



- ACE American Insurance Company
- Westchester Fire Insurance Company

# ACE Scholastic Advantage<sup>SM</sup> Educators Legal Liability Renewal Application - Massachusetts

### NOTICE

The Policy for which you are applying is written on a claims made and reported basis. Only claims first made against the Insured and reported to the Insurer during the Policy Period are covered subject to the Policy Provisions. Amounts incurred for Damages and Claims Expenses shall be applied against your Retention, if any. If you have any questions about coverage, please discuss them with your insurance agent.

### INSTRUCTIONS

Please type or print all answers clearly. Answer all questions completely, leaving no blanks. If there is insufficient space to complete an answer, please continue on a separate sheet indicating the question number. If any questions, or any part thereof, do not apply, print N/A in the space. Insert checks in Yes or No answer boxes, if any. This application must be completed, signed, and dated by an authorized officer of your firm. Underwriters will rely on all statements made in this application.

The information requested in this application is for underwriting purposes only and does not constitute notice to the Company under any Policy of a claim or potential claim. All such notices must be submitted to the Company pursuant to the terms of the Policy, if and when issued.

**Please attach copies of the following:**

- Audited financial statement or budget for the most recent available fiscal year, if the applicant's budget is greater than \$500,000,000
- Minimum of last three (3) years of liability claim loss runs (five [5] years is desired)

1. Name of **Educational Institution**:

Year Established: \_\_\_\_\_

2. Principal Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**Educational Institution's Website**      www. \_\_\_\_\_

3. Do you have a Full Time Risk Manager?     Yes     No

Name of Risk Manager: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### GENERAL INFORMATION:

4. Type of **Educational Institution**: Please check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Elementary/Primary School    | <input type="checkbox"/> Special Education Facility            |
| <input type="checkbox"/> Middle/Junior High School    | <input type="checkbox"/> Junior/Two (2) Year/Community College |
| <input type="checkbox"/> High School/Secondary School | <input type="checkbox"/> Four(4) Year College/University       |
| <input type="checkbox"/> Vocational/Technical School  | <input type="checkbox"/> Graduate School                       |
| <input type="checkbox"/> Charter School               | <input type="checkbox"/> Other: _____                          |

5. Organizational Structure of the **Educational Institution**

a. Has the **Educational Institution** created or acquired any **Subsidiaries** in the past year?  Yes  No  
 If Yes, please provide via separate attachment to this application, the name of any Subsidiaries, % ownership by the **Educational Institution**, year of creation, and nature of operations.

b. In the past 12 months, have any of the following occurred? (Please check all that apply)

<input type="checkbox"/> Converted from a private to a public institution	<input type="checkbox"/> Converted from a public to a private institution
<input type="checkbox"/> Changed profit status to for-profit entity	<input type="checkbox"/> Changed profit status to not-to-profit entity
<input type="checkbox"/> Opened residence/housing facilities	<input type="checkbox"/> Closed residence/housing facilities

If "Opened residence/housing facilities" is checked, please advise the % of enrollment residing in the **Educational Institution's** housing facilities (dormitories, etc.) \_\_\_\_\_%

If the **Educational Institution** is a college or university, please answer the following questions:

c. Has there been any change in the **Educational Institution's** accreditation status?  Yes  No  
 d. If Yes, please explain what changes have occurred: \_\_\_\_\_

6. Enrollment and Employment information for the **Educational Institution**

a. Please provide the Student Enrollment of the **Educational Institution**:

Category	Current Year	Prior Year	Projected Next 12 months
Full-time Students			
Part-time Students			
Preschool Students			

b. Please provide the total employment count, by category, of the **Educational Institution**.

Category	# of Union Employees	# of non- Union Employees
Full time Faculty/Instructors		
Part time Faculty/Instructors		
Administrative/Management Personnel		
Student Teachers/Aids/Interns		
Volunteers		
Elected/Appointed Board Members		
Independent Contractors under Indemnity Agreement		
Other Employees (season, temporary, part time, etc)		
TOTAL		

7. Does the **Educational Institution** employ any of the following professional staff:

Lawyers  Yes  No Total Number : \_\_\_\_\_

**FINANCIAL INFORMATION:**

Please provide the following information. *If "Yes" to any question below, or if the applicant has budget deficits in the past three years, please explain on a separate attachment.*

8. a. Indicate fiscal year end date: \_\_\_\_\_

b. Please provide a budget figure for the current and prior two fiscal years:

	CURRENT YEAR	PRIOR YEAR	2 <sup>ND</sup> PRIOR YEAR
Revenues			
Expenditures			
Outstanding Bond Issues			
Budget Surplus (Deficit)			

- c. Has any State or Federal funding (aid) been eliminated in the past year?  Yes  No
- d. Has the **Educational Institution** been in default on principal or interest on any bond?  Yes  No
- e. Does the **Educational Institution** anticipate any special projects which will result in a substantial budget increase or decrease in the next 3 years?  Yes  No
- f. Have there been any changes to the **Educational Institution** bond rating?  Yes  No

**EDUCATIONAL INSTITUTION OPERATIONS**

*If the answer is "YES" to any question below, please attach details on a separate piece of paper*

- 9. In the past 12 months, has there been any change in the **Educational Institution's**:
  - a. Directors, trustees or governors sitting on any outside for-profit entity board of directors?  Yes  No
  - b. Procedures regarding suspension/dismissal of students?  Yes  No
  - c. Procedures regarding reporting and investigating allegations of sexual harassment brought by students?  Yes  No
  - d. Procedures regarding reporting and investigating allegations of child abuse to the proper authorities?  Yes  No
  - e. Procedures regarding disaster/emergency action plans?  Yes  No
  - f. Special education programs and/or facilities for the developmentally, mentally, emotionally or physically disabled?  Yes  No
  - g. % of the total student enrollment currently participates in a special education program? \_\_\_\_\_%
- 10. With regard to IEP Due Process Hearings, over the past school year:
  - a. Total number of hearings have been conducted? \_\_\_\_\_
  - b. Total number of hearings appealed? \_\_\_\_\_
  - c. Total number of hearings decisions that were overturned? \_\_\_\_\_

**EMPLOYMENT PRACTICES**

*If the answer is "YES" to any question below, please attach details on a separate piece of paper*

- 11. In the past year have there been any changes to the **Educational Institution's**:
  - a. Human Resources or Personnel Department?  Yes  No
  - b. **Employee** orientation program?  Yes  No
  - c. Sensitivity training or discrimination/harassment prevention education?  Yes  No
  - d. **Employee** Performance evaluations procedures/process?  Yes  No
  - e. Out-placement program for laid off or disassociated **Employees**?  Yes  No
  - f. **Employee** termination review process?  Yes  No
  - g. Employment handbook?  Yes  No

Regarding Third Party Liability exposure:

12. Over the past year has there been any changes to the **Educational Institution's** policies or procedures:

- Regarding **Employee** conduct when interacting with customers, clients, the general public or other third parties,
- Dealing with complaints from customers, clients or third parties for issues involving harassment or discrimination, or
- Regarding Diversity or cultural sensitivity training for employees who interact with customers, clients or the general public

Yes  No

*If "Yes", please attach details on a separate piece of paper*

**FRAUD WARNING:**

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

NOTICE TO APPLICANTS. PLEASE READ CAREFULLY

BY SIGNING THIS APPLICATION, THE APPLICANT, ON BEHALF OF ALL PROPOSED INSURED, WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT, ITS SUBSIDIARIES, AND THEIR OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED, OMITTED, SUPPRESSED, CONCEALED, OR MISREPRESENTED IN THIS APPLICATION OR ITS ATTACHMENTS. THE APPLICANT UNDERSTANDS AND AGREES THAT IF, AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION AND ATTACHMENTS, ANY OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE APPLICANT SHALL NOTIFY THE COMPANY OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE INSURANCE MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT UNDERSTANDS AND AGREES THAT THE COMPANY, IN PROPOSING TO PROVIDE INSURANCE, HAS RELIED ON THIS APPLICATION AND ALL ATTACHMENTS, AND THAT THIS APPLICATION AND ALL ATTACHMENTS ARE (1) MATERIAL AND THE BASIS OF THE CONTRACT WITH THE COMPANY, AND (2) DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.

THE UNDERSIGNED OFFICER OF THE APPLICANT WARRANTS THAT HE/SHE IS DULY AUTHORIZED TO EXECUTE THIS APPLICATION ON BEHALF OF THE APPLICANT AND ITS SUBSIDIARIES.

Applicant's Signature:

\_\_\_\_\_  
(Must be signed by an Officer of the Applicant)

\_\_\_\_\_  
Print Name and Title

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date (Mo./Day/Yr.)