



ACE Scholastic AdvantageSM Educators Legal Liability Renewal Application

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 ND 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 STATEMENTS

NOTICE TO ARKANSAS, LOUISIANA AND RHODE ISLAND 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant 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 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.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 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 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 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 TENNESSEE 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 ALL APPLICANTS:

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.)

FOR IOWA APPLICANTS ONLY:

Broker: _____

Address: _____