

Liability Insurance

New Business Application

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.

Submit this application for an educational organization with full-time equivalent enrollment of 3,000 or less, an association, foundation, or museum.

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:		

Send completed application to:
applications@ue.org
 OR
 Fax: (301) 907-8620

United Educators
 7700 Wisconsin Avenue
 Suite 500
 Bethesda, MD 20814
 Phone: (301) 907-4908

APPLICATION

Full Legal Name and Address of the Educational Institution		
Institution 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 liability coverage. The undersigned declares that all information provided is complete, truthful, and accurate.

Signature: _____ Date: _____

Name: _____

Title: _____

Educational institution: _____

The signing and submission of this application does not bind United Educators to issue, or the educational institution 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.

TO COMPLETE THIS APPLICATION, YOU MUST SUBMIT (check if provided with this form):

- The educational institution's most recent audited financial statement
- Loss runs for past six years (all relevant carriers)

REQUEST FOR COVERAGE

COVERAGE, LIMITS, DEDUCTIBLES			
<p>If general liability is requested, please select desired general liability product. (CGL may not be selected as a stand alone coverage)</p>			
<input type="checkbox"/> Primary General Liability (CGL)		<input type="checkbox"/> General Liability Excess (GLX)	
		<input type="checkbox"/> General Liability Umbrella (GLU)	
<p>If educators legal liability is requested, please select desired ELL or ELX.</p>			
<input type="checkbox"/> Educators Legal Liability (ELL)		<input type="checkbox"/> Excess Educators Legal (ELX)	
Policy	Limit Liability (per-claim or occurrence)	Deductible/SIR	Effective Date
Primary General Liability (CGL)			
Educators Legal Liability (ELL)			
General Liability Excess (GLX) or General Liability Umbrella (GLU)			

If you need a quote/indication by a certain date, please specify date: _____

I. General Information

Mergers and Acquisitions	Yes*	No
Have there been any newly created entities, acquisitions, or mergers that have occurred within the past two years or are planned within the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

*If "yes," please provide details for each acquisition, merger, new entity, or closure:

Name	Description of operations	Estimated or actual date of change	Why change is being made

Enterprise Risk Management	Yes*	No
Does your institution have a comprehensive plan for identifying, assessing, mitigating, and managing various types of risks (i.e. an enterprise risk management plan)?	<input type="checkbox"/>	<input type="checkbox"/>

*If "yes," which of the following risk areas are covered? Select all that apply:

<input type="checkbox"/> Reputational	<input type="checkbox"/> Strategic	<input type="checkbox"/> Financial
<input type="checkbox"/> Compliance	<input type="checkbox"/> Operational	<input type="checkbox"/> None

Affiliates and Subsidiaries		
Provide the affiliate or subsidiary name for which the educational institution requests coverage. (See Appendix to request coverage for multiple affiliates and/or subsidiaries.)		
Describe the purpose and operations of the affiliate/subsidiary below:		
<input type="checkbox"/> For-profit <input type="checkbox"/> Not-for-profit	Year established/acquired: _____	Annual budget: \$ _____

Organization Information	Yes*	No
Does your educational institution have a unique focus that is part of its educational mission? Examples: serving a specialized student population, concentration in a specific profession, focus on high risk athletic or wilderness training or a specific niche or boutique study area.	<input type="checkbox"/>	<input type="checkbox"/>
*If "yes," provide a brief explanation:		

Include link to website: _____

Underlying Coverage	Yes*	No
Does the educational institution have an underlying policy or policies?	<input type="checkbox"/>	<input type="checkbox"/>
*If "yes," does the educational institution wish to purchase "exhausted aggregate dropdown" coverage?	<input type="checkbox"/>	<input type="checkbox"/>
*If "yes," please provide the following information for each non-UE underlying policy. (See Appendix for additional underlying coverage tables.)		
Indicate underlying policy coverage:		
<input type="checkbox"/> CGL <input type="checkbox"/> Employers Liability	<input type="checkbox"/> Foreign Liability <input type="checkbox"/> Media Professional	<input type="checkbox"/> Other If other, please describe: _____
Policy number:	Policy period (end date):	
Aggregate limit:	Indicate underlying policy form type:	
Policy period (beginning date):	<input type="checkbox"/> Claims-made <input type="checkbox"/> Occurrence	

II. Educators Legal Liability

A. General Information

1. Positions	Yes*	No
Are in-house legal counsel employed at your educational institution?	<input type="checkbox"/>	<input type="checkbox"/>
*If "yes," how many are employed? _____		

2. Training	Yes*	No
Does your institution have a harassment prevention training program for all employees?	<input type="checkbox"/>	<input type="checkbox"/>
*If "yes," indicate the following:		
What percentage of your employees participated in harassment prevention training over the last three years? Select one answer.		
<input type="checkbox"/> Less than 50%	<input type="checkbox"/> Greater than 80%	
<input type="checkbox"/> 50%-80%	<input type="checkbox"/> We do not track participation rates	
What percentage of your faculty participated in harassment prevention training over the last three years? Select one answer.		
<input type="checkbox"/> Less than 50%	<input type="checkbox"/> Greater than 80%	
<input type="checkbox"/> 50%-80%	<input type="checkbox"/> We do not track participation rates	
What percentage of your faculty participated in harassment prevention training in the previous year? Select one answer.		
<input type="checkbox"/> Less than 50%	<input type="checkbox"/> Greater than 80%	
<input type="checkbox"/> 50%-80%	<input type="checkbox"/> We do not track participation rates	
Does your institution provide supervisor training? Select all that apply:		
<input type="checkbox"/> Conducting job interviews	<input type="checkbox"/> Recognizing harassment and handling complaints	
<input type="checkbox"/> Conducting accurate performance evaluations	<input type="checkbox"/> Using progressive discipline	
<input type="checkbox"/> Documenting employee performance problems	<input type="checkbox"/> None	

3. Staff Changes					Yes*	No
Have there been any reductions in workforce during the past year at the educational institution?					<input type="checkbox"/>	<input type="checkbox"/>
*If "yes," please describe for each department or division affected:						
Department, division, or affiliate affected	Actual or Estimated:			Explain why a reduction in force was necessary.	Were outside counsel consulted to structure the reduction in force?	
	Date of change	No. of faculty affected	No. of staff or administrators affected		Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
Are any reductions in workforce under consideration or planned within the next 12 months at the educational institution?					<input type="checkbox"/>	<input type="checkbox"/>
*If "yes," please describe for each department or division affected:						
Department, division, or affiliate affected	Actual or Estimated:			Explain why a reduction in force was necessary.	Were outside counsel consulted to structure the reduction in force?	
	Date of change	No. of faculty affected	No. of staff or administrators affected		Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

4. Closings		Yes*	No
Will the educational institution or any of its affiliates, departments or divisions close within the next 12 months, or are any such closures under consideration?		<input type="checkbox"/>	<input type="checkbox"/>
*If "yes," please provide details for each closure:			
Name	Description of operations	Estimated or actual date of change	Why is the change being considered?

B. Accreditation and Program Information
(Complete Section B only for a higher education institution.)

1. Institution Accreditation	
Indicate accrediting body:	
<input type="checkbox"/> Middle States Commission on Higher Education	<input type="checkbox"/> Accrediting Council for Independent Colleges and Schools
<input type="checkbox"/> New England Association of Schools and Colleges Commission on Institutions of Higher Education	<input type="checkbox"/> Distance Education and Training Council Accrediting Commission
<input type="checkbox"/> North Central Association of Colleges and Schools The Higher Learning Commission	<input type="checkbox"/> Association for Biblical Higher Education Commission on Accreditation
<input type="checkbox"/> Northwest Commission on Colleges and Universities	<input type="checkbox"/> Association of Advanced Rabbinical and Talmudic Schools Accreditation Commission
<input type="checkbox"/> Southern Association of Colleges and Schools Commission on Colleges	<input type="checkbox"/> The Association of Theological Schools in the United States and Canada Commission on Accrediting
<input type="checkbox"/> Western Association of Schools and Colleges Accrediting Commission for Community and Junior Colleges	<input type="checkbox"/> Transnational Association of Christian Colleges and Schools Accreditation Commission
<input type="checkbox"/> WASC Senior College and University Commission	<input type="checkbox"/> Other
<input type="checkbox"/> New York State Board of Regents	If other, please describe: _____

2. Academic Program Accreditation		
Do any degree programs have an accreditation status of any of the following?		
<input type="checkbox"/> Seeking initial accreditation (new or existing program)	<input type="checkbox"/> Involuntary withdrawal of accreditation	
<input type="checkbox"/> Accreditation continued with follow-up report requested	<input type="checkbox"/> Voluntary withdrawal of accreditation	
<input type="checkbox"/> Warning or similar status	<input type="checkbox"/> Denial of accreditation	
<input type="checkbox"/> Probation in any form	<input type="checkbox"/> Appeal	
<input type="checkbox"/> Show cause or similar status		
Please provide the following information for each program selected. (See Appendix for additional program accreditation tables.)		
If any selected, please indicate:		
Description of degree program	Accrediting body	Date of most recent review
What was the outcome of the most recent review?		
<input type="checkbox"/> Seeking initial accreditation (new or existing program)	<input type="checkbox"/> Involuntary withdrawal of accreditation	
<input type="checkbox"/> Accreditation continued with follow-up report requested	<input type="checkbox"/> Voluntary withdrawal of accreditation	
<input type="checkbox"/> Warning or similar status	<input type="checkbox"/> Denial of accreditation	
<input type="checkbox"/> Probation in any form	<input type="checkbox"/> Appeal	
<input type="checkbox"/> Show cause or similar status	<input type="checkbox"/> Other (Please describe): _____	
Date of next review	Educational institution's response to the action	

3. Program Changes - Past 12 Months		Yes*	No
Have any degree or certification programs been created or eliminated in the past year?		<input type="checkbox"/>	<input type="checkbox"/>
*If "yes" please provide the following information for each program. (See Appendix for additional program change tables.)			
Name of degree or certificate program	Please select one		
	<input type="checkbox"/> Created <input type="checkbox"/> Eliminated		
If "eliminated," what provisions are being made for enrolled students to complete the degree? (i.e. close program to new enrollees and allow remaining students to complete, transfer to another institution, etc.)			
Estimated or actual date of change	Explain why change was made	Indicate the number of students enrolled or affected	Indicate the number of faculty and/or staff added or affected

3. Program Changes - Next 12 Months (Continued)				Yes*	No
Is the institution considering creating or eliminating any degree or certification programs within the next 12 months?				<input type="checkbox"/>	<input type="checkbox"/>
*If "yes" please provide the following information for each program. (See Appendix for additional program change tables.)					
Name and description of degree or certificate program				Please select one	
				<input type="checkbox"/> Create	
				<input type="checkbox"/> Eliminate	
If "eliminated," what provisions are being made for enrolled students to complete the degree? (i.e. close program to new enrollees and allow remaining students to complete, transfer to another institution, etc.)					
Estimated or planned date of change	Explain why change is being considered or planned	Indicate the number of students enrolled or affected	Indicate the number of faculty and/or staff added or affected		

(Complete only for a 4-year higher education institution.)

4. Tenure Committees			Yes*	No
Does your educational institution offer tenure?			<input type="checkbox"/>	<input type="checkbox"/>
*If "yes," how often does your institution train its tenure review committees on tenure review policies?				
<input type="checkbox"/> Once a year	<input type="checkbox"/> Only train new members when added	<input type="checkbox"/> No training conducted		
*If "yes," if your institution awards tenure to faculty members, is written justification required for any deviation in review procedures between tenure candidates with similar qualifications? Yes <input type="checkbox"/> No <input type="checkbox"/>				

III. General Liability

A. Liability Overview

1. Accident Investigation	
Indicate which of the following elements your institution requires as part of an accident investigation. Select all that apply:	
<input type="checkbox"/> Injured party information	<input type="checkbox"/> Photographs
<input type="checkbox"/> Witness statements	<input type="checkbox"/> Additional physical evidence
<input type="checkbox"/> Description of the premises and relevant conditions	<input type="checkbox"/> None
Indicate which of the following groups are trained to respond to an accident or injury. Select all that apply:	
<input type="checkbox"/> Faculty	<input type="checkbox"/> Student organization leaders
<input type="checkbox"/> Staff	<input type="checkbox"/> None
<input type="checkbox"/> Supervisors and managers	

2. Alcohol		
Does the educational institution have a written policy that regulates the conditions under which alcohol may be served at:	Yes	No
On-campus parties or events by any fraternity, sorority or other student organization?	<input type="checkbox"/>	<input type="checkbox"/>
Off-campus parties or events by any fraternity, sorority or other student organization?	<input type="checkbox"/>	<input type="checkbox"/>
Athletic events?	<input type="checkbox"/>	<input type="checkbox"/>

3. Athletics		Yes*	No
Does your institution sponsor any athletics/sports programs?		<input type="checkbox"/>	<input type="checkbox"/>
*If "yes," indicate the most competitive level of conference athletics at the educational institution (pick the one that best describes your institution):			
<input type="checkbox"/> NAIA	<input type="checkbox"/> NCAA Div. III		
<input type="checkbox"/> NCAA Div. I	<input type="checkbox"/> Club/intramural sports only		
<input type="checkbox"/> NCAA Div. II	<input type="checkbox"/> Club sports or recreational leagues		
<input type="checkbox"/> School athletics or sports teams			
Which of the following is required of athletes prior to participation? Select all that apply:			
<input type="checkbox"/> Signed assumption of risk and/or informed consent documents	<input type="checkbox"/> Pre-participation examination		
<input type="checkbox"/> Signed emergency consent to treat	<input type="checkbox"/> None		

3. Athletics (Continued)		Yes*	No
Do you have a concussion management plan?		<input type="checkbox"/>	<input type="checkbox"/>
*If "yes," which of the following is addressed in your educational institution's concussion management plan for athletic activities? Select all that apply:			
<input type="checkbox"/> Educating coaches at least annually on the signs of concussion	<input type="checkbox"/> Baseline cognitive assessments for student athletes		
<input type="checkbox"/> Educating student athletes at least annually on the signs of concussion	<input type="checkbox"/> None		
Which of the following is included in your school's return-to-play guidelines for students who experience a potential head injury? Select all that apply:			
<input type="checkbox"/> Immediate removal from practice or competition	<input type="checkbox"/> Encourage athletes who have experienced multiple head injuries to pursue a safer activity		
<input type="checkbox"/> Physical examination and medical clearance before return to play	<input type="checkbox"/> None		
<input type="checkbox"/> Gradual return to play only occurs once the athlete is completely free of symptoms			
		Yes*	No
Does your institution participate in intercollegiate football?		<input type="checkbox"/>	<input type="checkbox"/>
*If "yes," please complete the supplemental application for traumatic brain injury found on the UE website . Please upload the completed, signed supplemental application as an attachment to this application or email it separately to applications@ue.org .			
Does the educational institution require students to sign a liability waiver, hold harmless agreement, or assumption of risk form prior to participation in each sport? Yes <input type="checkbox"/> No <input type="checkbox"/>			

4. Automobiles/Vehicles			
Enter the number of owned and operated:			
Passenger cars:	Passenger vans or buses:	Service vehicles and trucks:	
		Yes*	No
Are students (other than student employees) permitted to drive vehicles owned by or leased on behalf of your institution?		<input type="checkbox"/>	<input type="checkbox"/>
*If "yes," who is required to take driver safety training at your institution? Select all that apply:			
<input type="checkbox"/> Students who drive their own vehicles for school related travel	<input type="checkbox"/> Any driver of a vehicle requiring Class B license or CDL		
<input type="checkbox"/> Students who drive institution-owned vehicles	<input type="checkbox"/> Club/intramural sports only		
<input type="checkbox"/> Employees who drive institution-owned vehicles			
Select the best answer only if students drive. How often are student motor vehicle records checks performed?			
<input type="checkbox"/> At least annually	<input type="checkbox"/> With cause or after an accident		
<input type="checkbox"/> Randomly	<input type="checkbox"/> None		
Indicate the method of Motor Vehicle Records (MVRs) checks by the educational institution for employees. Please select one:			
<input type="checkbox"/> No MVRs checked	<input type="checkbox"/> Random MVRs checked		
<input type="checkbox"/> All MVRs checked	<input type="checkbox"/> Other (Please describe): _____		

4. Automobiles/Vehicles (Continued)	Yes	No
If motor vehicle records are checked for drivers, are there written MVR guidelines, such as a point system, used to disqualify drivers with unsatisfactory driving records?	<input type="checkbox"/>	<input type="checkbox"/>
If your institution has employees who drive regularly on school related business, how often are motor vehicle records checks performed on the drivers? Select the best answer.		
<input type="checkbox"/> At least annually <input type="checkbox"/> Randomly <input type="checkbox"/> With cause or after an accident <input type="checkbox"/> None		
Does your institution have guidelines regarding the use of personal vehicles for school related business or activities?	<input type="checkbox"/>	<input type="checkbox"/>

5. Behavioral Intervention/Threat Assessment	Yes*	No
Does the educational institution have a written policy or procedure to notify a parent or guardian of a student who may pose a risk of injury to himself/herself or others?	<input type="checkbox"/>	<input type="checkbox"/>
*If "yes," are students over the age of 18 (or legal age of majority in the educational institution's state) notified of this policy or procedure?	<input type="checkbox"/>	<input type="checkbox"/>
Does the educational institution have a crisis management plan in the event of a suicide or other trauma involving students?	<input type="checkbox"/>	<input type="checkbox"/>
Does your institution have a designated team who receive, evaluate, and respond to reports concerning students who may pose a risk of injury to themselves or to others?	<input type="checkbox"/>	<input type="checkbox"/>
*If "yes," which of the following campus divisions are represented on the team? Select all that apply:		
<input type="checkbox"/> Student affairs and/or residence life	<input type="checkbox"/> Public safety	
<input type="checkbox"/> Judicial affairs	<input type="checkbox"/> Academic affairs	
<input type="checkbox"/> Student health/mental health	<input type="checkbox"/> None	

6. Camps and Child Care for Minors		
Which of the following topics are addressed in training for employees, volunteers, and other persons who have regular access to children? Select all that apply:		
<input type="checkbox"/> Warning signs of sexual abuse of children	<input type="checkbox"/> Obligation to report suspected conduct violations involving children	
<input type="checkbox"/> Boundaries and healthy relationships with children	<input type="checkbox"/> Obligation to report suspected abuse of children	
<input type="checkbox"/> Codes of conduct when working with or supervising children	<input type="checkbox"/> None	
Are criminal or child abuse background checks performed on all teachers, faculty, counselors, staff and volunteers who have regular contact with children?	Yes <input type="checkbox"/>	No* <input type="checkbox"/>
*If "no," explain why:		
Are any camps, recreational programs, sports programs, or similar programs owned, operated, or controlled by the institution?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "yes," indicate the average annual number of children who are not students but who participate in any camp, recreational program, sports program, or similar program owned operated or controlled by the institution: _____		
If your institution sponsors or operates child care, camps, or other children's programs, which of the following are required? Select all that apply:		
<input type="checkbox"/> Parental signatures on waiver or release forms	<input type="checkbox"/> Training for all staff and volunteers on how to report suspected child abuse or sexual misconduct	
<input type="checkbox"/> Child abuse prevention training for all staff and volunteers	<input type="checkbox"/> None	

6. Camps and Child Care for Minors (Continued)	
For camps or other children programs operated by third parties at your institution, which of the following are required? Select all that apply:	
<input type="checkbox"/> Certificate of the camp operator's general liability insurance of at least \$1,000,000 in limits	<input type="checkbox"/> A contract including standard indemnification provisions, with exceptions approved only by legal counsel, VP finance/administration or risk/business manager?
<input type="checkbox"/> Confirmation that the third party has \$1,000,000 in sexual molestation liability coverage	<input type="checkbox"/> None
<input type="checkbox"/> The naming of your institution as an additional insured on all liability policies	

7. Campus Housing		
Indicate the total number of students in housing owned, operated, controlled, leased or managed by the educational institution: _____		
Does your institution own or operate any student housing seven stories or higher?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "yes," are all such high-rise buildings fully sprinklered (100% all dorm rooms/common areas)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

8. Contracts/Risk Transfer	Yes	No
Does your institution have procedures to ensure contract review and signature by appropriate campus officials?	<input type="checkbox"/>	<input type="checkbox"/>
Which of the following are addressed in your contracting policies? Select all that apply:		
<input type="checkbox"/> Minimum insurance requirements	<input type="checkbox"/> "Additional insured" endorsements	
<input type="checkbox"/> Proper signatory authority	<input type="checkbox"/> None	
<input type="checkbox"/> Certificates of insurance		

9. Foreign Fixed-Base Operation	Yes*	No
Does the educational institution maintain, alone or in partnership with another organization, any fixed-based campus or other site (whether owned or leased) outside of the USA?	<input type="checkbox"/>	<input type="checkbox"/>
*If "yes," please provide the following:		
List each location with the number of participating students:		
Specify each carrier that provides foreign general liability coverage with the limits of insurance:		

10. International Travel	Yes	No
Does the educational institution sponsor any foreign travel?	<input type="checkbox"/>	<input type="checkbox"/>
If so, do you require all study abroad participants, including legal guardians for minors, to execute an appropriate waiver of liability prior to departure?	<input type="checkbox"/>	<input type="checkbox"/>
If so, do you have an emergency response and evacuation plan for each location where sponsored travel occurs?	<input type="checkbox"/>	<input type="checkbox"/>

11. Medical/Counseling		Yes*	No
Does the educational institution maintain a campus infirmary, clinic or counseling center to primarily serve the physical and mental health, and/or sports medicine needs of its students and employees?		<input type="checkbox"/>	<input type="checkbox"/>
*If "yes," please provide the following:			
Number of employed or volunteer physicians:			
Number of contracted physicians:			
Number of employed psychologists, counselors, nurses, physician assistants, athletic trainers, pharmacists, or other similar allied health personnel (non-physicians):			
Number of contracted psychologists, counselors, nurses, physician assistants, athletic trainers, pharmacists, or other similar allied health personnel (non-physicians):			
Which of the following are contracted allied health workers required to provide? Select all that apply:			
<input type="checkbox"/> Evidence of current applicable license(s)	<input type="checkbox"/> A written agreement that indemnifies the institution	<input type="checkbox"/> Evidence of current professional liability insurance	
*If "yes," please provide the following:			
Estimate the annual number of patient visits:			
Indicate the approximate percentage of annual visits by patients who are NOT students/employees/faculty of the educational institution (such as the general public)?			
Does the facility provide beds for overnight stays? <input type="checkbox"/> Yes <input type="checkbox"/> No			

12. Pools		Yes*	No
Does the educational institution own or operate any swimming pool?		<input type="checkbox"/>	<input type="checkbox"/>
*If "yes," which of the following safety measures are in place? Select all that apply:			
<input type="checkbox"/> Cameras or other electronic monitoring systems that are regularly monitored	<input type="checkbox"/> Staffing by lifeguards while pool is open	<input type="checkbox"/> None	

13. Premises Maintenance and Repairs	
For which campus locations does your institution periodically review maintenance and incident reports? Select the best answer:	
<input type="checkbox"/> All campus buildings and facilities	<input type="checkbox"/> Only those locations where there have been injuries or problems
<input type="checkbox"/> Some campus buildings and facilities	<input type="checkbox"/> None
Does your institution have any owned or leased parking lots? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
*If "yes," indicate any of the following measures regularly conducted. Select all that apply:	For all outdoor areas of campus, indicate any of the following conditions for which your institution regularly conducts documented inspections and remediations. Select all that apply:
<input type="checkbox"/> Inspection	<input type="checkbox"/> Snow, ice, or precipitation
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Defective conditions
<input type="checkbox"/> None	<input type="checkbox"/> None

14. Risk Management Operations	
For which of the following types of crises does your institution have written emergency procedures? Select all that apply:	
<input type="checkbox"/> Medical emergencies	<input type="checkbox"/> Campus violence
<input type="checkbox"/> Weather events/natural disasters	<input type="checkbox"/> None
Has your institution conducted a test of its crisis management plan in the past 12 months? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
*If "yes," how often is your institution's crisis management plan reviewed and updated? Select one answer:	
<input type="checkbox"/> Annually or more frequently	<input type="checkbox"/> Every two years or less frequently
Is there is a Safety/Risk Management Committee? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
*If "yes," indicate how often the committee meets per year: <input type="checkbox"/> Less than 4 times <input type="checkbox"/> 4 or more times	

15. Watercraft	Yes*	No
Does the educational institution have owned/operated surface watercraft over 50 feet in length?	<input type="checkbox"/>	<input type="checkbox"/>
If "yes," does the educational institution request coverage for any of these watercraft? <input type="checkbox"/> Yes <input type="checkbox"/> No*		
Watercraft name:		
Length of vessel:		
Type of watercraft:		
Purpose of use:		
Number of days used per year:		
Total number of passengers permitted:		
Furthest travel from home port:		
Other information:		

B. Anti-Bullying

(Complete only for a K-12 school.)

Anti-bullying	
Which of the following components are included in your school's anti-bullying policy? Select all that apply:	
<input type="checkbox"/> Definition of bullying or related term	<input type="checkbox"/> Potential penalties of bullying
<input type="checkbox"/> Examples of bullying behavior, including cyber-bullying	<input type="checkbox"/> None
<input type="checkbox"/> Reporting mechanisms and response procedures	
Which of the following measures does your school take against bullying? Select all that apply:	
<input type="checkbox"/> Educate students on bullying and how to respond and report it	<input type="checkbox"/> Monitor bullying "hot spots" such as hallways, bathrooms, and school buses
<input type="checkbox"/> Train teachers how to respond to bullying incidents	<input type="checkbox"/> None
<input type="checkbox"/> Investigate incident reports consistently	

Appendix (Additional Information)

Affiliates and Subsidiaries

Please use one table per additional affiliate or subsidiary.

Provide the affiliate or subsidiary name for which the educational institution requests coverage.		
Describe the purpose and operations of the affiliate/subsidiary below:		
<input type="checkbox"/> For-profit <input type="checkbox"/> Not-for-profit	Year established/acquired: _____	Annual budget: \$ _____

Provide the affiliate or subsidiary name for which the educational institution requests coverage.		
Describe the purpose and operations of the affiliate/subsidiary below:		
<input type="checkbox"/> For-profit <input type="checkbox"/> Not-for-profit	Year established/acquired: _____	Annual budget: \$ _____

Provide the affiliate or subsidiary name for which the educational institution requests coverage.		
Describe the purpose and operations of the affiliate/subsidiary below:		
<input type="checkbox"/> For-profit <input type="checkbox"/> Not-for-profit	Year established/acquired: _____	Annual budget: \$ _____

Provide the affiliate or subsidiary name for which the educational institution requests coverage.		
Describe the purpose and operations of the affiliate/subsidiary below:		
<input type="checkbox"/> For-profit <input type="checkbox"/> Not-for-profit	Year established/acquired: _____	Annual budget: \$ _____

Appendix (Additional Information)

Underlying Coverage

Please use one table per additional underlying coverage.

Provide the following information for each non-UE underlying policy.		
Indicate underlying policy coverage:		
<input type="checkbox"/> CGL	<input type="checkbox"/> Foreign Liability	<input type="checkbox"/> Other
<input type="checkbox"/> Employers Liability	<input type="checkbox"/> Media Professional	If other, please describe: _____
Policy number:	Policy Period (end date):	
Aggregate Limit:	Indicate underlying policy form type:	
Policy Period (beginning date):	<input type="checkbox"/> Claims-made	
	<input type="checkbox"/> Occurrence	

Provide the following information for each non-UE underlying policy.		
Indicate underlying policy coverage:		
<input type="checkbox"/> CGL	<input type="checkbox"/> Foreign Liability	<input type="checkbox"/> Other
<input type="checkbox"/> Employers Liability	<input type="checkbox"/> Media Professional	If other, please describe: _____
Policy number:	Policy Period (end date):	
Aggregate Limit:	Indicate underlying policy form type:	
Policy Period (beginning date):	<input type="checkbox"/> Claims-made	
	<input type="checkbox"/> Occurrence	

Provide the following information for each non-UE underlying policy.		
Indicate underlying policy coverage:		
<input type="checkbox"/> CGL	<input type="checkbox"/> Foreign Liability	<input type="checkbox"/> Other
<input type="checkbox"/> Employers Liability	<input type="checkbox"/> Media Professional	If other, please describe: _____
Policy number:	Policy Period (end date):	
Aggregate Limit:	Indicate underlying policy form type:	
Policy Period (beginning date):	<input type="checkbox"/> Claims-made	
	<input type="checkbox"/> Occurrence	

Appendix (Additional Information)

Academic Program Accreditation

Please use one table per additional program accreditation coverage.

Do any degree programs have an accreditation status of any of the following?	
<input type="checkbox"/> Seeking initial accreditation (new or existing program)	<input type="checkbox"/> Involuntary withdrawal of accreditation
<input type="checkbox"/> Accreditation continued with follow-up report requested	<input type="checkbox"/> Voluntary withdrawal of accreditation
<input type="checkbox"/> Warning or similar status	<input type="checkbox"/> Denial of accreditation
<input type="checkbox"/> Probation in any form	<input type="checkbox"/> Appeal
<input type="checkbox"/> Show cause or similar status	

If any selected, please indicate:		
Description of degree program	Accrediting body	Date of most recent review

If any selected, please indicate:		
Description of degree program	Accrediting body	Date of most recent review

If any selected, please indicate:		
Description of degree program	Accrediting body	Date of most recent review

If any selected, please indicate:		
Description of degree program	Accrediting body	Date of most recent review

If any selected, please indicate:		
Description of degree program	Accrediting body	Date of most recent review

Appendix (Additional Information)

Program Changes

Please use one table per additional program change.

Program Changes - Past 12 Months		Yes*	No
Have any degree or certification programs been created or eliminated in the past year?		<input type="checkbox"/>	<input type="checkbox"/>
*If "yes" please provide the following information for each program. (See Appendix for additional program change tables.)			
Name of degree or certificate program		Please select one	
		<input type="checkbox"/> Created <input type="checkbox"/> Eliminated	
If "eliminated," what provisions are being made for enrolled students to complete the degree? (i.e. close program to new enrollees and allow remaining students to complete, transfer to another institution, etc.)			
Estimated or actual date of change	Explain why change was made	Indicate the number of students enrolled or affected	Indicate the number of faculty and/or staff added or affected

3. Program Changes - Next 12 Months		Yes*	No
Is the institution considering creating or eliminating any degree or certification programs within the next 12 months?		<input type="checkbox"/>	<input type="checkbox"/>
*If "yes" please provide the following information for each program. (See Appendix for additional program change tables.)			
Name and description of degree or certificate program		Please select one	
		<input type="checkbox"/> Create <input type="checkbox"/> Eliminate	
If "eliminated," what provisions are being made for enrolled students to complete the degree? (i.e. close program to new enrollees and allow remaining students to complete, transfer to another institution, etc.)			
Estimated or planned date of change	Explain why change is being considered or planned	Indicate the number of students enrolled or affected	Indicate the number of faculty and/or staff added or affected