



Higher Education Management Liability, General Liability, and Professional Liability Insurance Renewal Application

NOTICE: This application is for a policy that your risk retention group issues. Your risk retention group may not be subject to all your state's insurance laws and regulations. State insurance insolvency guaranty funds are not available for your risk retention group.

Instructions for your educational institution (applicant):

- Please complete this application completely, truthfully, and accurately for the coverage(s) you are requesting to renew.

This renewal application applies only to coverage(s) that are part of your current, expiring insurance package policy(ies). You are only required to complete:

- The Common Section; and
- The section(s) corresponding to the specific coverage(s) you are requesting to renew (e.g., General Liability, Management Liability, Internships and Professional Liability, etc.).

You do not need to complete sections for coverage(s) that are not part of your expiring package or that you are not renewing.

Examples:

- If you are renewing General Liability (GLX or CGL/BLX and GLX) only, complete:
 - The Common Section, and
 - The General Liability section.
- If you are renewing Educators Legal Liability (ELL) only, complete:
 - The Common Section, and
 - The Management Liability section.
- If you are renewing multiple coverages, complete the Common Section and each applicable coverage section.

Requesting a New Product: If you are seeking to purchase a coverage that is not part of your expiring package, you must complete the applicable new business application for that coverage. New business applications are available at www.ue.org/applications.

Complete this application electronically using the fillable fields. To save a partially completed application and send it to 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 (if available in your version of Reader). Include any additional attachments.

- Email the completed, signed, and dated application and other required documents to submitapp@ue.org no fewer than 45 days prior to the expiration date.

Quote need by date: _____

- If you do not understand a question, please have your broker contact United Educators (UE) for clarification.

To complete this submission, you must include (check if provided with this signed form):

- Your institution's most recent audited financial statement
- Loss runs for past six years for newly requested products. (Provide loss runs valued within 60 days of the requested policy's expiration date, from all relevant carriers.)
- If applicable, submit additional comments in a separate document, with references to the respective question(s).

Full Legal Name and Address of Your Institution

Institution Name:		
Address 1:		
Address 2:		
City:	State:	Zip:

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:		
Brokerage Company Name:		
Address 1:		
Address 2:		
City:	State:	Zip:
Phone Number:		
Email:		
License Number:		

Email the completed, signed, and dated application and other required documents to submitapp@ue.org.

Renewal For Policy Year: _____

Common Section

Enterprise Risk Management and Risk Management Operations

1. Does the educational institution have a formal process to identify, assess and monitor risks across the entire institution, including a risk mitigation plan?

Yes No

a. If Yes, is the plan reviewed at the Board of Trustee level?

Yes No

b. If No, are there plans to create and implement such formal process?

Yes No

Comments:

Mergers and Acquisitions

2. Please list and describe any acquisitions or mergers with any educational institutions that have occurred within the last year or are planned within the next 12 months:

Name of educational institution: _____

Description of operations and rationale behind this decision:

If there is more than one, indicate in the Comments section and provide the requested information for each in an appendix referencing Common Section - Question 2.

Comments:

Affiliates and Subsidiaries

3. Please list and describe any newly created or acquired affiliates for which the educational institution requests coverage (affiliates that are not-for-profit entities under Internal Revenue Code and are controlled by the educational institution and whose financials are included in the educational institution's most recent audited financials are automatically covered, and there is no need to report these affiliates. Please see your policy for details.)

Name of Affiliate: _____

Indicate if:

For-profit Not-for-profit

Educational Institution's percentage of ownership or control: _____

Description of Affiliate's purpose/operation:

Year established/acquired: _____

Annual budget: _____

If there is more than one, indicate in the Comments section and provide the requested information for each in an appendix referencing Common Section - Question 3.

Comments:

Management Liability

Institution Accreditation

1. Please provide:

a. Name of the institution's accrediting body: _____

b. Date of the accrediting body's most recent review, month and year: _____

c. Was the outcome of the most recent review "Accreditation Continued?"

Yes No

i. If No, please check the applicable outcome:

Accreditation Continued - follow-up report requested Warning
 Probation Show Cause Withdrawal of accreditation
 Denial of accreditation Appeal

ii. If No, please attach the report from accrediting body and educational institution's response.

Check here if report is attached

d. Date of next review, month and year: _____

Comments:

Closings

2. Will the educational institution or any of its campus locations, departments or divisions close within the next 12 months, or are any such closures under consideration?

Yes No

If Yes, please complete the questions below. If there is more than one, indicate in the Comments section and provide the requested information for each in an appendix referencing Management Liability - Question 2.

Name of the campus location, department or division: _____

Date of actual or planned closure: _____

Number of affected students and staff: _____

Reason for closure: _____

Comments:

Newly Created or Eliminated Academic Degree Programs

3. Have any academic degree programs that are accredited by independent accrediting bodies, i.e. Nursing (CCNE), Law (ABA), etc. been created or eliminated in the past 12 months; or are any such changes under consideration for the next 12 months?

Yes No

If Yes, please complete the questions below. If there is more than one, indicate in the Comments section and provide the requested information for each in an appendix referencing Management Liability - Question 3.

Name of academic degree program: _____

Actual or estimated date of change: _____

Number of students enrolled or affected: _____

Number of faculty and/or staff added or affected: _____

Indicate if

Created Eliminated

If newly created academic degree program, indicate accreditation status: _____

If eliminated, describe the phase-out process for the academic degree program (i.e., close program to new enrollees and allow current students to transfer to another institution):

Comments:

Existing Academic Degree Programs

4. Is the educational institution in the process of seeking initial accreditation for any of its existing academic degree programs in a pending or non-approved status by the accrediting body?
- Yes No

If Yes, please complete the questions below. If more than one, indicate in the Comments section and provide the requested information for each in an appendix referencing Management Liability - Question 4.

Name of academic degree program: _____

Accrediting body: _____

Accreditation outcome: _____

Check here if most recent report from accrediting body is attached:

Check here if educational institution's response is attached:

Comments:

5. Within the last 12 months, do any existing accredited academic degree programs have any of the following accreditation statuses?

- Accreditation continued with follow-up report requested
- Appeal
- Become provisionally accredited
- Denial of accreditation
- Probation in any form
- Show cause or similar status
- Voluntary or Involuntary withdrawal of accreditation
- Warning or similar status

Yes No

If Yes, please complete the questions below. If there is more than one, indicate in the Comments section and provide the requested information for each in an appendix referencing Management Liability - Question 5.

Name of academic degree program affected: _____

Accrediting body: _____

Accreditation status/outcome: _____

Check here if report from accrediting body is attached:

Check here if educational institution's response is attached:*

*If the educational institution's response to the accrediting body is pending, please summarize the educational institution's planned response.

Comments:

Staff Changes/Reductions in Force

6. Have there been any reductions in workforce during the past 12 months, or are any such changes under consideration for the next 12 months?

Yes No

If Yes, please complete the following questions:

Department, division, or affiliate affected: _____

Date of change: _____

Number of faculty affected: _____

Number of tenured faculty affected: _____

Number of staff or administrators affected: _____

Were internal or outside counsel consulted? Yes No

Comments:

Key Personnel

7. For the following positions please provide:

a. President (or equivalent)

i. Year appointed: _____

ii. Has resignation or departure been announced? Yes No

If Yes, please explain the educational institution's plan for replacement:

b. VP of Finance/Administration (or equivalent)

i. Year appointed: _____

ii. Has resignation or departure been announced? Yes No

If Yes, please explain the educational institution's plan for replacement:

c. Chief Academic Officer (or equivalent)

i. Year appointed: _____

ii. Has resignation or departure been announced? Yes No

If Yes, please explain the educational institution's plan for replacement:

Comments:

General Liability

Sexual Misconduct

1. Does the educational institution have written policy language addressing sexual abuse of minors by faculty, staff, and volunteers affiliated with the institution?
 Yes No
2. Does the policy require reporting to the educational institution of sexual abuse of a minor by faculty, staff, and volunteers affiliated with the institution?
 Yes No
3. Does the policy require reporting to law enforcement, child protective services, or similar agency of sexual abuse of a minor by faculty, staff, and volunteers affiliated with the institution?
 Yes No
4. Does the educational institution train on the reporting obligations contained in its policy protecting minors from sexual abuse by faculty, staff, and volunteers affiliated with the institution?
 Yes No
5. Does the educational institution have written policy language addressing sexual abuse of college students by faculty, staff, and volunteers affiliated with the institution?
 Yes No
6. Does the policy require or encourage reporting to the educational institution of any sexual abuse of a college student by faculty, staff, and volunteers affiliated with the institution?
 Yes No

- 7. Does the educational institution train on the reporting obligations contained in its policy protecting college students from sexual abuse by faculty, staff and volunteers affiliated with the institution?
 Yes No
- 8. Does the educational institution investigate every report of suspected sexual abuse of a minor by faculty, staff, and volunteers affiliated with the institution?
 Yes No
- 9. Does the educational institution investigate every report of suspected sexual abuse of a college student by faculty, staff, and volunteers affiliated with the institution?
 Yes No
- 10. Does the educational institution have a dispensary, clinic, infirmary, student health center, athletic facility, or similar facility maintained by the institution principally for use by its students?
 Yes No
- 11. Does the educational institution have written policy language addressing sexual abuse of college students and minors that applies to medical personnel working at the dispensary, clinic, infirmary, student health center, athletic facility, or similar facility?
 Yes No
- 12. Have you provided to the educational institution's President, Head of Student Affairs/Life, and the Board Chair a copy of the United Educators publication, "[Safeguarding Communities From Sexual Predators: What College Presidents and Trustees Should Ask](#)" and does the educational institution require distribution of this publication annually and upon any change in leadership or Board Chair?
 Yes No

Comments:

Athletics

- 13. Does your institution participate in intercollegiate football?
 Yes No
- If "Yes" is selected:
 - a. Institutions that participate in intercollegiate football must also complete UE's [NCAA, NAIA, or NJCAA Intercollegiate Football: Traumatic Brain Injury \(TBI\) Supplemental Warranty Application](#)
 - b. Please submit the completed TBI Supplemental Application together with this renewal application.

Comments:

Automobile

14. Are Motor Vehicle Records (MVRs) checked at least every three years for employees who regularly drive on institution-related business?

Yes No

If Yes, are there written MVR guidelines, such as a point system, that will disqualify employee drivers with unsatisfactory MVRs?

Yes No

15. Are Motor Vehicle Records (MVRs) checked for all students who regularly drive on institution-related business:

Yes No No Student Drivers

If Yes, are there written MVR guidelines, such as a point system, that will disqualify student drivers with unsatisfactory MVRs?

Yes No

16. If MVRs are not checked for employee and/or applicable student drivers, please explain the qualification and disqualification process of a driver:

Comments:

Camps and Child Care for Minors

17. Are there any summer camp, recreational program, sports program, or similar programs for children held at the educational institution's premises, but not owned or operated by the institution (i.e., operated by others):
 Yes No

If Yes, for all third-party-operated camps or similar programs:

- a. Does the educational institution require certificates of the camp operator's general liability insurance?
 Yes No

If Yes, indicate the minimum general liability limit required: _____

- b. Is proof of the camp operator's sexual molestation liability coverage required?
 Yes No

If Yes, indicate the minimum sexual molestation liability limit required: _____

- c. Is the educational institution named as an additional insured on the camp operator's general liability policy?
 Yes No

- d. If No to questions 17a, 17b, and/or 17c, please explain:

Comments:

Greek-Letter Organizations

18. Does the educational institution have any social fraternities and/or sororities as recognized student organizations?

Yes No

If Yes:

a. Does the educational institution require certificates of general liability insurance from these organizations?

Yes No

If Yes, indicate the minimum general liability limit required: _____

b. Is proof of alcohol, hazing, and sexual assault liability coverage required?

Yes No

c. Is the educational institution named as an additional insured?

Yes No

d. If No to questions 18a, 18b, and/or 18c, please explain:

Comments:

Watercraft

19. Please list and describe any additional surface watercraft over 50 feet in length for which the educational institution requests coverage. Do not include rowing/sculling shells or watercraft already scheduled. Please see your policy for coverage details.

Watercraft name: _____

Length in feet: _____

Purpose of use: _____

Number of days used per year: _____

Approximate total number of individuals aboard from the educational institution: _____

List the destinations of travel: _____

If there is more than one, indicate in the Comments section and provide the requested information for each in an appendix referencing General Liability - Question 19.

Comments:

Fiduciary Liability

1. Enter the number of full-time employees: _____
2. Did the educational institution in the past two years, or are there plans in the next year to, terminate or add any benefit plan or substantially modify or reduce benefit plans?
 Yes No
3. Did the educational institution:
 - a. Self-insure or self-fund any portion of your medical, life, accident or disability benefit plans (including any employer-funded self-insured retention or deductibles)?
 Yes No
 - b. Maintain any 'defined benefit' retirement plans?
 Yes No
 - c. Maintain, operate, or control any Pension Trust?
 Yes No

4. Are any of your retirement or pension plans multiple employer plans or trusts, i.e., offered jointly with other employers (note that TIAA is not a multiple employer plan)?

Yes No

5. For newly offered benefit plans, please provide:

a. Name of benefit plan: _____

b. Year plan established: _____

c. Description of the plan (type of plan, eligibility to participate, method of funding):

d. Who administers this benefit plan?

Educational entity

Insurance company

Bank / trust

Third-party administrator

Other (Name): _____

6. If the benefit plan is administered by the educational institution:

a. Is plan unfunded (i.e. treated as an operation expense)?

Yes No

b. Is plan funded (reserve fund, restricted account, self-insurance fund, trust)?

Yes No

If Yes to questions 2-4, please explain.

Comments:

Internships and Professional Liability

Internships

The IPL policy covers most internship programs on a blanket basis. Please visit the [Internships and Professional Services liability coverage webpage](#). No further underwriting information is required for internship programs.

Healthcare Services

1. Does the educational institution own or operate a clinic, service, operation or mobile health unit that primarily provides healthcare services to students, faculty/staff, or their families? Examples include: services provided at an Infirmary, counseling center or athletic training facility.

Yes No

- a. What is the full time equivalent (FTE) amount of medical doctors involved with the delivery of the above services? _____

- b. Please describe how doctors are involved with the service. Select all that apply.

Not Applicable Supervise daily activities
 Review clinic notes Perform clinic or Other services

Please Describe:

Comment:

2. Does the educational institution own or operate any of the following healthcare services that primarily serve the public? ***These facilities/services are ineligible for coverage.***

- Not Applicable
 Medical facility with overnight beds that primarily serves the public (e.g., a hospital)
 Healthcare services/facilities that are part of the hospital system
 Urgent care clinic
 Clinic, service, operation or mobile health unit that provides specialized treatment for any of the following:
 Heart Disease Organ Failure (e.g., heart, lung, kidney failure)
 Neuro/Nervous System illnesses Autoimmune Disease
 Intellectual Disability Genetic disease/disorder
 Other chronic or terminal, illness or condition

Please Describe:

Comment:

3. Does the educational institution provide healthcare services at any clinic, operation, or mobile health unit that primarily serves patients other than students, faculty, staff, or their families?
- Yes No

Section 1: Select each of the following healthcare services the institution provides to the public. The services below require no further application questions.

- | | |
|---|--|
| <input type="checkbox"/> Diagnostic Imaging <ul style="list-style-type: none">• MRI Technician• X-Ray Technician | <input type="checkbox"/> Nursing Services (other than Nurse Practitioners, Nurse Anesthetists, or Nurse Midwives) <ul style="list-style-type: none">• Registered Nurse• Licensed Practical• Licensed Vocational Nurse |
| <input type="checkbox"/> Health Science <ul style="list-style-type: none">• Dieticians• Nutritionist | <input type="checkbox"/> Rehabilitative Services <ul style="list-style-type: none">• Audiologist• Kinesiologist• Occupational Therapist• Physical Therapist• Respiratory Therapist• Speech Language Pathologist |
| <input type="checkbox"/> Healthcare Support <ul style="list-style-type: none">• Phlebotomist• Medical Assistant• Dental Hygienist• Nursing Assistant | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Human Services <ul style="list-style-type: none">• Counselor• Social Worker | |

Section 2: Indicate if healthcare services to the public are provided by any of the following professionals.

- | | |
|--|---|
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Paramedic/Emergency Medical Technician |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> None of the above | |

Athletic Trainer:

- a. Indicate the approximate number of patients served annually: _____
- b. How does this service support the educational institution academic program? Check all that apply.
- Clinical learning facility/service for students of the educational institution
 - Continuing education for faculty members or employees of the educational institution
 - This service is offered independently of any academic degree program or is offered for another reason

Please describe why the service is being offered:

Paramedic/Emergency Medical Technician:

- a. Indicate the approximate number of patients served annually: _____
- b. How does this service support the educational institution academic program? Check all that apply.
- Clinical learning facility/service for students of the educational institution
 - Continuing education for faculty members or employees of the educational institution
 - This service is offered independently of any academic degree program or is offered for another reason

Please describe why the service is being offered:

Pharmacist:

- a. Indicate the approximate number of patients served annually: _____
- b. How does this service support the educational institution academic program? Check all that apply.
- Clinical learning facility/service for students of the educational institution
 - Continuing education for faculty members or employees of the educational institution
 - This service is offered independently of any academic degree program or is offered for another reason

Please describe why the service is being offered:

Psychologist:

- a. Indicate the approximate number of patients served annually: _____
- b. How does this service support the educational institution academic program? Check all that apply.
- Clinical learning facility/service for students of the educational institution
 - Continuing education for faculty members or employees of the educational institution
 - This service is offered independently of any academic degree program or is offered for another reason

Please describe why the service is being offered:

Comment:

Section 3: Indicate if healthcare services to the public are provided by any of the following professionals:

- Nurse Practitioner
- Physician Assistant
- Physician
- None of the above

Nurse Practitioner:

- a. How does the Nurse Practitioner service support the educational institution's academic program?
(Select all that apply)
- Clinical learning facility/service for students of the educational institution
 - Continuing education for faculty members or employees of the educational institution
 - This service is offered independently of any academic degree program or is offered for another reason

Please describe why the service is being offered:

Physician Assistant:

- a. How does the Physician Assistant service support the educational institution's academic program?

(Select all that apply)

- Clinical learning facility/service for students of the educational institution
- Continuing education for faculty members or employees of the educational institution
- This service is offered independently of any academic degree program or is offered for another reason

Please describe why the service is being offered:

Physician:

- a. How does the Physician service support the educational institution's academic program?

(Select all that apply)

- Clinical learning facility/service for students of the educational institution
- Continuing education for faculty members or employees of the educational institution
- This service is offered independently of any academic degree program or is offered for another reason

Please describe why the service is being offered:

- b. What is the full time equivalent (FTE) amount of physicians involved with the delivery of these service(s) to the public? _____

- c. Please describe how physicians are involved with the service. Select all that apply.

- Supervise daily activities
- Review clinic notes
- Perform clinic and Other services

Describe scope of service:

- d. Indicate the approximate combined number of patients served annually at any of the educational institution's clinics, operations, or mobile health units. _____

1. Do any of the healthcare service providers cited above provide the following? Select all that apply:
 - Prenatal services
 - Pediatric services
 - Not Applicable
2. Describe the scope of these healthcare services provided on behalf of the educational institution or upload job descriptions that provide this information. Upload state licensure applications for clinics open to the public, if applicable.
3. Please provide any URLs of webpages or websites describing the Nurse Practitioner and Physician Assistant services: _____

Section 4: Does the educational institution provide dental services to the public?

Yes No

- a. Indicate the approximate number of patients served annually by dentists: _____
- b. How do these services support the educational institution's academic program (select all that apply)
 - Clinical learning facility/service for students of the educational institution
 - Continuing education for faculty members or employees of the educational institution
 - This service is offered independently of any academic degree program or is offered for another reason

Please describe why the service is being offered:

Non Healthcare Services

1. Select each of the following non-healthcare services the institution provides to the public. This can be services provided to entities not affiliated with, owned, or controlled by the educational institution, or services provided to people who are not students, employees, faculty, or staff of the educational institution.

- Architectural Engineering (all except nuclear, mining, petroleum, or aerospace)
 Legal Veterinarian
 None of the above

Architectural:

- a. Indicate the full-time equivalent of employees, contractors, and volunteers providing architectural services to 3rd parties: _____
- b. Indicate the approximate number of public architectural projects/year: _____
- c. Indicate the amount of revenues (including grants) from public architectural services: _____
- d. How does this service support the educational institution's academic program? Check all that apply.
- Clinical learning facility/service for students of the educational institution
 Continuing education for faculty members or employees of the educational institution
 This service is offered independently of any academic degree program or is offered for another reason

Please describe why the service is being offered:

Engineering (all except nuclear, mining, petroleum, or aerospace):

- a. Indicate the full-time equivalent of employees, contractors, and volunteers providing engineering services to 3rd parties: _____
- b. Indicate the approximate number of public engineering projects/year: _____
- c. Indicate the amount of revenues (including grants) from public engineering services: _____
- d. How does this service support the educational institution's academic program? Check all that apply.
- Clinical learning facility/service for students of the educational institution
 Continuing education for faculty members or employees of the educational institution
 This service is offered independently of any academic degree program or is offered for another reason

Please describe why the service is being offered:

Legal:

- a. Indicate the full-time equivalent of employees, contractors, and volunteers providing legal services to 3rd parties: _____
- b. Indicate the approximate number of legal cases/year: _____
- c. Indicate the amount of revenues (including grants) from legal services: _____
- d. How does this service support the educational institution's academic program? Check all that apply.
 - Clinical learning facility/service for students of the educational institution
 - Continuing education for faculty members or employees of the educational institution
 - This service is offered independently of any academic degree program or is offered for another reason

Please describe why the service is being offered:

Veterinarian:

- a. Indicate the approximate number of patients served annually: _____
- b. How does this service support the educational institution's academic program? Check all that apply.
 - Clinical learning facility/service for students of the educational institution
 - Continuing education for faculty members or employees of the educational institution
 - This service is offered independently of any academic degree program or is offered for another reason

Please describe why the service is being offered:

Comment:

The undersigned is an authorized representative of the institution and all persons and entities applying for coverage. The undersigned declares that the statements and answers set forth in this application are true, accurate, and complete to the best of their knowledge and belief. The undersigned further declares that, where they do not have personal knowledge of the information provided, they have made reasonable inquiry of those persons responsible for such matters and reasonably available records, to verify the accuracy and completeness of the responses.

The undersigned understands and agrees that this application, including all attachments and supplemental information, shall form the basis of any coverage issued, and will be relied upon by UE in underwriting such coverage. The undersigned further agrees to notify UE promptly of any material change in the information provided in this application that occurs prior to the inception of coverage.

Signature: _____ Date: _____

Name: _____

Title: _____

The parties agree that this application may be executed using an electronic signature. A typed name, electronic image of a signature, or signature applied through an electronic signature process is intended to authenticate this application and will be treated as an original signature with the same legal effect as a handwritten signature.

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