$ _____
Inside the Premises – Theft of Money & Securities	\$ _____	\$ _____
Outside the Premises – Theft of Money & Securities	\$ _____	\$ _____
Coverage Amendments(Endorsements):	_____	

2. If excess limits of insurance are desired on any of your employees for specified positions, complete the following:

Title of Covered Person	Number of Employees for Each Position	Excess Limit of Insurance–Per Employee
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Prior Insurance**

3. Has any similar insurance been declined or cancelled during the past three years Yes  No   
 a. If yes, explain: \_\_\_\_\_

4.

Form of Insurance	Effective Date	Expiration Date	Limit of Insurance	Carrier
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

**Loss Information**

5. Enter all claims or occurrences that may give rise to a claim, from the past five years: Check here if none:

Date of Occurrence	Date of Claim	Description of Occurrence	Total Amount of Occurrence	Total Paid Loss	Claim Status (Open/Closed)
			\$	\$	
			\$	\$	
			\$	\$	

6. Comments/Corrective actions taken regarding losses? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Underwriting Data**

7. Please indicate the number of employees in the following categories:
- a. Administration/Supervisory Staff \_\_\_\_\_
  - b. Teaching Staff(Including Full Time & Part Time) \_\_\_\_\_
  - c. Other Staff (Support, Maintenance, etc.) \_\_\_\_\_
  - d. Board Members \_\_\_\_\_
8. Annual Budget: \$ \_\_\_\_\_
9. What is the maximum amount of cash at any one location: \$ \_\_\_\_\_

**Internal Controls**

Insureds that practice segregation of duties and perform background checks on new employees have a better opportunity to either prevent or detect employee dishonesty. Segregation of duties means that no single employee can control a process or transaction from beginning to end.

10. Is countersignature of checks required? Yes  No   
 a. If yes, what is the dual signing limit? \$ \_\_\_\_\_
11. Is segregation of duties practiced in the following areas:
- a. Inventory management? Yes  No
  - b. Vendor approval? Yes  No
  - c. Purchase order approval and payment? Yes  No
  - d. Cash and check receipts? Yes  No
  - e. Oversight of blank check stock? Yes  No
  - f. Payroll? Yes  No
  - g. Wire transfers and payments? Yes  No
12. Do employees who reconcile bank statements also:
- a. Make deposits? Yes  No
  - b. Make withdrawals? Yes  No
  - c. Sign checks? Yes  No
13. Are all incoming checks stamped "for deposit only" immediately upon receipt? Yes  No
14. Are inventory records computerized? Yes  No
15. Is a physical count of inventory conducted at least annually? Yes  No
16. Are the duties of computer programmers and operators separated? Yes  No
17. How often are computer passwords changed? \_\_\_\_\_
18. For new employees, do you perform any of the following types of background checks:
- a. Prior employment? Yes  No
  - b. Education? Yes  No
  - c. Criminal history? Yes  No
  - d. Drug Testing? Yes  No

- e. Credit History? Yes  No
- f. None? Yes  No
- 19. Do you audit your wire transfer procedures? Yes  No
- 20. Do you have an intrusion detection system that identifies unauthorized access via the internet? Yes  No
- 21. Has your computer system ever been invaded by a hacker or virus? Yes  No

**Operations**

- 22. Do you have any of the following policies in place with communication to all employees:
  - a. Code of ethics? Yes  No
  - b. Fraud policy? Yes  No
  - c. Conflict of interest? Yes  No
- 23. Are these documents reviewed and signed off by all employees including board members? Yes  No
- 24. Do you have a investment policy that is approved by the board of trustees? Yes  No
- 25. Do you have an outside investment advisor? Yes  No 
  - a. If yes, provide name: \_\_\_\_\_
- 26. Do any independent contractors perform services that are similar to duties of an employee?
  - a. If yes, provide details: \_\_\_\_\_

**Fraud Warnings**

**Arkansas, Louisiana and West Virginia 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.”

**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 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.”

**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."

**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.”

**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."

**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.”

**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.”

**Maryland Applicants:**

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

**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.”



**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.”

**New York Applicants:**

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.”

“Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.”

**Oklahoma Applicants:**

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

**Pennsylvania Applicants:**

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”

“Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.”

**Tennessee, Virginia and Washington Applicants:**

“It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”

**All Other Applicants:**

“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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.”

Please disregard any question contained within this application that is prohibited by law.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Title