



# K-12 and Other Institution Types Application, 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 section(s) corresponding to the specific coverage(s) you are requesting to renew.

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 General Liability section.
- If you are renewing Internships and Professional Liability (IPL) only, complete the IPL-related section(s).
- If you are renewing multiple coverages, complete each applicable section.
- Management Liability Coverage: There are no additional application questions required for Management Liability coverage in this form.

**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](http://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](mailto: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](mailto:submitapp@ue.org).**

Renewal For Policy Year: \_\_\_\_\_

## General Liability

### Sexual Misconduct

1. Does the educational institution have written policy language addressing sexual abuse of minors by teachers, 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 teachers, 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 teachers, 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 teachers, staff, and volunteers affiliated with the institution?  
 Yes     No
5. Does the educational institution investigate every report of suspected sexual abuse of a minor by teachers, staff, and volunteers affiliated with the institution?  
 Yes     No
6. 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
7. Does the educational institution 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?  
 Yes     No

8. a. If you are an independent school, 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 Independent School Heads 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
- b. If you are a public or charter school, have you provided to the educational institution's Head of School, Head of Student Affairs/ Life, and the Board Chair a copy of United Educators publication, "[Safeguarding Schools From Sexual Predators: What Public and Charter School Leaders 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:

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

**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.