



**Professional
Governmental
Underwriters, Inc.**
The Authority.

**CLAIMS MADE SCHOOL BOARD LEGAL LIABILITY
INSURANCE APPLICATION**

Darwin National Assurance Company

Darwin Select Insurance Company

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD. DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

i. Applicant Information

1. Legal Name of Entity _____

2. Address _____

3. City _____ State ____ Zip _____
County _____

4. Entity's location is:
 rural urban suburban

5. Current population of district: _____

6. Have you had on-site monitoring visits by state or federal regulatory agencies? Yes No

If yes, provide name of agency and purpose of visit. _____

7. Type of educational entity:
 Public Private
 Educational Service District
 Other

If Private, attach brochure.

8. Board Members/Trustees are:
 Elected Appointed
If elected, are they elected by
 single member districts or at large?

9. Number of Board Members: _____

10. Term of office: _____

11. Terms staggered: Yes No

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

	Current Year	Last Year	Next Year Est.
Number of Students			
Teacher/Student Ratio			
No. of Disabled Students			
Teacher/Disabled Student Ratio			
No. of Special Ed. Students			
Teacher/Special Ed. Student Ratio			
Average Class Size			

13. List the number of each of the following:
Employees _____
Teaching Faculty _____
Non-Professional Administration _____
Counselors/ Psychologists _____
Other _____

14. Does this entity operate daycare facilities or services? Yes No
Details of Services _____

15. Has entity been criticized by the state board of education? Yes No

16. Is entity operating under a court's supervision? Yes No
If yes, provide details. _____

17. Does this entity have a law enforcement presence on campus? Yes No
If "yes," is separate Police Professional Liability Insurance maintained? Yes No

II. Fiscal Bond Information

1. Budget (last three years) – please provide actual amounts from all sources.

2.

Fiscal Year Ends	Year	Actual Revenues	Actual Expenditures	Surplus (+) Deficit (-)	Accumulated Surplus

A. If surplus/deficit exists, indicate how it will be eliminated: _____

3. How much of the operating budget is State aid? _____ Federal aid? _____

4. A. Does the entity have the authority to issue bonds? Yes No

B. What is the entity's bond rating? Current _____ Previous _____ Not rated

C. Has entity been in default of principal or interest on any bond? Yes No

If yes, explain: _____

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

If yes, explain: _____

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

Please give amount and impact of shortfall _____

III. Operational Administrative Information

1. When was your entity established? _____

2. In the last 3 years, have you been involved in any school mergers/closings or plan to do so in the next 12 months? Yes No

3. A. Any school openings in next 18 months: Yes No

If yes, explain: _____

B. Do you expect a reduction in staff in the next 18 months? Yes No

C. If yes, has your attorney reviewed your staff reduction plan? Yes No

4. Do you have a Title VII or 504 coordinator? Yes No

5. Did any of the following take place in the past 3 years? Explain all "yes" answers on an attached sheet.

A. Strike, slowdown or other disruption? Yes No

B. 1. Lay-off of staff or reduction in service? Yes No

2. Do you expect a reduction in staff in the next 18 months? Yes No

3. If yes, has your attorney reviewed your staff reduction plan? Yes No

C. Disputes involving integration, segregation, discrimination or violations or civil rights? Yes No

D. Has any employee been suspended, dismissed, demoted, transferred or tenure contract non-renewed? Yes No

E. Attach a copy of the log of all Equal Opportunity Employment Commission claims or complaints filed against the entity in the past five years.

6. For which of the following services does the school district use subcontractors: (Check all that apply)

<input type="checkbox"/> Transportation	<input type="checkbox"/> Medical
<input type="checkbox"/> Accounting/ Financial	<input type="checkbox"/> Specialized Educational
<input type="checkbox"/> Food	<input type="checkbox"/> Secretarial/ Administrative
<input type="checkbox"/> Custodial	
<input type="checkbox"/> Other Educational	

Describe in detail. _____

7. Do you require all subcontractors or independent consultants to carry liability insurance? Yes No
Do you require to be added as an additional insured? Yes No

8. Has entity/board established written policies/procedures governing teachers/ supervisory personnel and non-professional employees in the areas of:

Suspension	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dismissal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Promotion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transfer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demotion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hiring	<input type="checkbox"/> Yes <input type="checkbox"/> No
Background checks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No

III. Operational Administrative Information (cont.)

9. Has entity/board established written policies/procedures governing all students in the area of:

- Suspension Yes No
- Dismissal Yes No
- Promotion Yes No
- Transfer Yes No
- Corporal Punishment Yes No
- Acceptance Yes No
- Student use of lockers Yes No
- Parking facilities Yes No
- Sexual harassment Yes No
- Drug Testing Yes No

10. Has entity/board established written policies/procedures governing "special" students in the areas of:

- Suspension Yes No
- Dismissal Yes No
- Promotion Yes No
- Transfer Yes No
- Corporal Punishment Yes No
- Acceptance Yes No
- Sexual harassment Yes No
- Drug Testing Yes No

11.A. Do you conduct background checks on all:

- Applicants Yes No
- New Hires Yes No
- Volunteers Yes No

B. Do your background checks on the above include: (check appropriate areas)

Type	Teachers	Other Employees	Volunteers
Credit			
Personal References			
Prior Employers			
Criminal Checks: home state			
Criminal Checks: all states			
Criminal Checks: federal			
Driving Record			
Academic Credentials			
Licenses			
Other :			

C. Does the school have a written policy that is distributed to employees, volunteers and parents that addresses:

1. Relationships between student and employees? Yes No

2. Written definition of what the school considers as harassment or inappropriate sexual behavior between students and employees? Yes No

3. Consequences of finding inappropriate sexual behavior? Yes No

4. Procedures for reporting and investigating allegations of sexual misconduct? Yes No

5. Instructions to avoid situations where an employee's behavior could be open to allegations, such as being alone with a student behind a closed door, having students in their home when no one is present, or being alone with a student in locker rooms or bathrooms, or being on trips with students without another adult always present?

Yes No

6. That these polices are to be communicated yearly to all employees? Yes No

7. Employees are encouraged and have a duty to report behavior they may feel is inappropriate?

Yes No

8. A senior administrator of each facility is charged to randomly inquire of personnel and visit all facilities to insure rules are being followed? Yes No

9. Students receive age appropriate instruction about acceptable and unacceptable behavior between adults and students? Yes No

10. Students are given instructions and appropriate avenues to report any circumstances where they feel threatened or need help? Yes No

12. A. Have your policies and procedures been reviewed by counsel? Yes No

B. Have all employment applications and procedures been reviewed by legal counsel and found in compliance with EEOC regulations (including ADA)? Yes No

C. Are formal written job descriptions in place for all positions? Yes No

13. Do you have policies and procedures for mandatory random drug testing of:

Students? Yes No

Employees? Yes No

14. Do guidelines provide for administrative hearings and appeals? Yes No

A. How many hearings/appeals have taken place in the last 12 months? _____

In what areas? _____

B. How many hearings/appeals from "14A" are in the area of special education?

In what areas? _____

15. A. Have all asbestos inspections and tests been made by: Certified Employees

Independent Contractors

as required under AHERA? Yes No

III. Operational Administrative Information (cont.)

- B. Have you filed an asbestos abatement plan? Yes No
1. If no, why not? _____
2. If yes, are they completed? Yes No
3. If no, when is completion scheduled? _____

16. Are lead levels monitored within the school area? Yes No

Are students tested for lead poisoning? Yes No

If no, why not? _____

17. Explain level of training and/or experience required of special education teachers?

IV. Policy/ Claims History – Incidents – Insured/Uninsured Losses -Current and Prior Four Years (including insured and uninsured losses). If no losses, check here

1. Please attach a copy of current insurance company loss runs.

Year	Policy Number	Premium	Company	No. of Losses	Dollars of Paid Loss	Paid Expenses	Dollars Open Loss Reserve	Dollars Open Expense Reserve	Total Dollars Paid & Open Loss & Expenses
Total:									

2. A. Has any claim been made/presented to your current or prior insurers? Yes No
- B. Has any claim been made against the entity that was not covered by insurance? Yes No
- C. Has any person, former employee or job applicant made claim alleging unfair or improper treatment regarding hiring, salary, advancement, demotion, suspension or termination? Yes No
- D. Has entity been formally criticized by the state board of education? Yes No
- E. Has any claim been made or is one now pending against any person in his/her official capacity as an official employee or volunteer of the entity? Yes No
- F. 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
- G. Is the applicant aware of any claims, acts, omissions, incidents or circumstances which might reasonably be expected to be the basis of a claim or suit? Yes No
- H. Have any of the claims, acts, omissions, incidents or circumstances identified in response to the preceding question been reported to an insurance carrier? Yes No

Disclosure to the Company is required of any such acts which become known to the applicant between the date of application and the date when coverage becomes effective. These acts shall include EEOC notice.

Section IV "yes" answers must be explained fully giving date of incident, complainant's name, cause of action, damages claimed, amount of settlement and legal cost paid and current status of each open incident/claim including open loss reserve, open loss adjustment/ defense cost reserve and paid defense costs to date.

V. Current Insurance Coverage Information (Please answer for all coverages now in force.)

1. A. Has any such insurance been declined, canceled or not renewed? Yes No
(Questions not applicable to Missouri residents.)
- B. If yes, please explain. _____

2. A. Has the entity maintained continuous E&O (errors and omissions) coverage for the last five years at the limits requested? Yes No
- If no, since when? _____

B. What is the retroactive date on your current E&O coverage? (If none, indicate here)

Policy Type	Policy Number	Company Name	Expiration Date	Limits	Deductible	\$ Premium
1. General Liability						
2. Personal Injury						
3. E&O						

Does your current coverage under 1&2 above cover sexual abuse/molestation, discrimination and corporal punishment? Yes No

VI. Coverage Requested

1. Limits of Liability each claim and policy year aggregate: \$1,000,000 \$2,000,000 Other \$ _____
2. Dollar deductible each claim: \$1,000 \$2,500 \$5,000 \$10,000
 \$15,000 \$25,000 Other: _____

VII. AUTHORIZED ENTITY REPRESENTATIVE

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

Name _____
Title _____

2. Entities 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, circumstance nor 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 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.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, PARTNER, DIRECTOR OR OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE NAMED INSURED WILL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES. THE INSURER RESERVES ITS RIGHTS TO MODIFY OR WITHDRAW ITS PROPOSAL.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, REPRESENTS AND WARRANTS ON BEHALF OF THE NAMED INSURED AND ALL PERSONS OR ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF AND AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY ATTACHMENTS HERETO ARE TRUE AND ACCURATE. IT IS UNDERSTOOD THAT THE STATEMENTS IN THIS APPLICATION, INCLUDING MATERIALS SUBMITTED TO OR OBTAINED BY THE INSURER, ARE MATERIAL TO THE ACCEPTANCE OF THE RISK, AND RELIED UPON BY THE INSURER.

NOTICE TO APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, 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 ACT, WHICH IS A CRIME ANY MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS 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.

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 POLICY HOLDER OR CLAIMING 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 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 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.

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 AND 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 MAINE, 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.

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 OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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 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 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.

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 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 of Entity	Date
_____	_____
Title	Phone Number

VIII. AGENCY INFORMATION

Agency Name _____ Contact _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

Will you make surplus lines filings if necessary? Yes No
Provide your surplus lines license number. _____

IX. Please attach:

- | | |
|--------------------------|---|
| Carrier Loss Runs | Current Year End Financial Statement |
| Current Budget | Personnel Practices for questions 8, 11, 14 under Section III. |