



SCHOOL QUESTIONNAIRE

Name of organization: _____

Website address (URL): www. _____

1. Number of students in each age group:
_____ age 0-5 _____ age 6-12 _____ age 13-18 _____ age 19+

2. What are the dates of your current school term and next school term?

3. How many teachers? _____

4. Is school licensed? YES NO

5. Is this a charter school? YES NO

6. If school was built prior to 1980, has premises been inspected and certified lead free? YES NO

7. Is corporal punishment coverage desired? YES NO

8. Does school have any stadiums, bleachers or grandstands? YES NO

9. Do you have outdoor play area? YES NO

If yes,

a. Does the value of your outdoor equipment, including surfacing, exceed \$25,000 YES NO

If yes, attach a schedule of locations with value at each.

b. Was all equipment manufactured by a commercial manufacturer? YES NO

c. Was all equipment installed by an insured contractor? YES NO

10. Indicate any of the following activities offered:

- | | | |
|--|--|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Downhill skiing | <input type="checkbox"/> Off premises water activities |
| <input type="checkbox"/> Baseball/Basketball | <input type="checkbox"/> Football-flag | <input type="checkbox"/> Riflery |
| <input type="checkbox"/> Boxing/Martial Arts-Contact | <input type="checkbox"/> Football-tackle | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Boxing/Martial Art-Non-Contact | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Track and Field |
| <input type="checkbox"/> Climbing/Rappelling/Ropes Course | <input type="checkbox"/> Lacrosse/Rugby | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Equine/Horseback Riding | | |
| <input type="checkbox"/> Swimming or Diving- complete Pool questionnaire if there is a pool on school premises. | | |
| <input type="checkbox"/> Other: _____ | | |

11. Are there metal detectors at all school entrances? YES NO

12. Do you use security officers? YES NO
If yes, are security officers armed? YES NO

13. Do you provide accident insurance for students? YES NO
If yes,
 a. Insurance company name: _____ Policy number: _____
 Policy period: _____ Limits: _____
 b. Accident insurance:
 applies to all students applies to sports participants is optional, at student's expense
14. Is your school's primary purpose or mission to serve any of the following student groups? YES NO
If yes, indicate all applicable:
 Developmental impairment Learning impairment Physical impairment
 Emotional impairment, including mentally ill, suicidal and violent
15. Is restraint of students allowed? YES NO
If yes, how many incidents of restraint have occurred in the past year? _____
16. Is auto coverage desired for owned and/or non-owned vehicles? YES NO
If yes, complete the Auto Questionnaire and provide Acord Auto applications
17. **As respects abuse:**
 a. Have any claims been filed or allegations been made, against your organization or anyone working on behalf of your organization alleging abuse? YES NO
 b. Are you aware of any occurrences that could lead to a claim? YES NO
18. Does your facility have written policies that require known or suspected abuse incidents be reported to proper authorities? YES NO

19. Provide the following information:

	Employees	Volunteers
a. Is unsupervised contact allowed with clients?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Education verified?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Personal references checked?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Written application required?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. State 10-digit fingerprint criminal record check	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. Federal 10-digit fingerprint criminal record check if in state less than 5 years	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. Federal 10-digit fingerprint criminal record check regardless of time in state	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
h. Are all controls indicated in e-h required prior to any client contact?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
i. How long are records kept documenting all screening activities outlined above?	_____ years	_____ years

Federal checks require a second set of 10-digit fingerprint cards

EDUCATOR'S PROFESSIONAL LIABILITY COVERAGE:

20. Is professional liability coverage desired? **YES** **NO**

If yes, complete questions 21-23

21. List the number of educators who desire primary coverage:

Professional Educators	# of Professionals
Classroom Teachers	
Teacher Aids, Student Teachers, Daycare Workers	
Special Education Teachers	
Guidance Counselors, Vocational Counselors, Psychological Counselors	
School Nurse	
Other professionally trained educators (including administrators)	

22. Is your organization aware of any circumstances, which may result in any claim being made or any claims or suits which have been made during the past five years, against the entity or any of its past or present officers or employees? **YES** **NO**

If yes, explain: _____

23. Has any similar insurance for the entity, present officers or employees ever been canceled? **YES** **NO**

If yes, explain: _____

Completed by: _____ Date completed: _____