

General Liability

New Business Application: Primary, Buffer, Excess, Umbrella

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 General 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)

I. GENERAL LIABILITY COVERAGE

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	<input type="checkbox"/> Other
<input type="checkbox"/> Public college/university	<input type="checkbox"/> Foundation	
<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> For-profit entity	Website: _____

Coverage Requested	
<input type="checkbox"/> Primary General Liability (CGL)	<p>\$1,000,000 per occurrence/\$3,000,000 aggregate, various deductible options. Deductible requested _____</p> <p><input type="checkbox"/> Check here if EBL coverage is requested (EBL retro date) _____ Required attachment—detailed six-year insurance carrier general liability loss run.</p>
<input type="checkbox"/> Buffer Liability (BLX)	<p>Excess coverage over a funded self-insurance program, insurance trust or captive; typically \$750,000 xs \$250,000 or \$900,000 xs \$100,000 per occurrence; can include auto liability; SIR's range from \$100,000 to \$500,000.</p> <p>Self-insured retention requested _____</p> <p><input type="checkbox"/> Check here if EBL coverage is requested (EBL retro date) _____</p> <p><input type="checkbox"/> Check here if auto liability is requested</p> <p><input type="checkbox"/> Check here if aggregate stop loss is requested</p> <p><input type="checkbox"/> Required attachments—detailed six-year insurance carrier general liability loss run (include auto loss runs if auto liability coverage is requested)</p> <p><input type="checkbox"/> Required attachments—statement describing existing or proposed funding mechanism for SIR (include how funded, reserve provision, actuarial opinion); and description of proposed claims-handling (TPA, scope, personnel, experience)</p>

Current Coverage	
Policy Type:	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: _____	

I. GENERAL LIABILITY COVERAGE (Continued)

Excess/Umbrella Coverage Requested	
<input type="checkbox"/> Excess Liability (GLX)	<p>Limits to \$40,000,000 per occurrence xs of \$1,000,000 per occurrence; can be excess of other insurance or a funded self-insurance program, insurance trust or captive.</p> <p>Self-insured retention requested _____</p> <p>Limit of liability requested _____</p> <p><input type="checkbox"/> Check here if EBL coverage is requested (EBL retro date) _____</p> <p><input type="checkbox"/> Required attachment—detailed six-year insurance carrier general liability and auto liability loss runs</p> <p><input type="checkbox"/> Required attachments if over a funded self-insurance program or trust—statement describing existing or proposed funding mechanism for SIR (include how funded, reserve provision, actuarial opinion); and description of proposed claims-handling (TPA, scope, personnel, experience)</p>
<input type="checkbox"/> Umbrella Liability (GLU)	<p>Limits up to \$40,000,000 per occurrence and aggregate; requires scheduling of underlying policies.</p> <p>Drop-down deductible requested _____</p> <p>Limit of liability requested _____</p> <p><input type="checkbox"/> Required attachment—detailed six-year insurance carrier general liability and auto liability loss run Required attachment—schedule of underlying policies (including limits and policy periods)</p> <p><input type="checkbox"/> Required attachment—attach copy of current underlying policies' declarations/endorsements (N/A for UE CGL, WC or Auto)</p>

Current Coverage	
Policy Type:	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: _____	

II. PREMISES LIABILITY

Campus Housing						
Indicate the total number of students in housing owned, operated, controlled, leased from, or managed by the educational institution (including graduate student apartments, fraternity/sorority houses, leased facilities): _____						
Indicate the total number of faculty or other employees in housing owned, controlled, leased or managed by the educational institution: _____						
Does the educational institution own, control, lease, or manage any inn, hotel, conference center, or guesthouse?					Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," what is the maximum occupancy of the guest rooms? _____						
Are smoke detectors located in all campus housing for students, employees, and guests?					Yes <input type="checkbox"/>	No* <input type="checkbox"/>
*If "No," explain why:						
Indicate the approximate number of times per year the educational institution:						
Practices full evacuation fire drills at all campus housing _____						
Conducts safety inspections of all campus housing, including fire extinguishers and smoke detectors _____						
Does your institution have any housing facilities 7 stories or higher?					Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," complete the chart below for all housing facilities 7 stories or higher (including dorms, inns, hotels and conference centers):						
(1) Construction type: F=frame, JM=joisted masonry, NC=non-combustible, MFR=modified fire resistive, FR=fire resistive						
(2) Type of smoke detector: HW=hard-wired, B=battery-operated only, N=none						
(3) Type of central station fire alarm system: CSSD=central station triggered by smoke detectors, CS=central station not triggered by smoke detectors, N=none						
(4) Type of standpipes: S=standpipes, SI=standpipes with intermediary pumps, N=none						
Name of Building:	Construction type:	Number of floors:	Percentage of building sprinklered:	Type of smoke detector:	Type of central station fire alarm system:	Type of standpipes:

II. PREMISES LIABILITY (Continued)

Campus Housing (Continued)		
If any of the buildings that are 7 stories or higher are less than 100% sprinklered (column 4), does the educational institution have any plans to retrofit sprinkler systems to make all buildings 7 stories or higher 100% sprinklered?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," describe timetable to completion:		
If any of these buildings 7 stories or higher are outfitted with only battery-operated smoke detectors, (column 5), does the educational institution have any plans to upgrade them to hard-wired?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," describe timetable to completion:		
Use this section to elaborate on any of the questions on <i>Campus Housing</i> .		

Premises Maintenance and Repairs		
Indicate the educational institution's frequency of routine physical inspections and repair/removal of hazards for:		
Sidewalks/walkways	<input type="checkbox"/> No routine inspections/repair/removal of hazards <input type="checkbox"/> At least monthly <input type="checkbox"/> At least quarterly <input type="checkbox"/> At least semi-annually <input type="checkbox"/> Other (describe): _____	
Parking lots/structures	<input type="checkbox"/> No routine inspections/repair/removal of hazards <input type="checkbox"/> At least monthly <input type="checkbox"/> At least quarterly <input type="checkbox"/> At least semi-annually <input type="checkbox"/> Other (describe): _____	
Does the educational institution have a written policy that states how quickly snow and ice will be removed from outdoor surfaces, such as sidewalks, stairways, walkways, parking lots?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Check here if the educational institution does not normally get snow or ice		
Use this section to elaborate on any of the questions on <i>Premises Maintenance and Repairs</i> .		

II. PREMISES LIABILITY (Continued)

Campus Security		
Indicate the number of personnel providing security services.		
	Employed	Contracted
Armed Security		
Unarmed Security		
Indicate approximate amount of total acreage of the main campus: _____		
If a campus security force exists, indicate whether:		
Security has power of arrest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A mutual aid agreement exists with local city or county police?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Criminal background checks and psychological reviews are provided for all employed security?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," indicate the frequency, in months, how often these checks and reviews are conducted: Every _____ months.		
If contracted security is used, is the contractor's general liability/police professional liability policy required to name the educational institution as an additional insured, maintain a minimum limit of liability coverage and indemnify the educational institution?	Yes* <input type="checkbox"/>	No* <input type="checkbox"/>
*If "Yes," indicate the minimum limit of liability of general/police professional coverage your institution requires: _____		
*If "No," explain why:		
If there are employed, armed security staff, are they trained and/or re-certified for use of weapons at least annually?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other than for open-perimeter student housing (such as garden-style apartments or dormitories), indicate the approximate percentage of the student housing buildings that:		
Require key card or security code access for entry: _____		
Require visitor sign-in and passes (upon proof of photo ID): _____		
Have other means to control access to the building (describe):		
Does the educational institution provide after-hours security escort service for students?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use this section to elaborate on any of the questions on <i>Campus Security</i> .		

II. PREMISES LIABILITY (Continued)

Bodies of Water	
Describe each body of water located on or adjacent to any campus locations. (Enter "n/a" if none exist.)	Please describe any educational activity for which the body of water is used.

Pools		
Indicate the number of pools (with no diving) _____		
Indicate the number of pools with diving boards/platforms _____		
	Yes*	No*
If pools exist, are diving blocks used?	<input type="checkbox"/>	<input type="checkbox"/>
*If "Yes," are blocks removed and stored when not in use for team practice or competition, or if permanently mounted, are the blocks coned off or roped off?	<input type="checkbox"/>	<input type="checkbox"/>
*If "No," explain why:		
	Yes	No*
If pools exist, indicate if:		
Certified lifeguards are required to be present on the pool deck during all operational hours.	<input type="checkbox"/>	<input type="checkbox"/>
Lifeguards are required to use raised lifeguard chairs.	<input type="checkbox"/>	<input type="checkbox"/>
Lifeguards are prohibited from performing other activities while on lifeguard duty (i.e. homework, checking in patrons, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
*If "No," for any of the above, explain why:		

II. PREMISES LIABILITY (Continued)

Watercraft			
Indicate the number of educational institution owned/operated, surface watercraft under 50 feet in length, including any wind or human powered craft: _____			
If owned/operated surface watercraft exist, indicate who has access. Select all that apply.	<input type="checkbox"/> Athletic teams <input type="checkbox"/> General student body <input type="checkbox"/> Academic departments <input type="checkbox"/> Clubs/organizations <input type="checkbox"/> Fee for service renters <input type="checkbox"/> Other (describe): _____		
If the educational institution has owned/operated watercraft, for which of the following are there written watercraft policies? Select all that apply.	<input type="checkbox"/> Limiting access to daylight hours <input type="checkbox"/> Check-out procedures, with eligibility criteria to be verified before release <input type="checkbox"/> Signed informed consent, waiver and release forms <input type="checkbox"/> Signed equipment inspection checklist <input type="checkbox"/> Coast Guard-approved life jackets (other than for rowing and sculling) <input type="checkbox"/> Other (describe): _____		
Does the educational institution desire to schedule coverage for owned/operated surface watercraft that are more than 50 feet in length?			Yes* <input type="checkbox"/> No <input type="checkbox"/>
*If "Yes," please describe any owner/operated surface watercraft over 50 feet in length for which the educational institution desires to schedule coverage.			
Watercraft name	Length of vessel	Type of watercraft (i.e. sailboat, research vessel, etc.)	Description of use (purpose, by whom, number of days per year, total number of passengers, furthest travel from home port, etc.)

II. PREMISES LIABILITY (Continued)

Alcohol		
List the total annual alcohol sales from all facilities under the ownership or control of the educational institution, which sells or serves alcoholic beverages (athletic facility, inn, tavern, faculty club, restaurant, pub, etc.): _____		
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 fraternities, sororities or other student organizations?	<input type="checkbox"/>	<input type="checkbox"/>
Off-campus parties or events by any fraternities, sororities or other student organizations?	<input type="checkbox"/>	<input type="checkbox"/>
Athletic events?	<input type="checkbox"/>	<input type="checkbox"/>
Does the educational institution have written policies that:		
Establish standards of conduct and disciplinary procedures concerning alcohol?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," who (title or committee) handles infractions of the alcohol policy (describe): 		
Encourage alcohol awareness training of "responsible hosts" for campus events?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Use this section to elaborate on any of the questions on <i>Alcohol</i> .		

III. General

Risk Management Operations		
Indicate name and title of individual responsible for risk management operations.		
Name:	Title:	
Is there is a Safety/Risk Management Committee?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," indicate approximately how often the committee meets.		
<input type="checkbox"/> At least annually <input type="checkbox"/> At least semi-annually <input type="checkbox"/> At least quarterly	<input type="checkbox"/> At least monthly <input type="checkbox"/> Other (describe): _____	
Titles of all committee members:		
Date of last meeting: _____		
Is there a campus-wide emergency/crisis preparedness/response plan completed and in force?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes," indicate if there is a tabletop or walkthrough disaster response drill practice at least once a year.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," indicate the date of last drill practice: _____		

III. General (Continued)

Risk Management Operations (Continued)		
The emergency/crisis preparedness/response plan is formally reviewed at least once a year?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," indicate the date of last plan review: _____		
Use this section to elaborate on any of the questions on <i>Risk Management Operations</i> .		

Risk Transfer for Campus Organizations		
Does the educational institution have any fraternities, sororities or similar campus organizations?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," does the educational institution require that these organizations:		
Indemnify the educational institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name the educational institution as an additional insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provide evidence of general liability insurance?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," indicate the minimum limit of liability your institution requires (per occurrence): _____		
Use this section to elaborate on any of the questions on <i>Risk Transfer for Campus Organizations</i> .		

III. General (Continued)

For items below, select "Yes" or "No" if that statement is true for each type of contract entered into by the educational institution (if a category does not apply, please explain in the indicated space):					
Indicate if the educational institution:	Construction (select one)	Facilities rental (select one)	Special events (select one)	Products/ Services (such as food services, security, etc.) (select one)	Transportation (select one)
Requires legal counsel, the VP finance/administration and/or the risk manager review prior to signing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contains a standard indemnification clause with exceptions granted only by legal counsel, the VP of finance/ administration and/or the risk manager?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Requires your institution to be named as an Additional Insured with exceptions granted only by legal counsel, VP finance/ administration, or risk manager?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Requires a minimum of \$1M limit of liability with exceptions granted only by legal counsel, VP finance/ administration, or risk manager?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sets standard requirements for contractor insurance (lines, limits, deductibles, form, A.M. Best rating, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Requires a certificate of insurance on file prior to contract inception, which is updated annually and maintained during the entire term of the contract?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Requires evidence of contractor's Workers' Compensation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Indicates the titles of the individuals who have authority to sign these contracts.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Use this section to elaborate on any of the questions on <i>Contractual Indemnification</i> .					

III. General (Continued)

International Travel or Fixed-Base Operations			
Does the educational institution conduct any foreign travel?		Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," indicate:			
Who is required to sign a liability waiver, hold harmless agreement, or assumption of risk form before departure? (Check all that apply):		<input type="checkbox"/> Students <input type="checkbox"/> Alumni <input type="checkbox"/> Faculty/staff spouses <input type="checkbox"/> Volunteers <input type="checkbox"/> Other (describe): _____	
Does the educational institution have a crisis management/evacuation plan to respond to foreign travel emergencies (medical, political, etc.)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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?		Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," please describe the program at each location.			
Location	Number of participating students	Description of facilities and programs offered	Carrier providing foreign general liability coverage and limits of insurance
Use this section to elaborate on any of the questions on <i>International Travel or Fixed-Base Operations</i> .			

Enrollment Information	
Indicate the current student enrollment.	
Full-time undergraduate or K-12:	Full-time graduate:
Part-time undergraduate:	Part-time graduate:
Fall FTE:	

III. General (Continued)

Acquisitions/Mergers/New Entities				
Have there been any acquisitions, mergers or new entities in the past two years, or are any planned within the next 12 months?			Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," please describe for each acquisition, merger or new entity:				
Name	Description of operations	Estimated or actual date of change	Explain why the change is being made	

Commercial Activities			
Does the educational institution or any of its affiliates develop, manufacture or sell products or services for commercial use?		Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," please describe for each product or service:			
Type of product or service	Annual sales (in dollars)		

IV. Automobiles/Vehicles

Number of vehicles of each type owned or operated by the educational institution	
Indicate number:	
Passenger vehicles seating 14 or less:	Non-passenger trucks and service vehicles:
Passenger vehicles seating 15 or more:	Other (describe):

Policies/Procedures/Drivers		
Indicate if:		
Each department/division of the educational institution exercises its own management/control over its owned/leased/rented vehicle activity (i.e. decentralized automobile management)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The educational organization has central management/control over the entire educational institution's owned/leased/rented vehicle activity (i.e. a "motor pool")	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other, such as a mixture of items specified above (describe):		

IV. Automobiles/Vehicles (Continued)

Policies/Procedures/Drivers (Continued)		
Can students drive institution vehicles on educational institution business?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes," are the student drivers required to take driver safety training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," indicate the vehicle type or situations when training is provided (check all that apply but at least one):	<input type="checkbox"/> Passenger vehicles seating 14 or less <input type="checkbox"/> Passenger vehicles seating 15 or more <input type="checkbox"/> Non-passenger trucks and service vehicles <input type="checkbox"/> Other (describe): _____	
Are employees who regularly drive educational institution vehicles required to take driver safety training?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," indicate the vehicle type or situations when training is provided (check all that apply but at least one):	<input type="checkbox"/> Passenger vehicles seating 14 or less <input type="checkbox"/> Passenger vehicles seating 15 or more <input type="checkbox"/> Non-passenger trucks and service vehicles <input type="checkbox"/> Other (describe): _____	
Indicate the method and frequency of Motor Vehicle Records (MVR's) checks by the educational institution for the following groups of drivers:		
Employees —Method (please check one):	Employees —Frequency (please check one if MVR's are checked):	
<input type="checkbox"/> No MVR's checked <input type="checkbox"/> All MVR's checked <input type="checkbox"/> Random MVR's checked <input type="checkbox"/> MVR's checked for certain vehicle types (describe): _____ <input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> Every year <input type="checkbox"/> Every 2 years <input type="checkbox"/> Every 3 years <input type="checkbox"/> Other (describe): _____	
Students —Method (please check one):	Students —Frequency (please check one if MVR's are checked):	
<input type="checkbox"/> No MVR's checked <input type="checkbox"/> All MVR's checked <input type="checkbox"/> Random MVR's checked <input type="checkbox"/> MVR's checked for certain vehicle types (describe): _____ <input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> Every year <input type="checkbox"/> Every 2 years <input type="checkbox"/> Every 3 years <input type="checkbox"/> Other (describe): _____	

IV. Automobiles/Vehicles (Continued)

Policies/Procedures/Drivers (Continued)		
If MVR records are checked for either employees and/or students, are there written MVR guidelines, such as a point system, that will disqualify drivers with unsatisfactory MVR's?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are 15 passenger vans used by the educational institution?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," indicate what is done to control use, limit rollover potential, and select drivers (check all that apply):		
<input type="checkbox"/> Passenger vehicles seating 14 or less <input type="checkbox"/> Limit drivers to only those age 21 or older <input type="checkbox"/> Require drivers to take mandatory driver training course specifically designed for vans <input type="checkbox"/> Require all operators to take behind-the-wheel training with a qualified instructor that includes exposure to different load levels and driving conditions <input type="checkbox"/> Require that no trailer be towed	<input type="checkbox"/> Require that the rear seat(s) be removed to limit passenger capacity <input type="checkbox"/> Require that no loads be placed on the roof <input type="checkbox"/> Limit the size and weight of all cargo carried <input type="checkbox"/> Limit the geographic use of the van to only the campus and surrounding county <input type="checkbox"/> Other (describe): _____ <input type="checkbox"/> None	
Use this section to elaborate on any of the questions on <i>Policies/Procedures/Drivers</i> .		

V. Medical/Counseling

Infirmary/Clinic		
Does the educational institution maintain a clinic or infirmary primarily for use by:		
Students?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Others?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," please describe who:		
If "Yes," to any part of question above, complete questions below:		
Indicate the number of personnel	Employed	Contracted*
Physicians (except counselors of any sort)		
Physician Assistants or Nurse Practitioners (except counselors of any sort)		
Nurses, athletic trainers or other allied health personnel (except counselors of any sort)		
*If there are contracted professionals, are these individuals required to provide:		
Evidence of current applicable license(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A written agreement that indemnifies the institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evidence of current professional liability insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

V. Medical/Counseling (Continued)

Infirmery/Clinic (Continued)	
Indicate the number of infirmery beds for overnight stays: _____	
Indicate the types of services provided at student clinics/infirmaries (check all that apply):	
<input type="checkbox"/> Emergency care <input type="checkbox"/> Contraception <input type="checkbox"/> Immunizations/ allergy injections <input type="checkbox"/> STD testing and treatment <input type="checkbox"/> Sports medicine	<input type="checkbox"/> Diagnostic evaluations, such as hearing, vision, etc. <input type="checkbox"/> Pharmacy <input type="checkbox"/> Laboratory services <input type="checkbox"/> Diagnostic imaging <input type="checkbox"/> Other (describe): _____

Student Counseling Services		
Indicate the number of personnel providing student counseling services:	Employed	Contracted
Psychologists		
Social Workers		
Indicate the number of employed, contracted or volunteer peer counselors: _____		
If there are contracted professionals mentioned above, are these individuals required to provide:		
Evidence of current applicable license(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A written agreement that indemnifies the institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evidence of current professional liability insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Indicate the types of counseling services provided (check all that apply):		
<input type="checkbox"/> Suicide prevention <input type="checkbox"/> Substance abuse <input type="checkbox"/> Vocational/educational <input type="checkbox"/> Marriage and family	<input type="checkbox"/> Abortion/pregnancy avoidance/family planning <input type="checkbox"/> Crisis/sexual assault/child abuse <input type="checkbox"/> Operation of crisis telephone hotline	
Within the past year, has the educational institution trained any of the following persons to identify students who may pose a risk of injury to themselves or others (check all that apply):		
<input type="checkbox"/> Student Residence Advisors (RA's)?	<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> None
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?	Yes* <input type="checkbox"/>	No <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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the educational institution have a crisis management plan in the event of a suicide or other trauma involving students?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

V. Medical/Counseling (Continued)

Student Counseling Services (Continued)	
Does your institution have written counseling policies that (check all that apply):	
<input type="checkbox"/> Provide criteria for referral to outside specialists?	<input type="checkbox"/> Coordinate with law enforcement/social service agencies where appropriate?
Use this section to elaborate on any of the questions on <i>Student Counseling Services</i> .	

Public Hospital/Clinic		
Does the institution own, operate or control any medical facility (clinic, hospital) that serves the public?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes," is premises liability coverage desired (excluding medical professional liability)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," what level of service is provided (check all that apply):		
<input type="checkbox"/> Outpatient	<input type="checkbox"/> Inpatient: indicate number of beds: _____	

VI. Activities

Athletics	
Indicate the educational institution's program classifications (check all that apply):	
<input type="checkbox"/> No recognized athletics	<input type="checkbox"/> NCAA Div. I
<input type="checkbox"/> Club sports, intramurals, recreational leagues, etc.	<input type="checkbox"/> NCAA Div. II
<input type="checkbox"/> NAIA, NJCAA or Independent school athletics	<input type="checkbox"/> NCAA Div. III
Indicate if the educational institution competes in, sponsors or recognizes any of these activities, clubs or sports (check all that apply):	
<input type="checkbox"/> Acrobatics/acrobatic cheerleading	<input type="checkbox"/> Scuba diving
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Ski jumping/aerial maneuvers
<input type="checkbox"/> Horse-related activities	<input type="checkbox"/> Sky diving
<input type="checkbox"/> Ice hockey	<input type="checkbox"/> Spelunking
<input type="checkbox"/> Motor sports/auto racing	<input type="checkbox"/> Whitewater kayaking/rafting
<input type="checkbox"/> Platform diving	<input type="checkbox"/> Wilderness/survival programs
<input type="checkbox"/> Rock climbing/climbing wall	<input type="checkbox"/> Woodsman/outing club
<input type="checkbox"/> Rugby	<input type="checkbox"/> Wrestling
	<input type="checkbox"/> None

VI. Activities (Continued)

Athletics (Continued)		
List each facility (i.e. stadium, arena, gym, auditorium, etc.) that seats more than 2,500 with its maximum seating capacity.		
Name of facility	Total seating capacity	
Does the educational institution (check all that apply):		
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"/>
Provide for physical inspections of its athletic facilities and equipment?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," indicate frequency:	<input type="checkbox"/> At least monthly <input type="checkbox"/> At least quarterly <input type="checkbox"/> At least semi-annually <input type="checkbox"/> Other (describe): _____	
Require the presence of athletic trainers and emergency response equipment at team practices and events?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," indicate the level of competition where athletic trainers are present:		
Does the educational institution (check all that apply):		
<input type="checkbox"/> Provide an emergency response plan for athletics-related injuries? <input type="checkbox"/> Specify supervision and rules governing club or intramural sports? <input type="checkbox"/> Set qualifications for drivers and define acceptable use of institution or personal vehicles when traveling to practices and events?	<input type="checkbox"/> Prohibit coaches or students who participate in an event from driving their own vehicles to or from the event? <input type="checkbox"/> None	

VI. Activities (Continued)

Minors/Childcare/Camps		
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:		
Indicate the average number of children at any childcare or preschool operation owned, operated, or at any premises of the educational institution: _____		
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: _____		
For any summer camp, recreational program, sports program, or similar program for children that is held at the educational institution's premises, but not owned or operated by the institution (i.e., operated by others):		
Does the educational institution require a contract including standard indemnification provisions, with exceptions approved only by legal counsel, VP Finance/Administration or risk manager?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the educational institution require certificates of the camp operator's general liability insurance?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," indicate the minimum general liability limit required: _____		
Is proof of the camp operator's sexual molestation liability coverage required?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
*If "Yes," indicate the minimum sexual molestation liability limit required: _____		
Is the educational institution named as an Additional Insured on the camp operator's general liability policy?	Yes <input type="checkbox"/>	No* <input type="checkbox"/>
*If "No," explain why:		
For minors, childcare and camps, does the educational institution (check all that apply):	Yes	No*
Specify the use of waiver/release forms signed by participants or by parents if the participant is under age 18?	<input type="checkbox"/>	<input type="checkbox"/>
Require that training and information be provided to staff and volunteers on reporting suspected child abuse and preventing child abuse?	<input type="checkbox"/>	<input type="checkbox"/>
*If "No," explain why:		

VII. 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.

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: _____

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: _____

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: _____