

Educators Legal Liability

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.

INSTRUCTIONS

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 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. 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 educators legal 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)

Educators Legal Liability

Coverage Requested

Coverage Type	Limits Desired ELL (to \$40 million) FDL (up to \$10 million)	Self-Insured Retention/ Deductible Desired	Effective Date
Educators Legal Liability (ELL)			
Fiduciary Liability* (EBL/ERISA)			

*There is no need to complete a separate application for fiduciary liability coverage if this line is completed. Please complete the supplemental application on page 12.

General Information

Type of Institution/IRS Tax Status			
<input type="checkbox"/> Independent school	<input type="checkbox"/> Community/technical college	<input type="checkbox"/> Museum/cultural institution	
<input type="checkbox"/> Private college/university	<input type="checkbox"/> Association (see below)	<input type="checkbox"/> Other (see below)	
<input type="checkbox"/> Public college/university	<input type="checkbox"/> Foundation		
<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Public entity	<input type="checkbox"/> Other (describe): _____	
If "association," do you provide accrediting services? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If "other," copies of the following must be provided to process application (check if provided with this submission):			
<input type="checkbox"/> Articles of incorporation	<input type="checkbox"/> Corporate bylaws	<input type="checkbox"/> Web address	
Current Coverage			
Policy Type (check all that apply): <input type="checkbox"/> D&O <input type="checkbox"/> EPLI <input type="checkbox"/> ELL		Name of Insurer:	
Expiration Date:		Limit of Liability:	
Self-Insured Retention (Entity):		Annual Premium:	
Has any similar insurance been declined, canceled, or non-renewed in the past six years? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If "Yes," please explain: _____			
Commercial Activities			
Does the educational institution or any affiliate:	Yes	No	Annual Expenditures
Develop, manufacture, or sell products or services for commercial use?	<input type="checkbox"/>	<input type="checkbox"/>	\$
License any patent for commercial use?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Own or manage any for-profit commercial operations?	<input type="checkbox"/>	<input type="checkbox"/>	\$
If "Yes," please explain: _____			

Loss History and Claims Information		
In the past six years has there been any:	Yes	No
Suit alleging a wrongful act against any insured?	<input type="checkbox"/>	<input type="checkbox"/>
Claim regarding hiring, remuneration, promotion, or termination of an employee?	<input type="checkbox"/>	<input type="checkbox"/>
EEOC (or equivalent) complaint, inquiry, or investigation?	<input type="checkbox"/>	<input type="checkbox"/>
Allegation against directors, trustees, or officers?	<input type="checkbox"/>	<input type="checkbox"/>
Allegation of educational malpractice, including failure to educate or supervise, or negligent academic counseling?	<input type="checkbox"/>	<input type="checkbox"/>
Allegation of libel, slander, invasion of privacy, or humiliation?	<input type="checkbox"/>	<input type="checkbox"/>
Allegation of intellectual property violations, such as patent or copyright infringement or misappropriation of ideas?	<input type="checkbox"/>	<input type="checkbox"/>
Claim alleging wrongful acts that resulted in payment of defense expense, settlements, or judgments?	<input type="checkbox"/>	<input type="checkbox"/>
Notice given to an insurer of any claim or potential claim under any similar policy of insurance?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If "Yes," to any of the above questions, please attach full claims information with your loss runs.</i>		

I. General Exposure Information

A. Students and Faculty

Student Enrollment Data		
Student Type	Undergraduate	Graduate
Full-time		
Part-time		
Fall FTE		
Online/distance learners only (percent of fall FTE)		%

Faculty Count	
Employment Status	Number
Full-time	
Part-time	
Adjunct	
Faculty FTE	
Percent tenured	%
Percent on tenure track	%

B. Acquisitions/Mergers/New Entities/Closures

Current or Planned Activity	Yes*	No
Have there been any acquisitions, mergers, or new entities created in the past year, or are any planned within the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
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 acquisition, merger, new entity, or closure:

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

II. Program/Staff Changes

A. Academic Programs

Current or Planned Activity	Yes*	No
Have any degree or certification programs been created or eliminated in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
Are any such changes under consideration or planned within the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

*If “Yes,” please describe the changes for each degree or certification program:

Degree or certificate program name	Indicate “created” or “eliminated”	Estimated or actual date of change	Explain: <ul style="list-style-type: none"> • Why change is being made • The phase-out process for programs being eliminated (i.e., close program to new enrollees and allow current students to transfer to another institution) 	Number of students enrolled or affected	Number of faculty and/or staff added or affected

B. Administration and Staff

Key Personnel			
Position	Year Appointed	Has resignation or departure been announced?	
President		<input type="checkbox"/> Yes	<input type="checkbox"/> No
VP of Finance/Administration		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chief Academic Officer		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Reductions in Force		
Past or Planned Activity at the educational institution	Yes*	No
Have there been any reductions in workforce during the past year?	<input type="checkbox"/>	<input type="checkbox"/>
Are any reductions in workforce under consideration or planned within the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

*If “Yes,” please describe for 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		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"/>

III. External Reviews

A. Institution

Within the last year and with respect to the educational institution:

1. Regional accreditation by: _____
2. Has any accrediting body threatened or taken probationary action against the educational institution?
Yes No

If "Yes," please describe:

Accrediting body	Date of threatened or taken action	Describe the action	Explain why the action is being threatened or taken	Explain the institution's response to the action

B. Degree Programs

Within the last year, has any degree program:	Yes*	No
Sought accreditation	<input type="checkbox"/>	<input type="checkbox"/>
Lost accreditation	<input type="checkbox"/>	<input type="checkbox"/>
Been unable to obtain accreditation	<input type="checkbox"/>	<input type="checkbox"/>
Become provisionally accredited	<input type="checkbox"/>	<input type="checkbox"/>
Been placed on probationary status by an accrediting agency	<input type="checkbox"/>	<input type="checkbox"/>

*If "Yes," please describe:

Program affected	Date of action	Current accreditation status	Describe action threatened/taken and why	Describe the educational institution's response to the action

IV. Positions/Committees

A. Positions

1. Please indicate the job title of the individual who is responsible for managing the educational institution's human resources: _____
 - a. Indicate the job title of the individual to whom the individual specified in the question above reports:

2. Are in-house legal counsel employed at your educational institution? Yes No
 - a. If "Yes," how many are employed? _____

B. Committees

1. Does the educational institution have a student discipline committee? Yes No

If "Yes," please complete the following:

- a. The date on which the educational institution's student discipline policies and procedures were last reviewed:

- b. The percentage of students on the committee: _____%

- c. The percentage of faculty/administrators on the committee: _____%

- c. How this committee is trained on the educational institution's student discipline policies and procedures (check only one):

1. Annual training for all committee members

2. Only new committee members trained upon appointment

3. Other (please describe): _____

4. No training performed (please explain why):

2. Does the educational institution offer tenure? Yes No

If "Yes," please complete the following:

- a. Does the educational institution conduct annual training on its tenure policies and procedures for all committees that make final tenure recommendations to the chief academic officer (e.g. promotion and tenure committees)?

Yes No

- b. If there is no annual training of such committees, please explain why:

V. Employment Policies/Procedures/Training

A. Policies and Procedures

1. Does the educational institution have written policies prohibiting:

a. Employment discrimination Yes No

b. All types of unlawful employment harassment Yes No

If "No" to either of the above, please explain why:

If the educational institution only has a written policy for employment sexual harassment and not all types of unlawful employment harassment, please check here:

2. Does the educational institution disseminate to *all employees*, its policies prohibiting employment discrimination and unlawful employment harassment at least once a year? Yes No

If “No,” please explain why:

If “Yes,” and for all policies noted in V.A.1. above, please indicate the dates of the last dissemination:

- a. Employment discrimination on _____ (date)
- b. Unlawful employment harassment on _____ (date)
1. If item b above only applies to employment sexual harassment and not all types of unlawful sexual harassment, please check here:
- c. Does your educational institution track and retain records of employee receipt of the disseminated policies? Yes No

If “Yes,” describe how your institution tracks employee receipt of the disseminated policies and retains records of such receipt:

If “Yes,” and for all policies noted in V.A.1. above, please indicate how the educational institution’s policies are disseminated to all employees (check all that apply):

- a. Hard-copy distributed
- b. Email copy of policies or web link for policies
- c. Other (describe):

B. Training

1. Please indicate whether the educational institution retains records indicating which employees have attended the following types of training:

- a. Employment discrimination Yes No
- b. Unlawful employment harassment Yes No
1. If item b applies only to employment sexual harassment and not all types of unlawful sexual harassment, please check here:
2. If “No,” to “a” or “b” above, please explain why:

2. Please indicate if the educational institution has a policy to train all new employees on:

a. Employment discrimination Yes No

b. Unlawful employment harassment Yes No

1. If item b applies only to sexual harassment and not all types of unlawful harassment, please check here:

2. If “No,” to a or b above, please explain why:

3. For each group of employees, indicate the approximate percentage who participated in each type of employment training *during the last three years*:

Group	Percentage of employees participating in:
Faculty	a. _____% employment discrimination training b. _____% employment harassment training If item b only applies to sexual harassment training, not all unlawful employment harassment, please check here: <input type="checkbox"/>
Managers and supervisors	a. _____% employment discrimination training b. _____% employment harassment training If item b only applies to sexual harassment training, not all unlawful employment harassment, please check here: <input type="checkbox"/>
All other employees (other than faculty, managers, and supervisors)	a. _____% employment discrimination training b. _____% employment harassment training If item b only applies to sexual harassment training, not all unlawful employment harassment, please check here: <input type="checkbox"/>

(Continued >>)

VI. Affiliated Entities

Please attach a complete list of subsidiaries and affiliates. Check here if attached:

Affiliates and Subsidiaries

Do you desire coverage for any affiliates or related institutions? Yes No

If "Yes," please complete the Entity schedule below for each affiliate.

- All **for-profit** affiliates must be scheduled for coverage to apply.
- **Non-profit** affiliates not included in the attached audited financial statement must be scheduled for coverage to apply.

Entity Schedule

Please submit this schedule for all entities. Use the additional entity schedules on the following page if needed.

Name of entity:

Description of entity (purpose, nature of operations, control, whether goods/services are sold, etc.):

For-profit Non-profit

Year established/acquired:

Annual budget:

\$ _____

Educational institution's percent of ownership or control over this affiliate: _____%

Do any of the educational institutions trustees serve on this affiliate's board? Yes No

If "Yes," state the number of trustees on its board: _____

Is a financial statement for this affiliate attached to this application? Yes No

Is this a medical facility? Yes No

If "Yes," please indicate the number of: Physicians: _____ Allied health personnel: _____

Physicians who are educational institution faculty members: _____

(Additional entities continued on the next page)

Entity Schedule		
Please Check: New entity requested to be scheduled. <input type="checkbox"/>		
Name of Entity:		
Description of Entity (purpose, nature of operations, control, whether goods/services are sold, etc.):		
<input type="checkbox"/> For-profit <input type="checkbox"/> Non-profit	Year established/acquired: _____	Annual budget: \$ _____
Educational institution's percent of ownership or control over this affiliate: _____%		
Do any of the educational institutions trustees serve on this affiliate's board? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," state the number of trustees on its board: _____		
Is a financial statement for this affiliate attached to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this a medical facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," please indicate the number of: Physicians: _____ Allied Health Personnel: _____		
Physicians who are educational institution faculty members: _____		

Entity Schedule		
Please Check: New entity requested to be scheduled. <input type="checkbox"/>		
Name of Entity:		
Description of Entity (purpose, nature of operations, control, whether goods/services are sold, etc.):		
<input type="checkbox"/> For-profit <input type="checkbox"/> Non-profit	Year established/acquired: _____	Annual budget: \$ _____
Educational institution's percent of ownership or control over this affiliate: _____%		
Do any of the educational institutions trustees serve on this affiliate's board? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," state the number of trustees on its board: _____		
Is a financial statement for this affiliate attached to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this a medical facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," please indicate the number of: Physicians: _____ Allied Health Personnel: _____		
Physicians who are educational institution faculty members: _____		

STOP HERE UNLESS YOU SEEK AN OPTIONAL QUOTATION FOR FIDUCIARY LIABILITY
ERISA/EMPLOYEE BENEFITS COVERAGE (Continued on next page)

Supplemental Application Fiduciary Liability (ERISA) Coverage

A. Employee Benefits Program Information (Complete only if requesting Fiduciary Liability Coverage.)		
<i>Subject to underwriting requirements, United Educators can provide coverage for errors and omissions in the administration of benefit programs and liability arising out of a violation of the Employee Retirement Income Security Act of 1973 (ERISA). Please provide the information requested below if you would like a quote for this option.</i>		
1. Did you in the past two years, or do you plan to in the next year, terminate or add any benefit plan or substantially modify or reduce benefit plans?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you:		
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 <input type="checkbox"/>	No <input type="checkbox"/>
b. Maintain any "defined benefit" retirement plans?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Maintain, operate, or control any pension trust?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. 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 <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you currently have:		
a. Employee Benefits "administrative error" coverage in your primary CGL policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. An ERISA policy (If "Yes," provide name of insurer, limit, retention, and premium)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. In the last six years, has any:		
a. Claim involving benefits been made (or is any claim pending) against any person, benefit plan, or institution proposed to be covered by this policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Loss of payment been made under any prior or current employee benefit, fiduciary liability, or similar insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Prospective insured given written notice to any prior or current insurer of specific facts or circumstances that might give rise to a claim against any insured (as defined by the ELL policy)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Has any person responsible for any benefit plan proposed for this coverage been:		
a. Accused, found guilty, or held liable for breach of trust?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Refused coverage under a fidelity bond?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Found guilty of criminal complaint?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Are all benefit plan premium payments and or contributions current?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If "Yes" to any of questions 1 through 6 above, or if "No" to question 7 above, please explain.</i>		
8. Please provide the number of full-time (only) employees:		

Each benefit program for which you are requesting coverage must be scheduled below.

ERISA/Employee Benefits Option—Schedule of Benefit Programs				
Benefit plan name:			Year plan established:	
Description of plan (type of plan, eligibility to participate, method of funding):				
Form 5500 filed?		If “Yes,” check here <input type="checkbox"/> if copy of 5500 is attached to application		
Yes <input type="checkbox"/> No <input type="checkbox"/>				
Who administers this benefit plan?				
		<input type="checkbox"/> Educational entity	<input type="checkbox"/> Insurance company	
		<input type="checkbox"/> Bank/trust company	<input type="checkbox"/> Other third-party administrator (Name: _____)	
If benefit plan is administered by the educational institution:				
Is plan unfunded (i.e., treated as an operation expense)?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Is plan funded (reserve fund, restricted account, self-insurance fund, trust)?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If benefit plan is administered by the educational institution, please complete the following schedule for the last three years:				
Year	Number of Participants	If Unfunded, Annual Amount Expended (\$)	If Funded, Annual Contributions or Transfers (\$)	If Funded, Total Plan Assets (\$)

ERISA/Employee Benefits Option—Schedule of Benefit Programs				
Benefit plan name:			Year plan established:	
Description of plan (type of plan, eligibility to participate, method of funding):				
Who administers this benefit plan?				
		<input type="checkbox"/> Educational entity	<input type="checkbox"/> Insurance company	
		<input type="checkbox"/> Bank/trust company	<input type="checkbox"/> Other third-party administrator (Name: _____)	
If Benefit Plan is administered by the educational institution:				
Is plan unfunded (i.e., treated as an operation expense)?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Is plan funded (reserve fund, restricted account, self-insurance fund, trust)?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If benefit plan is administered by the educational institution, please complete the following schedule for the last three years:				
Year	Number of Participants	If Unfunded, Annual Amount Expended (\$)	If Funded, Annual Contributions or Transfers (\$)	If Funded, Total Plan Assets (\$)