



Public School (K-12) Liability New Business/ Renewal Application: General Liability, Automobile Liability, School Board Legal Liability

NOTICE: This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your risk retention group.

Instructions for the educational institution (applicant):

- Please complete all portions of this application completely, truthfully, and accurately.
- This application may be completed electronically using the fillable fields. To save a partially completed application and send it someone else, save the document as a .pdf file to your computer and then attach it to an email, or use the “send” function in Adobe Reader. Be sure to include any additional attachments.
- Print the .pdf file and sign the application. Scan the completed form and save it to your computer.
- Email the completed and signed application with all necessary attachments to your broker.
- If you do not understand a question, please have your broker contact United Educators (UE) for clarification.

Submitting Broker

Please complete the information below. Confirm that all application questions are answered and that the application is signed before submitting it to UE.

| Submitting Broker Must Complete | | |
|---------------------------------|--------|------|
| Person to Contact: | | |
| Address 1: | | |
| Address 2: | | |
| City: | State: | Zip: |
| Phone Number: | | |
| Email: | | |
| License Number: | | |

Email the completed, signed, and dated application to your underwriter.

Application

Full Legal Name and Address of the School District

| | | |
|------------|--------|------|
| Name: | | |
| Address 1: | | |
| Address 2: | | |
| City: | State: | Zip: |

The undersigned is an authorized representative of the educational institution and all persons or concerns applying for insurance coverage. The undersigned declares that all information provided is complete, truthful, and accurate.

Signature: _____ Date: _____

Name: _____

Title: _____

School District: _____

The signing and submission of this application does not bind United Educators to issue, or the organization to purchase, any specific policy or coverage. The information provided in this application is for underwriting purposes only and does not constitute notice to United Educators of a claim or potential claim under any policy.

PLEASE SUBMIT THE FOLLOWING ALONG WITH THE COMPLETED APPLICATION
(check if provided with this form):

- The most recent audited financial statement
- Seven years of currently valued loss runs for all lines of coverage being requested, new business only

*Loss runs should be thorough in description and include all incurred payments, reserves and supplemental notes containing an explanation of whether any retention has been considered.

I. General Information

Operations

| | |
|---|---|
| 1. Annual operating budget: | |
| 2. Total average daily attendance: | |
| 3. Total number of all employees including teachers: | |
| 4. Total number of all teachers: | |
| 5. Approximate number of annual volunteers: | |
| 6. Does the district include any dormitories or boarding schools? | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| *If YES, indicate the number of boarding schools and provide web site and details for each of these operations. | |

Current Coverage, New Business Only

Check here if no prior coverage has been purchased

| Name of Insurer | Eff. Dates | Lines of Coverage | Limits | Retention | Premium |
|--|------------|-------------------|--------|-----------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Is sexual molestation coverage being provided on an occurrence basis? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is sexual molestation coverage currently being provided to the limit of insurance? (If coverage is sublimited please answer No) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has any similar insurance been declined, canceled, or non-renewed in the past six years? | | | | | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| *If YES, please explain: | | | | | |

Coverage Being Requested

| Coverage Type | Limits | Retention | Effective Dates |
|--|--------|-----------|-----------------|
| Public School Liability – PSL (General Liability and Auto Liability) | | | |
| School Board Legal Liability - SBL (Educators, Employment Practices, D&O) | | | |
| Special enhancements requested: | | | |

II. AL/GL Liability Coverage

Sexual Misconduct

| | |
|--|--|
| 1. Do the district and individual schools have written policy language addressing sexual abuse of minors by teachers, staff, and volunteers affiliated with the institution? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does the policy require reporting to the educational institution of sexual abuse of a minor by teachers, staff, and volunteers affiliated with the institution? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Does the policy require reporting to law enforcement, child protective services, or similar agency of sexual abuse of a minor by teachers, staff, and volunteers affiliated with the institution? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do the district and individual schools train on the reporting obligations contained in its policy protecting minors from sexual abuse by teachers, staff, and volunteers affiliated with the institution? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do the district and individual schools investigate every report of suspected sexual abuse of a minor by teachers, staff, and volunteers affiliated with the institution? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do the district and individual schools have a dispensary, clinic, infirmary, student health center, athletic facility, or similar facility maintained by the institution principally for use by its students? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do the district and individual schools have written policy language addressing sexual abuse of minors that applies to medical personnel working at the dispensary, clinic, infirmary, student health center, athletic facility, or similar facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Have you provided to the educational institution's Head of School, Head of Student Affairs/Life, and the Board Chair a copy of the United Educators publication, "Safeguarding Schools From Sexual Predators: What Public and Charter School Leaders Should Ask"? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Athletics

| | |
|--|---|
| 1. Does the educational institution own or operate any pools? | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| a. If YES, are operations in compliance with all federal and local pool safety requirements? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Are any pools open to the public? | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| *If YES, are these pools guarded at all times during hours of operation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are there any outdoor stadiums with seating capacity greater than 3,000 (or similar indoor facilities)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Does the current concussion management plan include the following: | |
| a. Guidelines and procedures in full compliance with current state legislation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Signed assumption of risk and parental consent documents required prior to participation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Are coaches trained annually on the signs and symptoms of concussions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Are student athletes trained annually on the signs and symptoms of concussions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Are baseline cognitive assessments for student athletes conducted prior to participation in athletics? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Requirements for immediate removal from practice or competition if a concussion is suspected? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Physical examination and medical clearance before participants are permitted to return to play? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Procedures for return to regular school activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Contract Management

1. Which of the following elements are required as part of the contract review process? Select all that apply:
- | | |
|--|---|
| <input type="checkbox"/> Legal counsel, chairperson or superintendent review all contracts | <input type="checkbox"/> Minimum of \$1mm limit of liability with exceptions granted by legal counsel, chairperson or superintendent |
| <input type="checkbox"/> Standard indemnification clause with exceptions granted only by legal counsel, chairperson or superintendent | <input type="checkbox"/> Minimum standard requirements for subcontractors including \$1mm general liability provided through an A.M. Best A rated carrier |
| <input type="checkbox"/> Required to be named as an additional insured with exceptions granted by legal counsel, chairperson or superintendent | |

Automobile Liability

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|--|--|
| 1. Please provide the total number of: | |
| a. Owned school buses (including all passenger van and small chassis conversion buses): | c. Passenger vans and small chassis conversion buses: |
| b. Contracted school buses: | d. All power units other than buses (cars, pickups, box vans, etc.): |
| 2. Please explain risk transfer methods in place for all contracted bus services. Elaborate on: indemnification by bus companies, additional insured status, hold harmless, certificates of insurance on file, ongoing certifications that all subcontracted firms are completing necessary screening and background checks for drivers and all who will be in contact with children). | |
| 3. Are there current policies in place with respect to driver eligibility including how to address those drivers with unsatisfactory driving records? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are employees who regularly drive institution vehicles required to take driver safety training? | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| *If YES, indicate the vehicle type or situations when training is provided (check all that apply but at least one): | |
| <input type="checkbox"/> Passenger vehicles seating 14 or less | <input type="checkbox"/> Non-passenger trucks and service vehicles |
| <input type="checkbox"/> Passenger vehicles seating 15 or more | <input type="checkbox"/> Other (describe): _____ |

Automobile Liability (Continued)

5. Indicate the method and frequency of Motor Vehicle Records (MVR's) checks by the educational institution for the following employees:

Method (check one):

- No MVR's checked
- All MVR's checked
- Random MVR's checked
- MVR's checked for certain vehicle types

(describe): _____

- Other (describe): _____

Frequency (check one if MVR's are checked):

- Every year
- Every 2 years
- Every 3 years
- Other (describe):

Anti-bullying

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|---|--|
| 1. Is a formal bullying prevention, anti-harassment and intervention plan in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do all bullying prevention and anti-harassment programs include cyber exposures and social media? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do these plans include appropriate training and professional development for all staff? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Does the anti-bullying protocols provide direction for monitoring potential "hot spots" such as hallways, bathrooms, and school buses? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are students and staff required to review these plans annually? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

III. School Board Legal Liability Coverage

Employment Policies

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|---|---|
| 1. Are policies prohibiting employment discrimination and unlawful employment harassment disseminated to all new employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are policies prohibiting employment discrimination and unlawful harassment disseminated annually to all employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No* |

*If NO, please outline the current policies for disseminating these materials:

| | |
|---|---|
| 3. Does your educational institution track and retain records of employee receipt of the disseminated policies? | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
|---|---|

*If YES, please indicate how the institution's policies are disseminated to all employees. Select all that apply:

- Hard-copy distributed
- Email copy of policies or web link for policies
- Other (describe): _____

Reductions in Workforce

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|--|---|
| 1. Have there been any reductions in workforce during the past 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are any reductions in workforce under consideration or planned within the next 12 months? | <input type="checkbox"/> Yes* <input type="checkbox"/> No |

*If YES, please elaborate on each department or division affected:

| Department, division, or affiliate affected | Provide actual or estimated: | | | Reason for reduction in force | Will internal or outside counsel be consulted to structure the reduction? |
|---|------------------------------|----------------------------|--|-------------------------------|---|
| | Date of change | Number of faculty affected | Number of staff or administrators affected | | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

IV. Comments