



APPLICATION FOR SCHOOL DISTRICT AND EDUCATORS LEGAL LIABILITY INSURANCE FOR EDUCATIONAL INSTITUTIONS

CLAIMS-MADE BASIS

Utica National Insurance Group

New Hartford, New York

Issuing Company: _____ Date: _____

Producer: _____

Name of Educational Institution: _____

Mailing Address: _____

Policy Period: From _____ To _____

Public School

Private School

Year Organized _____

1. Limits of Liability: \$ _____ each loss \$ _____ aggregate for each annual policy year

2. a. Retained Amount: _____ (\$1,000 Minimum)

b. Optional Loss and Expense Sharing Participation Percentage: _____%

Maximum Participation Amount: \$ _____

3. Optional Additional Defense Coverages (AVAILABLE ONLY WHERE STATE HAS APPROVED):

Suits seeking no pecuniary relief

Suits alleging loss from asbestos

Suits alleging loss from failure to purchase/maintain adequate insurance

4. Proposed Effective Date: This insurance is to be effective from 12:01 a.m.: _____

a. Proposed retroactive date: _____ ("None" provides unlimited prior acts coverage)

b. Entry date into uninterrupted claims-made coverage: _____

c. Has any work, accident or location been excluded, uninsured or self-insured from any previous coverage?

No

Yes

d. Was Extended Reporting Period coverage purchased under any previous policy?

No

Yes

If yes, give effective and expiration dates of ERP coverage. _____

5. If the educational institution has been in existence less than three years was this institution an offshoot from another institution?

No

Yes

If "yes," name of original institution: _____

THE FOLLOWING ARE INSUREDS under this insurance: The educational institution, school board, school committee, board of trustees, board of governors and similar governing body, members of the board or committee, trustees, directors, governors, and all employees including student teachers, school volunteers and students while serving in a supervised internship program.

6. a. Number of members comprising the governing board of the institution: _____

b. Number of: Administrators _____; School officials _____; Teacher (including student teachers, cadet, practice) _____; All other employees _____

7. Financial status of school district

a. Total current budget \$ _____ Tax roll \$ _____ Present tax rate \$ _____

b. Total accumulated deficit \$ _____ or surplus \$ _____

c. How many years in past 5 has there been a deficit? _____ surplus? _____

d. Total amount of bond authority \$ _____ Total amount of bonds issued \$ _____

e. Current bond rating _____ Previous bond rating _____

f. If there is a deficit, what is being done to eliminate it? _____

8. Most recent student enrollment: (include full time and part time students) _____

Previous four (4) years final enrollment count _____ / _____ / _____ / _____

Expected enrollment next year _____

9. Employment Related Risk Management Practices - (Complete Section 9 questions unless your policy excludes coverage for employment related practices claims)

- a) i) Have all your employment related policies and procedures been reviewed and approved by outside counsel? No Yes
 If yes, when? _____
 By whom? Firm: _____ Atty: _____
- ii) Have all recommendations from that review been implemented? No Yes
 If not, explain or provide time frame for implementation. _____
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- b) Do you use an employment application during your hiring process? No Yes
 If yes, does it contain:
- (1) An employment at will statement? No Yes
 (2) Authorization to check references & criminal conviction records? No Yes
 (3) The applicant's signature attesting that all representations are true? No Yes
 (4) An equal employment opportunity statement? No Yes
- c) Where allowed by law, do you perform criminal background checks on all prospective employees? No Yes
- d) Do you distribute an employment handbook to your employees? No Yes
 If yes, does it contain:
- (1) An employment at will statement? No Yes
 (2) A written equal employment opportunity statement? No Yes
 (3) A written anti-sexual and general harassment policy? No Yes
 (4) A written internal complaint procedure for discrimination and sexual harassment claims? No Yes
 If no do you have written policies on all of the above that are distributed separately? No Yes
 Specify any that are not: _____
-
- e) Do you have a progressive disciplinary program? No Yes
 If yes, is it distributed to supervisors in writing? No Yes
- f) Do you post in places conspicuous to all employees and applicants for employment, all notices required by law? No Yes
- g) When requested by employees, do you distribute information as required by federal law regarding the Family Medical Leave? No Yes
- h) Do you require that all employment terminations be reviewed by the personnel having human resources responsibilities? No Yes
- i) Have you informed supervisory personnel, in writing, of their responsibility to provide you with prompt notice of any claims, incidents or allegations? No Yes

10. Claims - Has there been any claim in the past five years involving:
- a. Busing No Yes
 b. Teacher's tenure, dismissal, strikes, demotion, or other employment related actions No Yes
 c. Segregation, civil rights action involving pupils or employees No Yes
 d. Other No Yes
- If "Yes" to a, b, c, or d, describe all below or on an attached sheet, including amounts of all judgments, reserves and demands: _____
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11. Incidents (Not yet resulting in claims) - Has Educational Institution, its governing board, or its employees been involved in or do they have knowledge of any pending legal action or proceeding against them; or any act, error or omission which they have reason to believe might afford valid grounds for any future claim that would fall within the scope of this proposed insurance involving:

- a. Busing No Yes
- b. Teacher's tenure, dismissal, strikes, demotion, or other employment related actions No Yes
- c. Segregation, civil rights action involving pupils or employees No Yes
- d. Other No Yes

If "Yes" to a, b, c or d, describe all below or on an attached sheet: _____

12. a. Has similar insurance been declined, cancelled or renewal refused? No Yes

If "Yes," explain: _____

b. Previous carrier of similar insurance _____

This application does not bind the applicant or the Company to complete the insurance. It is agreed, however, that this application shall be the basis of the contract and is being relied upon by the Company should a policy be issued. If a policy is issued, this application will be deemed attached to and made a part of the policy, whether physically attached or not.

Fraud Warning

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.

Signature *NOTE: Must be signed by the President, Secretary or other authorized member of the Board. * _____ Title _____ Date

Producer No. _____ Date _____ Producer's Signature _____