



UMBRELLA SCHOOL SUPPLEMENTAL APPLICATION

Effective Date: _____

Named Insured: _____

Agency: _____

Please attach the following to submission:

- ☐ Company Loss Runs (minimum 5 years)
- ☐ ACORD Applications (125, 126, and 131)

GENERAL INFORMATION

1. Type of accredited school:
 - ☐ Private School (Grades _____ through _____)
 - ☐ Charter School (Grades _____ through _____)
 - ☐ Trade or Vocational (Grades _____ through _____)
 - ☐ Other (Describe & list grades: _____)
2. Date school founded or chartered: _____
3. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? ☐ Yes ☐ No
4. Prior Umbrella Carrier Information: Carrier: _____ Premium: _____
5. What are your annual receipts: from tuition? \$ _____
6. Please provide your total enrollment:
Pre-school /Day Care _____ K-8 _____ 9-12 _____
Adult Education _____ Industrial Arts/Vo-Tech _____
7. Please provide number of personnel employed:

Administrators _____	Teaching Faculty _____	Student Teachers _____
Counselors/Psychologists _____	Nurses _____	Athletic Trainers _____
Nonprofessional Employees _____	Volunteer Workers _____	Security Personnel _____
Teacher Aides _____	Bus Drivers _____	All other _____
8. Indicate any of the following Hiring Practices followed by the administration:
 - ☐ Signed employment applications are obtained for all potential employees
 - ☐ Employee referrals are used
 - ☐ Complete personal references are checked
 - ☐ Criminal background checks on all employees are required
 - ☐ Criminal background checks on volunteer workers are required
 - ☐ Documentation of employment applications and background/reference checks maintained
 - ☐ An employee orientations are conducted covering all Written Policies with documentation kept in file
 - ☐ Written employee handbook

SAFETY/SECURITY

1. Do you have a written safety policy in place? ☐ Yes ☐ No
2. Do you have an "all-hazards" emergency response plan in place? ☐ Yes ☐ No
 Does your plan include response procedures to disease/pandemic outbreaks? ☐ Yes ☐ No
 Does your plan require compliance with CDC and/or USDOE guidance? ☐ Yes ☐ No
3. Is there a Safety Committee with regular safety meetings conducted? ☐ Yes ☐ No
4. Please indicate any of the following building access and safety procedures that are in place:
☐ visitor sign in procedures ☐ exterior doors locked during school day ☐ security cameras utilized
☐ fire & emergency drills conducted ☐ metal detectors ☐ other security measures _____
5. Is there a security force on campus? ☐ Yes ☐ No
 If yes, whose employees? ☐ the school ☐ Independent Contractor ☐ Auxiliary of local police

GENERAL LIABILITY INFORMATION

1. Does the school have procedures in place for staff to conduct regular facility reviews to identify unsafe conditions and take corrective action to prevent accidents in the following areas:
☐ Inspection of Interior/Exterior walking surfaces.
 Please describe the frequency of inspections & how documented: _____
☐ Written snow/ice removal procedures
☐ Life Safety: adequate number of exits, emergency lighting, emergency procedures, and crowd controls
☐ Food service: quality control measures in place for preparation/storage of food and housekeeping
2. Athletic Programs: please indicate any of the following procedures/activities that apply:
☐ Student athletic permission slips and injury waiver signed by parent & obtained annually
☐ Student Accident Policy ☐ offered to parents ☐ purchased by school district
☐ Bleacher/Grandstand Inspections (NFPA 102 annually by staff/inspected by professional every 2 years).
3. Has asbestos, lead or toxic mold been detected in any school building or playground areas? Yes No
 If yes, describe corrective actions: _____
- 4A. Does the Insured have anti-bullying/anti-hazing policies in place? Yes No
- 4B. Do these meet all state requirements? Yes No
- 4C. Are all employees, parents, and students made aware of these policies? Yes No

Please indicate if you have any of the following operations &/or activities

- | | | |
|--|---|--|
| <input type="checkbox"/> Fund Raising Activities | <input type="checkbox"/> Hall Rental | <input type="checkbox"/> Church or any Other House of |
| <input type="checkbox"/> Radio Station | <input type="checkbox"/> Before &/or After Care | <input type="checkbox"/> Worship Dormitories / Housing (see page 4) |
| <input type="checkbox"/> Work Study Programs | <input type="checkbox"/> Television Station | <input type="checkbox"/> Campus Newspaper |
| <input type="checkbox"/> Foreign Travel | <input type="checkbox"/> Swimming Pool(s) | <input type="checkbox"/> Trampolines <input type="checkbox"/> Events with liquor sales |
- Does your website comply with current state and federal privacy statues/regulations? ☐ Yes ☐ No

Please provide details of operations for each activity indicated above: _____

PLAYGROUNDS ☐ N/A

1. Is playground equipment in good condition? ☐ Yes ☐ No
2. How often is playground equipment inspected and documented? ☐ Monthly ☐ Quarterly ☐ Other _____
3. Describe the age and replacement of equipment: _____

SWIMMING POOLS ☐ N/A

- Please indicate the number of pools: _____
- Please indicate any of the below safety procedures in place:

<input type="checkbox"/> Safety rules posted	<input type="checkbox"/> Lifeguard on duty at all times
<input type="checkbox"/> Depth markings	<input type="checkbox"/> Pool locked after school hours
- Are there any diving boards? ☐ Yes ☐ No
If yes, describe design (i.e. number/height) _____
- Does the school allow use by outside groups? ☐ Yes ☐ No
- If yes, do they require certificate of insurance? ☐ Yes ☐ No

BEFORE & AFTER CARE PROGRAM ☐ N/A

- What are the hours of operation for the Before and/or After Care Programs?
Before School Program: _____ After School Program: _____
- How old are the children enrolled in these programs? _____
- What is the teacher to student ratio for these programs? _____
- What type of activities do they have in these programs? _____
- Who operates the before/after care? ☐ school ☐ local YMCA ☐ other _____
- Who supervises the children? ☐ employed adults ☐ students ☐ volunteers
- Does the school sponsor any special activities off-site? ☐ Yes ☐ No If yes, please explain:
What activities? _____
How transported? _____
Are permission slips obtained ☐ Yes ☐ No

SPORTS & ACTIVITIES (INDICATE ANY EXTRA CURRICULAR ACTIVITIES) ☐ N/A

- | | | |
|--|--|---|
| <input type="checkbox"/> Football | <input type="checkbox"/> Lacrosse/Field Hockey | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Hockey | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> *Sports Camps | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> *Watercraft | <input type="checkbox"/> *Gun Club | <input type="checkbox"/> *Festivals – parades |
| <input type="checkbox"/> *Rifle Range | <input type="checkbox"/> *Horseback Riding | <input type="checkbox"/> *Association with park departments |
| *Ski Team/Club | *Skateboard Parks | *Canoeing Club |
| *Challenge rope course | *Rock climbing | *Other _____ |

Provide details of operations for each activity marked with (*) above: _____

Does the Insured have policies and procedures in place to deal with traumatic brain injury, which comply with state mandated requirements? Yes____ No____

If Yes:

Does the Insured require the student to refrain from further participation in the sport/activity until the School receives written notice from a healthcare professional indicating that the student is symptom free and able to participate in the sport/activity? Yes____ No____

Does the Insured educate parents, students, coaches, and athletic trainers about traumatic brain injuries? Yes____ No____

STUDENT FIELD TRIPS ☐ N/A

1. Are written procedures in place regarding chaperone/student ratio for field trips? ☐ Yes ☐ No
If yes, describe: _____
2. Are school-sponsored overnight field trips allowed? ☐ Yes ☐ No
If yes, describe (including grades, destinations, and chaperone/student ratio): _____
3. Are school-sponsored foreign field trips allowed? ☐ Yes ☐ No
If yes, describe: _____
If yes, is there Foreign Liability coverage in place? ☐ Yes ☐ No
4. Are written parental permission slips required for all field trips? ☐ Yes ☐ No
If yes, attach copy of permission slip.

Dormitories ☐ N/A

Number of Buildings: _____

Total Square Footage: _____

Construction: _____

Number of Stories: _____

Sprinklered: _____

Central Station Alarm: _____

Smoke Detectors: _____

Number of Students that Dorm: _____

AUTO

1. If the applicant uses an independent school bus contractor to transport students, **attach Certificate of Insurance**
2. Does the applicant have a full-time fleet manager?
3. If you have a Bus Fleet, do you have a regular bus replacement policy?
4. Does the school obtain Motor Vehicle Reports on ALL drivers who operate
5. Does the applicant have written guidelines defining an acceptable Motor Vehicle Report? What would make an MVR unacceptable?
6. What actions are taken if an employee's driving record is considered unacceptable?
7. Does the School have a routine maintenance program for all vehicles?

Fleet:
PPT___ Light___ Medium___ Heavy___ Drivers Ed___

Buses 1-8 Pass___ Buses 9-20___ Buses 21-60___ Buses Over 60___



Loss History - In addition, please provide a complete description of any loss paid or reserved in excess of \$25,000.

COMMERCIAL GENERAL LIABILITY

Year	Premium	# of claims	Amount Paid	Reserve	Total Incurred
Current	\$ _____	_____	\$ _____	\$ _____	\$ _____
1st Prior	\$ _____	_____	\$ _____	\$ _____	\$ _____
2nd Prior	\$ _____	_____	\$ _____	\$ _____	\$ _____
3rd Prior	\$ _____	_____	\$ _____	\$ _____	\$ _____
4th Prior	\$ _____	_____	\$ _____	\$ _____	\$ _____
5th Prior	\$ _____	_____	\$ _____	\$ _____	\$ _____

COMMERCIAL AUTO LIABILITY

Year	Premium	# of claims	Amount Paid	Reserve	Total Incurred
Current	\$ _____	_____	\$ _____	\$ _____	\$ _____
1st Prior	\$ _____	_____	\$ _____	\$ _____	\$ _____
2nd Prior	\$ _____	_____	\$ _____	\$ _____	\$ _____
3rd Prior	\$ _____	_____	\$ _____	\$ _____	\$ _____
4th Prior	\$ _____	_____	\$ _____	\$ _____	\$ _____
5th Prior	\$ _____	_____	\$ _____	\$ _____	\$ _____

School Board Legal Liability

Year	Premium	# of claims	Amount Paid	Reserve	Total Incurred
Current	\$ _____	_____	\$ _____	\$ _____	\$ _____
1st Prior	\$ _____	_____	\$ _____	\$ _____	\$ _____
2nd Prior	\$ _____	_____	\$ _____	\$ _____	\$ _____
3rd Prior	\$ _____	_____	\$ _____	\$ _____	\$ _____
4th Prior	\$ _____	_____	\$ _____	\$ _____	\$ _____
5th Prior	\$ _____	_____	\$ _____	\$ _____	\$ _____

SEXUAL MISCONDUCT LIABILITY ☐ N/A

POLICIES/PROCEDURES

1. Does the Insured have a written policy (including training) addressing abuse, molestation, and sexual harassment in all of its forms (i.e. anti-abuse, anti-molestation, anti-harassment)? ☐ Yes ☐ No
2. If "Yes", are the policies communicated annually to:
 - a. Staff? ☐ Yes ☐ No
 - b. Students? ☐ Yes ☐ No
 - c. Volunteers? ☐ Yes ☐ No
3. Is documentation of the communication of the policies prohibiting abuse, molestation, and sexual harassment maintained? ☐ Yes ☐ No
4. Has a Title IX or equivalent officer/coordinator been appointed by the Insured to receive and investigate complaints of abuse, molestation, and/or harassment? ☐ Yes ☐ No
 - a. Has this person been adequately trained in these duties? ☐ Yes ☐ No
 - b. Has the Insured developed and publicized the reporting and investigation procedures to employees, students, and volunteers? ☐ Yes ☐ No
5. Does the Insured have written policies and guidelines for reporting suspected abuse, neglect, or molestation of students? ☐ Yes ☐ No
 - a. If "Yes" are these guidelines communicated to all employees and volunteers? ☐ Yes ☐ No
6. Are the Insured's policies/procedures relating to abuse, molestation, and harassment reviewed by counsel and updated on a periodic basis? ☐ Yes ☐ No
7. Does the Insured operate a day care/pre-school/after school program? ☐ Yes ☐ No
 If answer to 7 is "Yes", please complete the following:
 - a. Total number of children in program: _____
 - b. Staff to child ratio _____
 - c. Is facility open to parental visits/inspection? ☐ Yes ☐ No
 - d. Are all employees appropriately trained in child development and early childhood education? ☐ Yes ☐ No
 - e. Is there an employee orientation program designed to explain the goals of the program as well as emergency health & safety procedures? ☐ Yes ☐ No
 - f. Is the program operated solely by the Insured or is any portion of the program contracted out?

INSURED LOSS HISTORY

1. Has the Insured ever had a claim involving abuse (physical or sexual), sexual misconduct, or sexual molestation (staff to student, student to student, or other type)? ☐ Yes ☐ No If "Yes", please provide details, including final resolution.

2. Is there any record or knowledge of any previous incident(s) that might have resulted in a claim of abuse (physical or sexual), sexual misconduct, or sexual molestation (staff to student, student to student, or other type) had they been pursued? ☐ Yes ☐ No If "Yes", please provide details.



DECLARATION AND SIGNATURE

Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all insureds from the entity or their authorized representative(s) concerning this insurance.

Named individual: _____ Title or Position: _____

Attestation

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind the Hanover Insurance Group, Inc. to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

Signature of Authorized Entity Representative

_____ Date: _____