



EDUCATORS PROTECTION PLUS APPLICATION

NOTICE: This insurance contains claims-made coverage. This insurance is limited to liability for acts, errors or omissions for which claims are first made against the insured while the insurance is in force. Please read and review the insurance carefully and discuss the coverage with your insurance agent.

1. GENERAL INFORMATION

a) Applicant

b) Mailing Address

City State Zip

Contact Name

Address (if different

City State Zip

c) Producer Producer Code

Person to Contact
Title

Phone Number

d) Policy Effective Date Current Retroactive Date

e) Type of educational entity:

Private Other For Profit Non-Profit

f) When was your entity established?

g) Website: Email contact:

2. COVERAGE REQUESTED

COVERAGE A. PROFESSIONAL EDUCATIONAL LEGAL LIABILITY

Limits of Insurance:

\$250,000 \$500,000 \$1,000,000 \$2,000,000 \$3,000,000
 \$4,000,000 \$5,000,000 Other _____

Deductible Requested:

\$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000
 \$20,000 \$25,000 Other _____

COVERAGE B. EMPLOYMENT PRACTICES LIABILITY

Limits of Insurance:

- \$250,000
 \$500,000
 \$1,000,000
 \$2,000,000
 \$3,000,000
 \$4,000,000
 \$5,000,000
 Other _____

Deductible Requested:

- \$5,000
 \$7,500
 \$10,000
 \$15,000
 \$20,000
 \$25,000
 Other _____

COVERAGE C. DEFENSE REIMBURSEMENT FOR ANY "SUIT" SEEKING NON-MONETARY OR INJUNCTIVE RELIEF

Limits of Insurance: (Each Suit/Policy Year Aggregate)

- \$10,000/\$30,000
 \$25,000/\$75,000
 \$50,000/\$150,000
 \$100,000/\$300,000

Deductible Requested:

- \$1,000
 \$2,500
 \$5,000
 \$10,000
 \$25,000

3. UNDERWRITING INFORMATION

- a) Board members/trustees are: Elected Appointed
- b) Number of board members:
- c) Term of office:
 Terms staggered: Yes No
- d) Student enrollment: (include the full-time equivalent of part-time students)

	CURRENT YEAR	LAST YEAR	NEXT YEAR ESTIMATE
Number of Students			
Number of Disabled Students			
Average Class Size			
Teacher/Student Ratio			
Teacher/Disabled Student Ratio			

e) Employment Specifics/ Number of Employees: Complete the table below:

ACTIVITY OR ASSIGNMENT	FULL- TIME *	PART-TIME **
Officials, Administrators, Managers, Principals, Assistant Principals		
Teaching Faculty (All Levels)		
Guidance, Psychologist, Librarians, Audiologists, Nurses or Other Professional Staff		
All other Employees		

* Full-time employees are employees hired to work at least 35 hours, 5 days per week, 7 hours per day on a regular basis.
 ** Part-time employees are employees hired to work less than 35 hours per week on a regular basis. Part-time employees may be eligible for certain benefits as required by law. Part-time includes any seasonal, temporary, contract or leased employees.

4. FINANCIAL INFORMATION

a) Budget:

	YEAR	REVENUES	EXPENDITURES	SURPLUS (+) DEFICIT (-)
Current Year		\$	\$	\$
Last Year		\$	\$	\$
Previous Year		\$	\$	\$
Fiscal Year Ends On		\$	\$	\$

b) If surplus/deficit exists indicate use of surplus or cause of deficit and how it will be eliminated?

c) Do you expect a budget reduction in the next year? Yes No

5. OPERATIONAL/ADMINISTRATIVE INFORMATION

a) Have you had on-site monitoring visits by State or Federal Regulatory Agencies? Yes No
If "Yes", provide name of Agency and purpose of visit:

b) In the last 3 years, have you been involved in any school mergers/closings or plan to do so in the next 18 months? Yes No
If "Yes" please explain by attachment

c) Any school openings in next 18 months? Yes No
If "Yes", explain:

d) Is your attorney an employee? Of the educational entity On retainer

e) Does your attorney regularly participate in all grievances or administrative hearings: Yes No

f) Did any of the following take place in the past 3 years? **Explain all "Yes" answers below.**
 1) Disputes involving integration, segregation, discrimination or violations of civil rights? Yes No
 2) Has any employee been suspended, dismissed, demoted, transferred or tenure contract non-renewed?

If "Yes", explain here:

6. POLICIES AND PROCEDURES

a) Has entity/board established policies/procedures governing teachers/supervisory personnel and non-professional employees in the areas of:

	Yes	No	In Writing		Yes	No	In Writing
Suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dismissal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Background Checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) Do guidelines provide for administrative hearings and appeals? Yes No

- c) How many hearings/appeals have taken place in the last 12 months?
In what areas:
- d) How many hearings/appeals from **6.c.** above are in the area of special education?
- e) Have your policies and procedures been reviewed by counsel? Yes No
- f) Has entity/board established policies/procedures governing all students in the areas of:

	Yes	No	In Writing		Yes	No	In Writing
Suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dismissal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corporal Punishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acceptance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

- g) Do you have policies and procedures for drug testing:
Students? Yes No Employees? Yes No
- h) If "Yes", do your policies and procedures allow mandatory random drug testing of:
Students? Yes No Employees? Yes No
- i) Do you have a policy concerning student use of lockers and parking facility? Yes No

7. PRIOR INSURANCE

Policy Type	COMPANY NAME	EXPIRATION DATE	LIMITS	DEDUCTIBLE	PREMIUM
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

- a) Has any such insurance been declined, canceled or not renewed? Yes No
- b) Is sexual molestation covered under your General Liability policy? Yes No
- c) Has there ever been a lapse in your professional liability coverages shown above? Yes No
If "Yes", did you purchase "Full Prior Acts" Coverage to fill the gap? Yes No

8. PAST CLAIMS ACTIVITIES

Claims History, Incidents, Insured/Uninsured Losses- Current and Prior Two Years:

- a) Has any claim been made/presented to your current or prior professional liability carrier with respect to the coverages listed above? Yes No
- b) Has any claim been made against the entity that was not covered by insurance? Yes No
- c) Has any person, former employee or job applicant made claim alleging unfair or improper treatment regarding hiring, salary, advancement, demotion, suspension or termination? Yes No
- d) Is the entity operating under a court's supervision?
If "Yes", provide details Yes No
- e) Has any claim been made or is now pending against any person in his/her official capacity as an official, employee or volunteer of the entity? Yes No
- f) If you have requested Coverage C. has the entity ever had a suit requesting non-monetary or injunctive relief? If "Yes" please describe by attachment Yes No

g) Are you aware of any facts or circumstances which you have reason to suppose Yes No
might give rise to a future claim that would fall within the scope of any of the
proposed coverages for which the **you** have applied

Signature

The Undersigned warrants that to the best of his/her knowledge and belief the statements set forth herein are true. The Undersigned further declares that any occurrence or event that takes place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Underwriter. The Underwriter may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Underwriter is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The signing of this Application does not bind the Undersigned to purchase the insurance, nor does the review of this Application bind the insurance company to issue a policy. It is agreed that this Application shall be the basis of the contract should a policy be issued.

Name: _____ Title: _____
(Please Print) (President, Chairman or Executive Director)

Date:

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

WARNING: 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 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, WHICH IS A CRIME.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKE 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 AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE 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 MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.

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 OREGON APPLICANTS: 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 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.