

EDUCATORS LEGAL AND EMPLOYMENT PRACTICES LIABILITY APPLICATION

This application will be attached to and become a part of the policy.

I. GENERAL INFORMATION

1. Name of educational entity: _____
2. Physical address: _____
3. Mailing address (if different): _____
4. City: _____ County: _____ State: _____ Zip: _____
5. Contact Person: _____ Title: _____ Phone: () --
6. Email address (if applicable): _____ Web Page: _____
7. Do you have a risk manager? Full time Part time No; If part time, how many hours per week? _____
8. If so, please provide name: _____ Phone: () --
9. Total number of board members: Elected? Appointed? If appointed, by whom? _____
10. If elected, are they elected by: Single member districts, or At large? _____
11. When was your entity organized or incorporated? _____
12. What is the largest city within 25 miles? _____
13. Please describe your institution by **checking every box that applies.**

<input type="checkbox"/> Municipal	<input type="checkbox"/> Public	<input type="checkbox"/> Pre-School	<input type="checkbox"/> Special Education
<input type="checkbox"/> County	<input type="checkbox"/> Private / Non-Profit	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Vocational/Technical
<input type="checkbox"/> State	<input type="checkbox"/> Private / For-Profit	<input type="checkbox"/> Elementary School	<input type="checkbox"/> Junior College
<input type="checkbox"/> Special District	<input type="checkbox"/> Parochial	<input type="checkbox"/> Secondary School	<input type="checkbox"/> College/University
<input type="checkbox"/> Multiple District Cooperative*	<input type="checkbox"/> Charter School	<input type="checkbox"/> Other*	
14. Do you have your own Law Enforcement or Security department? Yes No
15. If not, do you contract with an outside agency for these services? Yes No
16. If so, with what entity? _____

NOTE: PRU-TX also provides Law Enforcement and Public Officials Liability Coverage. Please ask your agent for more information and a PRU-TX application.

II. INSURANCE INFORMATION

1. Please complete the following chart based on coverage currently in force. Please indicate where coverage is not in force.

	Policy Type	Policy Number	Company Name	Expiration	Limits	Deductible	Premium
a.	Educators Legal						
b.	Employment Practices						
c.	General Liability						
d.	Law Enforcement						

2. Does your current Educators Legal Liability coverage have a Retroactive Date? If so, what is it? Yes No
3. Does your current Educators Legal Liability policy provide coverage for employment related practices? Yes No
4. Has your Educators Legal Liability coverage ever been denied, canceled or non-renewed? Yes No

If so, please explain: _____

5. Please tell us what terms you are interested in this year.

	Limits of Liability	Deductible	Effective Date	Bid Date
Option 1				
Option 2				



III INSTITUTION PROFILE

1. What is your enrollment? Currently Last Year	11. How many full-time employees? _____
a. Full-time Students _____	12. How many part-time employees? _____
b. Part-time Students _____	<i>Breakdown:</i>
2. What percentage of the students are the following?	a. Certified instructors / Faculty _____
c. Special Education _____	b. Non-certified instructors / Aids _____
d. Disabled Students _____	c. Administrative personnel _____
3. How many campuses do you have? _____	d. Counselors / Psychologists _____
4. What is the enrollment at your largest campus? _____	e. Nurses / Medical Professionals _____
5. Are any new campuses expected in the next 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	f. Custodial / Janitorial _____
6. Have there been any campuses closed in the last 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	g. Other: Police / Security _____
7. Are any campus closings expected in the next 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. What is your average class size? _____
8. Has there been a reduction in staff in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. For which services does your entity contract with independent contractors?
9. Is any reduction in staff expected in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Food <input type="checkbox"/> Accounting/Financial
10. If you answered "Yes" to any of questions 3 through 7, please attach a narrative with a brief explanation.	<input type="checkbox"/> Transportation <input type="checkbox"/> Specialized education
	<input type="checkbox"/> Custodial/Janitorial <input type="checkbox"/> Clerical/Administrative
	<input type="checkbox"/> Medical/Health Care <input type="checkbox"/> Extracurricular activities
	15. Do you require all subcontractors to carry their own liability coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No
	16. Do you require all subcontractors to include you as an Additional Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No

IV. GENERAL OPERATIONS AND PROCEDURES

1. Do you have written policies and procedures for the following as pertains to <u>students</u> ? Last Updated	4. Do you have written policies and procedures for the following as pertains to <u>teachers</u> ? Last Updated
Suspension? <input type="checkbox"/> Yes <input type="checkbox"/> No / /	Student suspensions? <input type="checkbox"/> Yes <input type="checkbox"/> No / /
Expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No / /	Student expulsions? <input type="checkbox"/> Yes <input type="checkbox"/> No / /
Corporal punishment? <input type="checkbox"/> Yes <input type="checkbox"/> No / /	Use of corporal punishment? <input type="checkbox"/> Yes <input type="checkbox"/> No / /
Possession of weapons? <input type="checkbox"/> Yes <input type="checkbox"/> No / /	Disciplinary actions? <input type="checkbox"/> Yes <input type="checkbox"/> No / /
Drug testing and searches? <input type="checkbox"/> Yes <input type="checkbox"/> No / /	Minimum standards testing? <input type="checkbox"/> Yes <input type="checkbox"/> No / /
Internet access? <input type="checkbox"/> Yes <input type="checkbox"/> No / /	Teacher/student relationships? <input type="checkbox"/> Yes <input type="checkbox"/> No / /
Individuals with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No / /	Sexual harassment/molestation? <input type="checkbox"/> Yes <input type="checkbox"/> No / /
Special education? <input type="checkbox"/> Yes <input type="checkbox"/> No / /	Drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No / /
Sexual misconduct? <input type="checkbox"/> Yes <input type="checkbox"/> No / /	Reporting physical abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No / /
2. Do all students receive a "Student Handbook" addressing these issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Do you conduct background investigations on all employees before employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have emergency contingency plans for the following: Last Updated	6. Do you provide special education programs and related services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No / /	7. Do other districts have access to your special education programs or facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
Flood? <input type="checkbox"/> Yes <input type="checkbox"/> No / /	8. How many students have an Individual Education Plan (IEP)? _____
Hurricane? <input type="checkbox"/> Yes <input type="checkbox"/> No / /	9. Do you create your own IEP's? <input type="checkbox"/> Yes <input type="checkbox"/> No
Tornado? <input type="checkbox"/> Yes <input type="checkbox"/> No / /	10 If not, who does? _____
Earthquake? <input type="checkbox"/> Yes <input type="checkbox"/> No / /	
Unauthorized intrusions? <input type="checkbox"/> Yes <input type="checkbox"/> No / /	
Violent acts? <input type="checkbox"/> Yes <input type="checkbox"/> No / /	

Attachment: Please provide a copy of your current student handbook



V. EMPLOYMENT PRACTICES AND PROCEDURES

1. Do you have a human resources coordinator? Full time Part time No
2. Describe their training and experience?
3. Do you have a written employment manual including all personnel policies and procedures? Yes No
4. Do all your administrative and supervisory employees maintain a copy? Yes No
5. Do these supervisors receive training in the proper implementation of your policies and procedures? Yes No
6. When was this manual last updated? Date? / /
7. Is this manual reviewed by counsel experienced and qualified in employment law? Yes No
8. Is this manual distributed to all employees upon hiring? Yes No
9. Do you have a written policy with respect to both sexual and non-sexual harassment? Yes No
10. Do you follow a formal written procedure for employee disputes/complaints? Yes No
11. Are all actions to dismiss or demote employees reviewed in advance by legal counsel? Yes No
12. Do you require that due process be served and documented for all proceedings involving dismissal demotion or suspension? Yes No
13. Are all probationary or disciplinary actions recorded in writing and signed by the employee? Yes No
14. Are you an Equal Opportunity Employer? Yes No
15. Has there been a layoff of employees or reductions in service in the last three years? Yes No
16. Have you had a strike, slowdown, or other employee disruption in the last three years? Yes No
17. Has any person, former employee or job applicant filed a complaint or claim alleging unfair or improper treatment regarding employee hiring, remuneration, advancement, or termination of employment? Yes No
18. Have you had any disputes involving integration, segregation, discrimination or violation of civil rights? Yes No
19. Have any complaints been filed with the EEOC within the last three years? Yes No
20. Have all disputes, complaints, and claims been reported to your current or prior carriers? Yes No

Attachment: Please provide 1.) a copy of your current employment manual including policies and procedures pertaining to sexual harassment, discrimination, and employee grievances, and 2.) your current EEOC log.

VI. FINANCIAL / BOND INFORMATION

1. Please complete the following chart using budget figures for the past three years (must be completed)

Year	Revenues	Expenditures	Surplus(+)/Deficit(-)	Accumulated (+)/(-)

2. What is the amount of your outstanding bonds?
3. What is your latest bond rating? (Moody's or Standard Poor's) No current Rating
4. What was your previous bond rating?
5. Has any bond issue been defeated within the past three years?
If yes, has the proposal been resubmitted, or is it expected to be resubmitted?
6. Has your institution been in default on the principal or interest on any bond?
7. If yes to any of these questions, please give details:

Attachment: Please attach your most recent audited financial statement. If your entity does not have a formal audit on a regular basis, please provide your most current annual budget.



VII. LOSS HISTORY

1. Has any claim been made against the entity, or any person in their capacity as an official or employee of the entity, in the last five years? If yes, please attach a narrative summary with details and status. Yes No

2. Does any official or employee have any knowledge of any fact, circumstance or situation which might reasonably be expected to give rise to a claim? If yes, please attach a narrative summary with details. Yes No

3. With respect to your Educational Institutions Liability coverage, please complete the following table using the total dollars expended for both the settlements of claims and the expenses associated with defending those claims. "Reserves" refers to the estimated future expenses to resolve or dispose of the claims and includes both settlement and defense expenses.

Year	Premium	Number of Claims	Total Loss Paid Including Deductible	Total Expenses Paid Including Deductible	Total Amount Reserved	Total Incurred Losses + Expenses

Attachment: Please provide a currently valued copy of your Educational Institutions and Employment Practice Liability Loss Runs for the past five years. **NOTE:** Your current and previous carriers are obligated and required to forward currently valued runs at your request. Please consult with your agent.

VIII. WARRANTY AND ATTESTATION

Arkansas: 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: 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: 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: 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: 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: 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.

Louisiana: 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.

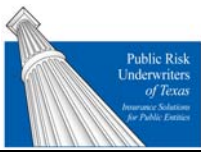
Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

New Jersey: 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: 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: All commercial insurance forms, except as provided for automobile insurance: 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.

Ohio: 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.



EDUCATORS LEGAL LIABILITY APPLICATION

Oklahoma: 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: 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.

Rhode Island: Property Insurance, Real Or Personal: The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.

Tennessee: 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.

Virginia: 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.

West Virginia: 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 ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking insurance, has read and understands this application, and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the applicant's submission and Insurer's receipt of such written report, prior to the inception of the policy applied for, is a condition precedent to coverage.

The signing of this application does not bind the undersigned to purchase the insurance, nor does review of the application bind the insurance company to issue a policy. The applicant does hereby agree that this policy, if issued, is issued in reliance upon the truth of this application, including all requested attachments, which will be incorporated into and made a part of this policy.



Applicant's Authorized Signature

Title

Date

IX. INSURANCE AGENCY INFORMATION (to be completed by your agent)

- 1. Producer's Name:
2. Agency:
3. Mailing Address:
4. City: State: Zip:
5. Phone Number: Fax Number:
6. Are you the incumbent agent? Yes No Email Address:
7. Are you a licensed Surplus Lines Agent? Yes No License Number:
8. State Tax ID Number: