



SCHOLASTIC PROGRAM SUPPLEMENT

Named Insured: _____ Effective Date: _____
Web Address: _____

PLEASE ATTACH THE FOLLOWING (✓)

- | | |
|---|--|
| <input type="checkbox"/> ACORD Applications, including Crime & Umbrella | <input type="checkbox"/> Loss Runs |
| <input type="checkbox"/> Statement of Values | <input type="checkbox"/> Brochure, Handbook, Student Application |
| <input type="checkbox"/> Schedule of Vehicles | <input type="checkbox"/> Financial Statement |
| <input type="checkbox"/> Drivers List with License Numbers and Dates of Birth | <input type="checkbox"/> # of Faculty Members by Position Held |

GENERAL (✓)

- | | | |
|--|---|--|
| <input type="checkbox"/> Private Institution | <input type="checkbox"/> Public Institution | <input type="checkbox"/> Religious Affiliation |
| <input type="checkbox"/> College or University | <input type="checkbox"/> Junior College | <input type="checkbox"/> Elementary or Secondary |

Total Number of Students Enrolled _____ Day _____ Evening _____
Estimated average daily attendance _____

PROPERTY

- 1) When was the last time you had the building values appraised? _____
- 2) Is smoking permitted in the buildings? _____ Are there designated areas? _____
- 3) Are boiler and furnace rooms separated from other parts of the building? _____
- 4) Are there smoke detectors throughout the buildings? _____ Hard wired? _____
- 5) Do you have any future plans for renovations or new construction? _____

GENERAL LIABILITY

- 1) Do you own any pools? _____ # of indoor pools: _____ # of outdoor pools: _____
- 2) Are there any diving boards? _____ Height _____ Are there any pool slides? _____
- 3) Are pools used for summer programs, i.e. Camps? _____ If so, please complete camp supplemental application.
- 4) Are there fraternities or sororities? _____
- 5) What type of security is provided for the protection of the residents? _____
- 6) Are security personnel sub-contracted or employees of insured? _____ Armed? _____
- 7) Are there night/adult programs? _____
- 8) Are there science laboratories? _____
- 9) Do you have day care on premises? _____ if so, please complete supplemental day care application.
- 10) Is there an auto body shop? _____
- 11) Does the school offer a program in welding? _____
- 12) Is the public ever invited on the premises? (describe) _____
- 13) Does the school hold any events that charge a fee? (describe) _____
- 14) Does the school ever contract out any service to the general public? (describe) _____
- 15) Does your current insurance carrier provide School Board Legal Liability? _____

AUTOMOBILE

- 1) Does the school own any automobiles? _____ Attach a fleet list and driver list.
- 2) What is the average annual mileage for the different types of autos? _____
- 3) Is there a driver training program for students? _____
- 4) Under what circumstances, if any, are student allowed to drive automobiles? _____

ABUSE & MOLESTATION (if coverage is requested)

- 1) Does your staff (paid or volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? _____
- 2) Does your state permit you to do criminal background investigations? _____ If yes, do you routinely request and receive such background investigations? _____
- 3) Do you verify employment related references? _____
- 4) Do you conduct personnel interviews? _____
- 5) Do you have written procedures for dealing with sexual abuse? _____ If yes, please attach a copy.
- 6) Do you have a plan of supervision that monitors staff in day- to-day relationships with clients, both on and off premises? _____
- 7) Does the school have a Sexual Abuse Awareness Program for students? _____
- 8) Does the school have specific training for the faculty on identifying and reporting incidents of abuse and molestation? _____
- 9) a) Has your organization ever had an incident which resulted in an allegation of sexual abuse? If so, please describe. _____
b) Was a claim made against the organization? _____
c) Was the case settled? _____
d) Was the case taken to trail? _____
e) How much money was paid as damages to the victim? \$ _____
- 10) Regarding coverage for abuse & molestation, does your current insurance program:
a) Exclude coverage? _____
b) Limit coverage (please indicate limit of liability) \$ _____
c) Neither exclude nor limit coverage _____

CORPORAL PUNISHMENT

- 1) What is the school's policy on corporal punishment? _____
- 2) Is there a written policy concerning the use of corporal punishment? _____
- 3) Have there ever been any claims for corporal punishment? _____
- 4) What are the state's laws on corporal punishment? _____

REQUIRED SUPPLEMENTAL APPLICATIONS (✓)

Please check the box next to any of the following exposures if they are present within your school. If a box is checked, the corresponding supplemental application MUST be completed and submitted for underwriting review. PLEASE NOTE that any supplemental application submitted will become a part of this application. Warranties agreed to by signing this application extend to any supplemental application attached hereto.

- | | |
|--|---|
| <input type="checkbox"/> Athletic Programs | <input type="checkbox"/> Eating Facilities / Bars |
| <input type="checkbox"/> Beauty / Cosmetology School | <input type="checkbox"/> Medical Facilities / Infirmary |
| <input type="checkbox"/> Culinary School | <input type="checkbox"/> Medical Training Schools |
| <input type="checkbox"/> Dormitories | <input type="checkbox"/> Music, Dance, Art Schools |
| <input type="checkbox"/> Driving Schools | <input type="checkbox"/> Day Care |

The Applicant warrants that all answers to the questions on this application are true and correct. 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 thereto, commits a fraudulent insurance act, which is a crime.

Fraud Notice

NOTICE TO 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 MAY SUBJECT 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.

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 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 MINNESOTA AND 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 NEBRASKA AND OKLAHOMA APPLICANTS: 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 FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY ND 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 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 MAINE AND VIRGINIA 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 OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

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 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 TENNESSEE 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."

Signature of applicant

Date