

This application attaches to and is made a comprised part of the Commercial Insurance Application.

Required:

- Complete this supplemental application
- Completed ACORD applications for lines of business and coverages requested
- Complete other applicable supplements based upon exposures and optional coverages requested
- Currently valued loss reports for the past 3 years from prior carrier(s)

Effective Date:

Common Policy Information

1. First Named Insured: _____
2. Mailing Address: Street: _____
City: _____ State: _____ Zip: _____
3. Agency Name: _____

General Information

1. Number of students enrolled:
- | K-8 | 9-12 | Summer Day Camp |
|-----|------|-----------------|
| | | |
2. Type of school: ☐ Charter ☐ Private ☐ Public (Not Eligible) ☐ Vocational (Not Eligible) ☐ Home School
3. Is your organization accredited or licensed as required by law? ☐ Yes ☐ No
4. Do all educators have appropriate certification as required by law? ☐ Yes ☐ No
5. Are there any dormitories or residence halls? ☐ Yes ☐ No
6. Does your organization have any outdoor bleachers or grandstands? ☐ Yes ☐ No
If yes, how many? _____
7. What is the total annual revenue from indoor and outdoor stadiums that your organization operates? \$ _____
8. Is the general public allowed to use your organization's facilities and classrooms? ☐ Yes ☐ No
If yes, does your organization get a hold harmless agreement signed from the Individual(s) using your organization's facilities and request to be listed as an additional insured? ☐ Yes ☐ No
9. **Activities or classes conducted or sponsored by the organization:**
☐ Auto repair
☐ Climbing wall/rappelling - owned
10. **Sports offered or sponsored by the organization – Interscholastic:**
☐ Football, wrestling, lacrosse, field hockey, ice hockey, swimming/diving
☐ Baseball, basketball, golf, soccer, softball, track, volleyball
11. **Additional exposures:**
☐ *Boats/Canoes - owned: *(provide the number of all owned watercraft)* _____
☐ Trampoline/rebounding equipment owned or used
☐ *Swimming Pool - owned: Number of owned swimming pools: _____
Is pool fenced and locked when not in use? ☐ Yes ☐ No Is the pool open to the general public? ☐ Yes ☐ No
Are there any diving boards? ☐ Yes ☐ No If yes, are they higher than one meter? ☐ Yes ☐ No
**Answer following if any water/swimming pool exposures:*
a. Is a certified lifeguard on duty at all times for all water related activities? ☐ Yes ☐ No
b. Is the water depth marked for all swimming areas? ☐ Yes ☐ No

*All items with an asterisk require further explanation in the "Remarks" section.

Name of Applicant			
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General Practices	
1. Does your organization have written procedures for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are detailed records maintained for attendees illnesses and/or injuries including a description and follow-up actions taken (including notifications)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are parents/guardians required to sign permission slips either authorizing or rejecting emergency medical transportation or treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your staff have current certification in infant, child and adult first aid and CPR (including AED use) as applicable for attendees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are parents/guardians required to fill out forms informing your organization of any potential food allergies attendees may have?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, do these procedures and/or policies include training on how to deal with students who are affected with allergic reactions?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Optional Coverages					
1. <input type="checkbox"/> Corporal Punishment Total faculty (including all teachers, principals, deans and administrators): _____ Is corporal punishment administered? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, is corporal punishment administered under Board approved guidelines that are outlined in the Student Handbook?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, are parents/legal guardians required to sign permission/hold harmless forms that are included in the school's files?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. <input type="checkbox"/> Counselors Liability Coverage Number of licensed counselors: _____ Number of fee based counselors: _____ Notes: <ul style="list-style-type: none"> The Counselors Liability Supplemental Application must be submitted for quote or issue. If a Counselor has both a license and charges a fee, please include within the fee based counseling only. Licensed ministers do not need to be included if they do not charge a fee, unless coverage is written on General Form. 					
3. <input type="checkbox"/> Directors and Officers and Educators Legal Liability Coverage (DO and EL) This is a claims-made coverage. Retroactive Date: _____ Note: <ul style="list-style-type: none"> The DO and EL Supplemental Application must be completed and submitted for this coverage. 					
4. <input type="checkbox"/> Educators Management Liability Coverage (EML including DO, EL and EP) This is a claims-made coverage. Retroactive Date: _____ Note: <ul style="list-style-type: none"> The EML Supplemental Application must be completed and submitted for this coverage. 					
5. <input type="checkbox"/> Student medical (excess coverage) <i>If yes, provide the total number of students below.</i>					
<table border="1"> <tr> <th>K-8</th> <th>9-12</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	K-8	9-12			
K-8	9-12				
<input type="checkbox"/> Interscholastic medical (excess coverage) <i>If yes, provide the total number of athletes: _____</i>					

Loss History					
(Required for all operations, when not submitting with ACORD 125 with Loss History completed) <input type="checkbox"/> Check if None					
Enter all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the last three years.				Total Losses: \$	
Date of occurrence	Type / description of occurrence or claim	Date of claim	Amount paid	Amount reserved	Claim open Yes / No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

*All items with an asterisk require further explanation in the "Remarks" section.

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<p align="center">Remarks (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</p>
Empty space for remarks

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INSURANCE FRAUD WARNING:

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.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof. *Applies in MD only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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). *Applies in FL only.

Applicable in KS : Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 material 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. * Applies in NY only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

ACKNOWLEDGEMENT AND SIGNATURES:

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

APPLICANT MUST SIGN THIS APPLICATION IN ORDER FOR IT TO BE VALID

Authorized Applicant Representative			Date
Print Name		Title or Position	
Agent No.	Agency	Producer's Signature	License No.

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