



# ACE Scholastic Advantage<sup>SM</sup> Educators Legal Liability 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)
- Current employee handbook including procedures on sexual harassment, discrimination, employee grievances and employment termination, if the applicant has more than 1,500 full-time and part-time employees

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:

- Elementary/Primary School
- Middle/Junior High School
- High School/Secondary School
- Vocational/Technical School
- Charter School

- Special Education Facility
- Junior/Two (2) Year/Community College
- Four(4) Year College/University
- Graduate School
- Other: \_\_\_\_\_

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

- a. Does the **Educational Institution** have **Subsidiaries** to be covered under this policy?  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. Is the applicant a public or private Institution?  Public Institution  Private Institution
- c. Is the applicant a for-profit entity?  Yes  No
- d. Is the applicant a boarding school?  Yes  No
- e. If Yes to d., % of enrollment residing in the **Educational Institution's** housing facilities (dormitories, etc.)s the applicant a boarding school? \_\_\_\_\_%

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

- f. Is the applicant accredited?  Yes  No
- g. Please provide the name of the accreditation association \_\_\_\_\_
- h. Please provide the date of last accreditation \_\_\_\_\_

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			

If enrollment includes PRESCHOOL STUDENTS, please provide age ranges: \_\_\_\_\_

- 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

9. Please indicate if the **Educational Institution's** bonds are rated (check all that apply) and their ratings from each agency:

Rating	
<input type="checkbox"/> Moody's	

Rating	
<input type="checkbox"/> Standard & Poor's	

Rating	
<input type="checkbox"/> Fitch	

**EDUCATIONAL INSTITUTION OPERATIONS**

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

10. Do any of the **Educational Institution's** directors, trustees or governors sit on any outside for-profit entity board of directors at the specific request or direction of the **Educational Institution**?  Yes  No

11. Does the **Educational Institution** have established:

	YES	NO	WRITTEN POLICY?
a. Procedures for suspension/dismissal of students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Procedures for reporting and investigating allegations of sexual harassment brought by students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Procedures for reporting and investigating allegations of child abuse to the proper authorities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Disaster/emergency action plans for:			
i. natural disasters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. terrorist acts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. on-campus violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Does the <b>Educational Institution</b> conduct seminars <i>for the students</i> on sexual harassment (including preventing, identifying and reporting incidences of sexual harassment)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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13. With regard to Special Education:

- a. Does the **Educational Institution** have Special Education programs and/or facilities for the developmentally, mentally, emotionally or physically disabled?  Yes  No
- b. How often are students evaluated for:
- Placement in special education programs?  Semi-Annually  Annually  Biennially  Other
  - Adjustment to an Individual Education Plan (IEP) due to student's programs?  Semi-Annually  Annually  Biennially  Other
  - Mainstreaming?  Semi-Annually  Annually  Biennially  Other
- c. What % of the total student enrollment currently participates in a Special Education program? \_\_\_\_\_%
- d. With regard to IEP Due Process Hearings, over the past school year:
- Total number of IEP due process hearings have been conducted? \_\_\_\_\_
  - Total number of IEP due process hearings appealed? \_\_\_\_\_
  - Total number of IEP due process hearings decisions that were overturned? \_\_\_\_\_
- e. What counsel is used for the initial IEP due process hearing?  In-House Counsel  Outside Counsel
- f. What counsel is used for any IEP hearing appeal?  In-House Counsel  Outside Counsel

**EMPLOYMENT PRACTICES**

*If the answer is "No" to any question below, please attach details on a separate piece of paper*

Does the **Educational Institution**:

14. Have a human resources or personnel department?  Yes  No
15. Use a uniform employment application for all applicants at all locations?  Yes  No
16. Conduct background checks on all prospective **Employees**?  Yes  No
- a. If Yes, is an offer of employment contingent on the outcome of the check?  Yes  No
  - b. If Yes, are the checks conducted by the **Educational Institution's** employees?  Yes  No
  - c. If Yes, is an offer of employment contingent on the outcome of the check?  Yes  No
17. Have a formal orientation program for all new **Employees**?  Yes  No
18. Regularly conduct sensitivity training or other discrimination or sexual harassment prevention education?  Yes  No
19. Provide regular written performance evaluations for all **Employees**?  Yes  No
20. Use an "800" number, intranet or similar method for the reporting of allegations of employment practices violations?  Yes  No
21. Have a formal outplacement program which assists terminated or laid off employees in finding other jobs?  Yes  No
22. Require mandatory arbitration of employment and labor related claims?  Yes  No
23. Require terminations to be reviewed by the following:
- Human resources department  Yes  No
  - Legal department  Yes  No
  - Outside counsel  Yes  No
24. Publish and distribute a uniform employment handbook?  Yes  No

25. Please indicate whether the **Educational Institution** has adopted the following policies and if the policy is in the Employee Handbook:

	<u>Adopted</u>	<u>In Employee Handbook</u>
EEO Statement	<input type="checkbox"/>	<input type="checkbox"/>
At-will Statement	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment policy/procedure	<input type="checkbox"/>	<input type="checkbox"/>
Progressive discipline	<input type="checkbox"/>	<input type="checkbox"/>
FMLA policy	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy leave policy	<input type="checkbox"/>	<input type="checkbox"/>
Grievance procedures	<input type="checkbox"/>	<input type="checkbox"/>
ADA policy requiring reasonable accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Minority hiring policy	<input type="checkbox"/>	<input type="checkbox"/>
Union hiring policy	<input type="checkbox"/>	<input type="checkbox"/>
Email and voicemail use policy	<input type="checkbox"/>	<input type="checkbox"/>
Retention of computer data, emails and voicemail policy	<input type="checkbox"/>	<input type="checkbox"/>

26. Does the **Educational Institution** provide to its supervisory employees two hours of classroom or other interactive training and education regarding sexual harassment at least once every two years?  Yes  No

Regarding Third Party Liability exposure, does the **Educational Institution**:

27. Have policies or procedures outlining **Employee** conduct when interacting with students, parents, vendors, clients, the general public or other third parties?  Yes  No

28. Have policies or procedures for dealing with complaints from students, parents, vendors, clients, the general public or other third parties?  Yes  No

29. Provide formal diversity or cultural sensitivity training for employees who interact with students, parents, vendors, clients, the general public or other third parties?  Yes  No

30. Has a students, parents, vendors, clients, the general public or other third parties ever submitted a written complaint or brought a civil proceeding against a proposed Insured alleging harassment, discrimination, or civil rights violations?  
*If "Yes", please attach details on a separate piece of paper*  Yes  No

**CLAIMS INFORMATION:**

31. Has there been, or is there now pending, any **Claim(s)** against any proposed **Insured**?  Yes  No

32. Does any proposed **Insured** have knowledge or information of any act, error, omission, fact, circumstance, inquiry or formal or informal investigation which might give rise to a **Claim** under the proposed **Policy**?  Yes  No

33. Does any proposed **Insured** have knowledge or information of any threatened claim which might give rise to a **Claim** under the proposed **Policy**?  Yes  No

34. During the last three (3) years have any of the **Insureds** been involved in any administrative proceedings before the Equal Employment Opportunity Commission, the U.S. Department of Labor, including the Office of Federal Contract Compliance Programs, or any state or local government agency whose purpose is to address employment-related claims?  Yes  No

35. Have any **Insureds** ever been the subject of a disciplinary action or required to comply with any judicial or administrative agreement, order, decree or judgment?  Yes  No

**If "Yes" to any of Questions 31-35 please attach a detailed explanation including date of event, claimant, nature of matter, defense costs, indemnity amount, reserve amount and current status for each claim, matter, event, notice or circumstance.**

It is agreed that with respect to questions 31-35 above, if such **Claim**, knowledge, information, proceeding, agreement, investigation, matter, order, decree or judgment exists, any **Claim** arising therefrom is excluded from the proposed coverage and will not be covered for **Claims Expenses**, indemnity, or **Damages** under any **Policy** issued by the **Insurer**.

## **CURRENT INSURANCE INFORMATION**

36. Please provide Educators Legal Liability and Employment Practices Liability policy information:

<b>LAST 5 YEARS</b>	<b>PROFESSIONAL LIABILITY CARRIER</b>	<b>LIMITS</b>	<b>DEDUCTIBLE / RETENTION</b>	<b>PREMIUM</b>
Current Year				
Prior Year				
2 <sup>nd</sup> Prior Yr				
3 <sup>rd</sup> Prior Yr				
4 <sup>th</sup> Prior Yr				

### **FRAUD WARNING STATEMENTS**

**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 MAINE 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 may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO OREGON 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 may be a crime and may subject such person to criminal and civil penalties.

**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 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 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 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, REPRESENTS 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 REPRESENTS 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 FLORIDA APPLICANTS ONLY:**

Agent Name: \_\_\_\_\_

Agent License Identification Number: \_\_\_\_\_

**FOR NEW HAMPSHIRE APPLICANTS ONLY:**

Signature of Broker/Agent: \_\_\_\_\_