



7. Do you have vocational education or classes?  Yes  No  
If yes, also complete Section II.
8. Do you have an athletics program?  Yes  No  
If yes, also complete Section V.
9. Do you provide driver training classes?  Yes  No  
If yes, explain who teaches and how many students take the course annually: \_\_\_\_\_  
\_\_\_\_\_
10. Describe the director or principal's background and qualifications: \_\_\_\_\_  
\_\_\_\_\_
11. Do you have your own playground?  Yes  No  
If yes, indicate the type of surface under the play equipment and depth in inches:  Coarse Sand: \_\_\_\_\_"  
 Double Shredded Mulch: \_\_\_\_\_"  Engineered Wood Fibers: \_\_\_\_\_"  Fine Gravel: \_\_\_\_\_"  
 Fine Sand: \_\_\_\_\_"  Medium Gravel: \_\_\_\_\_"  Shredded Tires: \_\_\_\_\_"  Wood Chips: \_\_\_\_\_"  
 Other (type & depth): \_\_\_\_\_  
Do you have playground equipment with a primary platform higher than 6 feet?  Yes  No  
Is any play apparatus higher than 8 feet?  Yes  No
12. Do you have a swimming pool?  Yes  No  
If yes, please complete a Markel Insurance Company Swimming Pool Supplement.
13. Do you have dormitories? (Please complete Section IV)  Yes  No
14. Do you have a cafeteria or restaurant on premises?  Yes  No  
If yes, do you cook on premises?  Yes  No  
If yes, do you ever serve liquor on premises?  Yes  No  
If you do serve liquor, please explain how often, for what purpose and if a charge is made: \_\_\_\_\_  
\_\_\_\_\_
15. Is the public ever invited on the premises?  Yes  No  
If yes, explain how often, for what purpose and if a charge is made: \_\_\_\_\_  
\_\_\_\_\_
16. Do you use volunteers?  Yes  No  
If yes, explain how often and for what purpose: \_\_\_\_\_
17. Do you hire subcontractors for any reason?  Yes  No  
If yes, explain how often and for what purpose: \_\_\_\_\_  
\_\_\_\_\_
- If yes, are certificates of insurance required from subcontractors with limits equal to or greater than your own liability limits?  Yes  No
18. Do you perform criminal background checks on all employees & volunteers?  Yes  No  
If yes, which of the following do you use to perform the checks?  County criminal record search  
 State criminal record search  National criminal index search  State prison search  
 Federal prison search  Sex offender search  Criminal index search  Nationwide U.S. Wants & Warrants search  Teacher license  Education verification  FBI  
If no, please explain why not: \_\_\_\_\_

- 
19. Do you want Abuse or Molestation coverage?  Yes  No
- If yes: Do you have a formal, written policy regarding abuse?  Yes  No
- Is the staff trained to recognize signs of abuse?  Yes  No
- Is there a formal policy requiring incident reporting?  Yes  No
- Is there a procedure in place that helps mitigate situations that could lead to abuse allegations?  Yes  No
- Have there ever been any abuse claims or incidents reported?  Yes  No
- If yes, explain circumstances and details: \_\_\_\_\_
- 
20. Do you want Corporal Punishment coverage?  Yes  No
- If yes: Is there a formal, written policy regarding corporal punishment?  Yes  No
- If yes, explain the policy: \_\_\_\_\_
- Have there ever been any abuse claims or incidents reported?  Yes  No
- If yes, explain circumstances and details: \_\_\_\_\_
- 
21. Do you have a medical facility/infirmary and/or dispense medication?  Yes  No
- If yes: Do you serve only students and employees?  Yes  No
- Are there only over the counter drugs stored on premises?  Yes  No
- Are written instructions from parents required prior to administering any medications to minors?  Yes  No
- Is all medication stored in its original containers and inaccessible to children?  Yes  No
- Is there a medical professional on staff, i.e., an M.D., P.A., R.N. or L.P.N.?  Yes  No
- If yes, does the professional carry their own malpractice insurance?  Yes  No
- If yes, do you request a certificate of insurance as proof?  Yes  No
- Is a log kept to record each time a medication is administered?  Yes  No
- Describe any other procedures in place for dispensing medication \_\_\_\_\_
- 
22. Do you accept special needs students?  Yes  No
- If yes, describe types of students and accommodations that have been made for them: \_\_\_\_\_
- 
23. Do your students travel on school-sponsored trips?  Yes  No
- If yes, complete Section VI.
24. Do you rent or lease your facility to outside entities?  Yes  No
- If yes, are certificates of insurance required showing you as an additional insured?  Yes  No
- Describe who rents your facility and for what purpose? \_\_\_\_\_
- 
25. Do you sponsor student exchange programs, either sending students out or taking students in?  Yes  No
- If yes, attach a detailed description of the program and describe safety measures.
26. Is your school primarily focused on one major type of student or theme, such as discipline problems, gifted, fine arts, math, science, etc.?  Yes  No

If yes, explain the focus and curriculum: \_\_\_\_\_

- 27. Are all visitors to the school required to sign in and sign out?  Yes  No
- 28. Does the school have metal detectors at all entrances?  Yes  No
- 29. Are there security guards and/or police officers in the school daily?  Yes  No
- 30. Are students required to stay on school grounds during lunch?  Yes  No
- 31. Does the school perform random metal detector checks on students?  Yes  No
- 32. Does the school perform random sweeps of lockers, backpacks, etc.?  Yes  No
- 33. Do all doors except the main entrance remain locked or attended during school hours?  Yes  No
- 34. Are all students encouraged to anonymously report rules violations and threats of violence?  Yes  No

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## Section II – Vocational/Trade Schools and Vocational Education Classes

- 1. Programs/Classes/Degrees offered (list or attach): \_\_\_\_\_  
\_\_\_\_\_
- 2. Do students work with power equipment of any type (mobile, stationary, machinery, etc.)?  Yes  No  
If yes, describe safety measures and supervision: \_\_\_\_\_  
\_\_\_\_\_
- 3. Any woodworking, welding or spray painting of any type?  Yes  No  
If yes, describe dust control, spraying safeguards, machine guards, ventilation, protection & supervision: \_\_\_\_\_  
\_\_\_\_\_
- 4. Any use of chemicals?  Yes  No  
If yes, describe types, quantities & how stored: \_\_\_\_\_  
\_\_\_\_\_
- 5. Do your students serve time as interns/externs at outside companies/businesses?  Yes  No  
If yes, are the students paid?  Yes  No  
If they're paid, do you verify that the employer carries workers' compensation insurance to cover your students?  Yes  No  
If not paid, does the outside company ask to be an additional insured on your liability insurance?  Yes  No

***Attach copies of any internship/externship contracts you sign with outside businesses.***

- 6. Do you sign any hold-harmless agreements with anyone?  Yes  No  
If yes, explain with whom and for what reason \_\_\_\_\_
- 7. Do you provide services for outside customers? (Example: Students perform auto body repair for customers who pay less than a professional body shop would charge.)  Yes  No  
If yes: What service do you provide? \_\_\_\_\_  
How are students supervised? \_\_\_\_\_  
What quality control measures are in place? \_\_\_\_\_  
Are customers required to sign an agreement acknowledging they're using student labor?  Yes  No
- 8. Does the school offer job placement services for students?  Yes  No  
If yes, is there a disclaimer signed by students acknowledging there are no job placement guarantees?  Yes  No

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### Section III - Charter Schools

1. Explain the school's curriculum and focus: \_\_\_\_\_  
\_\_\_\_\_
2. Does the school allow students to take classes from remote locations?  Yes  No  
If yes, what percent of total students learn from a remote location? \_\_\_\_\_

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### Section IV – Residential Schools

1. Please indicate which type of boarding school this is:
  - Boarding/Day (Majority of students board but some commute locally)
  - Day/Boarding (Majority of students commute, a few live on campus)
  - Five Day (students go home on week-ends)
  - All boarding
2. Please mark all of the following that apply:
  - All girls school  All boys school  Co-ed school
  - Specialized arts school  Religious school  Military school
  - Boot camp school  Therapeutic school (describe: \_\_\_\_\_)
3. Please complete the following about the dormitories:
  - a. Maximum number of stories \_\_\_\_\_
  - b. Sprinklered in all areas?  Yes  No
  - c. Smoke detectors are all hard-wired?  Yes  No
  - d. Are any of the following allowed in dorm rooms:  Incense burners  Space heaters  
 Candles  Hot plates  Hot pots  Microwaves  Toasters or toaster-ovens  
 Other cooking or devices that generate heat or flame (list) \_\_\_\_\_  
Is this written into the student handbook?  Yes  No
  - e. Are staff members present in dorms every night students are there?  Yes  No
  - f. If dorms are co-ed, are boys and girls housed on the same floors?  Yes  No
  - g. Regardless of the age of the building, does the dorm meet local life safety codes for NEW building construction?  Yes  No
  - h. Are there any dead-end halls without access to exits?  Yes  No
  - i. Describe security measures that are in place to prevent unauthorized access to dorms:  
\_\_\_\_\_  
\_\_\_\_\_
  - j. Are there campus patrols around dorms at night?  Yes  No
  - k. Describe security measures to prevent students from leaving the dorms without permission during the night: \_\_\_\_\_
4. Are the following policies in place, written into the student handbook and strictly enforced? If no, explain in the comments section.
  - No smoking  No alcohol  No drugs  Use of student cars  No hazing  Curfews
  - Student sexual behavior, including abuse and awareness  Valuable possessions & cash

5. Are students allowed to leave the campus without parental permission or without either staff or parental supervision?  Yes  No
6. What do students do on week-ends? \_\_\_\_\_  
\_\_\_\_\_
7. Are all medications locked and inaccessible to students when not being administered?  Yes  No
8. Is someone trained in emergency first aid on campus and available at all times?  Yes  No  
If yes, what are the person's medical qualifications? \_\_\_\_\_
9. Are students allowed to access gyms, pools, athletic equipment or participate in any athletic activities without staff supervision?  Yes  No
10. Is there an ATM machine on campus?  Yes  No  
If yes, is it situated in a well lit area?  Yes  No  
Are concave mirrors placed so the user can see behind & around them?  Yes  No

### Section V – Athletics

1. Do you require all participants to carry Student Accident Insurance?  Yes  No
2. Are your coaches and instructors trained in physical education?  Yes  No  
If no, what qualifications do they have to coach or instruct sports? \_\_\_\_\_  
\_\_\_\_\_
3. Are all participants in extra-curricular sports required to have a medical exam?  Yes  No
4. Is someone trained in first aid always present during practices, games &/or events?  Yes  No
5. Please check all sports played & indicate whether they're interscholastic (I) or intramural (A):
- |   |  |
|---|--|
| <input type="checkbox"/> Archery_____                           | <input type="checkbox"/> Polo, Other_____            |
| <input type="checkbox"/> Baseball_____                          | <input type="checkbox"/> Polo, Water_____            |
| <input type="checkbox"/> Basketball_____                        | <input type="checkbox"/> Racing_____                 |
| <input type="checkbox"/> Bungee Jumping_____                    | <input type="checkbox"/> Rugby_____                  |
| <input type="checkbox"/> Cheerleading_____                      | <input type="checkbox"/> Scuba Diving_____           |
| <input type="checkbox"/> Climbing (Mountain, Rock or Wall)_____ | <input type="checkbox"/> Shooting_____               |
| <input type="checkbox"/> Cross Country Track_____               | <input type="checkbox"/> Skiing, Snow_____           |
| <input type="checkbox"/> Diving_____                            | <input type="checkbox"/> Skiing, Water_____          |
| <input type="checkbox"/> Equestrian_____                        | <input type="checkbox"/> Sky Diving_____             |
| <input type="checkbox"/> Field Hockey_____                      | <input type="checkbox"/> Soccer_____                 |
| <input type="checkbox"/> Football (tackle)_____ (See #6 below)  | <input type="checkbox"/> Softball_____               |
| <input type="checkbox"/> Football (touch or flag)_____          | <input type="checkbox"/> Swimming_____               |
| <input type="checkbox"/> Golf_____                              | <input type="checkbox"/> Tennis_____                 |
| <input type="checkbox"/> Gymnastics_____                        | <input type="checkbox"/> Trampoline_____             |
| <input type="checkbox"/> Ice Hockey_____                        | <input type="checkbox"/> Volleyball_____             |
| <input type="checkbox"/> La Crosse_____                         | <input type="checkbox"/> Wrestling_____              |
| <input type="checkbox"/> Pole Vaulting_____                     | <input type="checkbox"/> Other_____ (Describe):_____ |
6. For football programs, are there written guidelines for safety & training requirements, rules of play and use of proper equipment?  Yes  No

## Section VI – Student Travel

1. How many trips are sponsored each year? \_\_\_\_\_
2. Are all trips within the United States, U.S. Territories and/or Canada?  Yes  No  
If no, where are trips taken? \_\_\_\_\_
3. Describe types of trips taken, destination(s) and purpose: \_\_\_\_\_  
\_\_\_\_\_
4. What is the ratio of chaperones to students by age group? \_\_\_\_\_  
\_\_\_\_\_
5. Are separate permission and waiver agreements required from both parents for each trip a student takes?  Yes  No  
If no, explain your procedure for permissions and waivers: \_\_\_\_\_
6. Do all parents receive detailed information about the trip (place, transportation, supervision, times), objectives, necessary provisions and instructions prior to the trip?  Yes  No
7. Do you hire an outside firm to arrange the trips?  Yes  No
8. Are students allowed to drive their own cars on trips?  Yes  No  
If yes, are they allowed to transport other students?  Yes  No
9. Is proof of insurance required for anyone who drives their own vehicle on a school trip?  Yes  No
10. Is there a formal policy regarding emergencies and trained personnel on all trips?  Yes  No

## Section VII – Educators’ Liability

*(Note: This coverage does **NOT** include Employment Practices Liability)*

**Indicate retroactive date requested:** \_\_\_\_\_

1. What is the school's annual operating budget? \_\_\_\_\_
2. List the number of staff members by categories as follows:

| Professional                          | Full Time | Part Time | Independent Contractor | Volunteer |
|---------------------------------------|-----------|-----------|------------------------|-----------|
| Counselors                            |           |           |                        |           |
| Directors and/or Officers             |           |           |                        |           |
| Emergency Medical Technicians (EMT's) |           |           |                        |           |
| Nurse Practitioners                   |           |           |                        |           |
| Physical Therapists                   |           |           |                        |           |
| Psychologists – Academic              |           |           |                        |           |
| Psychologists – Non-academic          |           |           |                        |           |
| Registered Nurses (RN)                |           |           |                        |           |
| Teachers with degrees                 |           |           |                        |           |
| Teachers without degrees              |           |           |                        |           |
| Others (specify):                     |           |           |                        |           |

3. Is the school autonomous or part of another system (parochial, public, etc.)? \_\_\_\_\_  
If part of another system, please indicate to whom the school's board must report: \_\_\_\_\_  
\_\_\_\_\_
4. Is there an annual outside financial audit performed by a CPA?  Yes  No
5. What are your sources of funding other than tuition? \_\_\_\_\_

- 
6. Is there a formal, written procedure for evaluating teachers' performance?  Yes  No  
 If yes, to whom are the results rendered? \_\_\_\_\_
7. Are standardized learning skills tests administered to your students?  Yes  No
8. Has the school's board established written policies and/or procedures regarding students in the following areas (check Yes or No for each):
- |                               |  |                        |  |
|-------------------------------|--|------------------------|--|
| Suspension                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dismissal              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Promotion                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Transfer               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Corporal Punishment           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Acceptance             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Student use of Lockers        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parking Facilities     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sexual Harassment             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Drug Testing           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Student vs Student Aggression | <input type="checkbox"/> Yes <input type="checkbox"/> No | Special Needs Students | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pregnancy                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Weapons                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
9. Is there a formal appeals process for student disciplinary actions?  Yes  No
10. Are parents/students informed of all applicable policies, procedures and rules prior to enrollment?  Yes  No
11. Have there been any Educator's Liability claims made against you in the past?  Yes  No  
 If yes, please describe claim and reserve or amount paid: \_\_\_\_\_
- 
12. Do you know of any incidents that have occurred that could arise in a claim or suit?  Yes  No  
 If yes, please describe the situation: \_\_\_\_\_
- 

*The coverage applied for is solely as stated in the policy, which provides coverage on a "claims-made and reported" basis for only those claims that are first made against the insured and reported during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. The coverage applied for provides no coverage for claims which took place prior to the retroactive date stated in the policy and all coverage ceases upon termination of the policy except for the automatic extended reporting period, unless you purchase additional extended reporting period coverage.*

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### Section VIII – Excess Student Accident Coverage

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**Note: All sports are automatically included EXCEPT tackle football and ice hockey which are excluded**

1. Numbers of students by grades: Full time daycare students \_\_\_\_\_ K – 8 \_\_\_\_\_ 9 – 12 \_\_\_\_\_
2. Current Accident Medical carrier: \_\_\_\_\_
3. Prior Accident Medical premiums and losses:
- |              |          |          |          |
|--------------|----------|----------|----------|
| Policy year: | _____    | _____    | _____    |
| Premium:     | \$ _____ | \$ _____ | \$ _____ |
| Losses:      | \$ _____ | \$ _____ | \$ _____ |
4. Plan Desired:
- Plan A  \$10,000 Accident Medical Expense/\$10,000 Accidental Death & Dismemberment, \$0 Deductible
- Plan B  \$25,000 Accident Medical Expense/\$25,000 Accidental Death & Dismemberment, \$0 Deductible
-

**Additional coverage for the following is available.** If you would like a quote on any of the following, please check the box.

- Food Contamination and Communicable Disease *(Can only be purchased with Business Income coverage)*
- Child Abduction       Key Employee Replacement Coverage       Umbrella Liability

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

**Fair Credit Report Act Notice:** An investigative consumer report may be requested by the insurer to which this application is assigned as to the consumer's character, general reputation, personal characteristics and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance for which this application is made. The applicant will be informed of the name and address of the consumer-reporting agency that furnished the report.

**Fraud Warning:** 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 and subjects the person to criminal and [NY residents: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_