



## Scholastic Alternative Solutions

### Package and Professional Liability

#### General Information:

Applicant Name:		
Mailing Address:		
Primary Contact:	Phone Number and E-Mail Address:	
Risk Manager:	Phone Number and E-Mail Address:	
Human Resource Contact:	Phone Number and E-Mail Address:	
Legal name of entity:		
Street Address:		
City:		
County:	State:	Zip Code:
Year entity established:		
Has any insurance for the applicant been cancelled or non-renewed in the last 5 years?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Have there been any school closures or school mergers in the last 3 years?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
a. If yes, please explain:		
Will there be any new school openings in the next 12 months?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Current Coverage:	Carrier	Limits	Retention	Occurrence or Claims-Made	Retro Date for Claims-Made	Expiring Premium
Auto Liability						
Uninsured /Underinsured Auto Liability						
General Liability						
Law Enforcement Liability						
Scholastic Legal Liability						
Scholastic Employment Practices Liability						
Excess Liability						

<b>Auto Physical Damage Current Coverage</b>	<b>Carrier</b>	<b>Limit Retention</b>	<b>Vehicles</b>
Actual Cash Value			
Replacement Cost			
Stated Amount			

<b>Desired Coverage:</b>	<b>Limits</b>	<b>Retention</b>	<b>Occurrence or Claims-Made</b>	<b>Retro Date for Claims-Made</b>	<b>Expiring Premium</b>
Auto Liability					
Uninsured /Underinsured Auto Liability					
General Liability					
Law Enforcement Liability					
Scholastic Legal Liability					
Scholastic Employment Practices Liability					
Excess Liability					

<b>Desired Auto Physical Damage Coverage</b>	<b>Limit Retention</b>	<b>Vehicles</b>
Actual Cash Value		
Replacement Cost		
Stated Amount		

### Risk Management

Are you in compliance with all federal, state, and local requirements regarding civil rights, school bus drivers, harassment/discrimination, and sexual abuse? If not, please explain:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Please briefly describe or attach information regarding risk management programs, training programs, and safety programs:	

Is there a written policy on corporal punishment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A: <input type="checkbox"/>
Is an Accidental Death Dismemberment (AD&D) policy purchased for students – especially regarding athletic participation?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is there a written policy for extracurricular activities?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant have policies and procedures in place to deal with traumatic brain injury?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant have a zero tolerance policy for hazing?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are preventative techniques in place for violence/guns?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. Are these prevention techniques coordinated with the community of the applicant?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b. Does the applicant have policies and procedures on weapons/guns?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
c. Are the applicant's parking lots monitored?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is there limited access to school buildings?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant have a zero tolerance policy in place for bullying?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If the applicant uses an Independent Contractor, does the applicant require that the contractor's limits of liability be equal to or greater than their limits of liability?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. Is there a contract in place with a hold harmless in favor of the school district?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b. Is the school district named as an additional applicant on the contractor's insurance policy?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant conduct off-site job shadowing as part of any students-in-practicum program?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. If yes, please describe:	
Does the applicant conduct background checks, including criminal, on volunteers, employees, and new hires?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

## GENERAL LIABILITY

### GENERAL LIABILITY EXPOSURE PRICING BASES

<b>Public or private institution:</b>			
<b>Type of School</b>	<b># Schools</b>	<b>ADA/Student Count</b>	<b># Teachers</b>
Preschool			
K-8			
High School			
Camps/Day Care			
Vocational/Trade Schools			
Night/Adult Education			
College – full-time/part-time			
Graduate/Professional			
<b>Number of Individuals</b>			
Nurses:			

Physical Therapists:		
Psychologists:		
Athletic Trainers:		
Total square footage of campus buildings (colleges/universities only):		
<b>Please provide ADA count for the past 5 years:</b>	<b>Term</b>	<b>ADA/Student Count</b>

<b>Activities</b>	
Cross Country	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Football	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Soccer	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tennis	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Volleyball	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Golf	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Cheerleading	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Basketball	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Swimming	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Diving	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Bowling	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Gymnastics	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Hockey	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Wrestling	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Baseball	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Track	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Softball	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Lacrosse	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Firearms/Rifle Range	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Horseback Riding	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Radio Station	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Television	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Truck Driver Training	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Auto Shop Operations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Electric Shop	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Print Shop	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Wood Shop	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Legal Counsel review all contracts.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

<b>Exposures:</b>	<b>Exists</b>	<b>Coverage Desired</b>	<b>If yes, provide exposure details:</b>
Arenas, Bleachers, Stadiums, etc.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Athletic Programs	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Beaches or Lakes	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Broadcasting / Publishing (Cable TV, Internet, Radio, School Newspaper)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete a Supplemental Application
Cooperatives with Other School Districts	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Charter Schools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Counseling Service	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete a Supplemental Application
Community or Junior College	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete a Supplemental Application
Day Care, Day Camp, Before/After School Latchkey	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete a Supplemental Application
Dormitories	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete a Supplemental Application
Field Trips (Other than to competitive events)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Joint Venture Projects	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Please describe
Hospitals or Clinics	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Law Enforcement or Security	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete a Supplemental Application
Professional Healthcare/Nurses	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete a Supplemental Application
Publishing Activities	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Public Use of School Facilities:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
a. COI from outside group?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
b. School is Additional Applicant on group's policy.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Radio Stations	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Special Events	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Stadiums, Bleachers	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete a Supplemental Application

Students in Practicum	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Over-shadowing only? Yes: <input type="checkbox"/> No Describe Supervision
Swimming Pools	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Complete a Supplemental Application
Diving	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Starting Blocks	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Vocational Training/Students in Practicum	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Watercraft	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Size: Purpose:

### Additional Exposure Detail

Are written procedures in place regarding chaperone/student ratio for field trips?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are school-sponsored overnight field trips allowed?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. If yes, describe (including grades, destinations, and chaperone/student ratio):	
Are school-sponsored foreign field trips allowed?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. If yes, is there Foreign Liability coverage in place?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are written parental permission slips required for all field trips?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant have policies and procedures for students participating in sports activities addressing: eligibility, supervision, instruction, and medical treatment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. If yes: Does the applicant require the student to refrain from further participation in the sport/activity until the School receives written notice from a healthcare professional indicating the student is symptom free and able to participate in the sport/activity?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b. Does the applicant educate students about traumatic brain injuries prior to participation in a sport?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
c. Are athletes, coaches, parents/guardians educated about sports-related concussions and head injury prevention and treatment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

### Educators Legal Liability / Employment Practices Liability

Please provide latest bond rating: (Standard & Poor, Fitch, or Moody's):		
Emp loye es:	Full-time:	Part-time:

Have you had any state or federal oversight or aid reductions in the last 3 years?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are you expecting any budget reductions in the next 12 months?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Any staff reductions in the last 12 months or any anticipated in the upcoming year.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Student Policy Information	
Are strip searches allowed?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is drug testing allowed?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have the student textbooks been reviewed by an attorney?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

## Employee Practices

### Employee Information

What was the annual employee turnover rate for the last 3 years?		
% Current Year: %	% 1 <sup>st</sup> Prior Year: %	% 2 <sup>nd</sup> Prior Year: %
How many involuntary employment terminations have occurred in the past 3 years?		
% Current Year: %	% 1 <sup>st</sup> Prior Year: %	% 2 <sup>nd</sup> Prior Year: %

### Disputes/Claims information

Have any of the following occurred within the last three years? (If yes, attach description)	
Disputes or claims involving integration, segregation, discrimination or violation of civil rights?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Disputes or claims alleging wrongful treatment in employee hiring, employment conditions, remuneration, advancement of employment or termination of employment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

### Policies and Procedures

Does the entity provide training for all new supervisors and managers on the above?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the Employee Handbook distributed to all employees?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does legal counsel review the Employment Handbook?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
When did legal counsel last review the Employment Handbook?	
Does legal counsel review all changes or updates to the Employment Handbook?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Is training provided to supervisors and managers when changes to the Employee Handbook are made?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the entity require advance review of all terminations by legal counsel in addition to its Human Resources department?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is legal counsel consulted as part of the termination process?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are all prospective employees required to complete an employment application prior to hire?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Any strikes, work slowdowns, or other disruptions in the last 3 years?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are there written guidelines for administrative hearings and appeals?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the entity have policies and procedure to prevent and report Sexual Harassment?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are the Sexual Harassment policies and procedures reviewed with supervisors and managers as a part of their training?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do the Sexual Harassment policies and procedures contain the following:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. Statement of zero tolerance:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b. Definition of sexual harassment:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
c. Reporting procedures:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
d. No retaliation policy:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the entity have a written human resources manual/employee handbook?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes to above, please answer the following:	
What year was this manual last updated? _____	
Does the manual contain policies/procedures for the following:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Employee appraisals/reviews:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Employee grievance	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Employee Disciplinary Actions	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Discrimination	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Sexual Molestation:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Sexual Harassment	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Americans with Disabilities Act:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Family Medical Leave Act:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Drugs & Alcohol Policy	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Drug Testing:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Personnel Records Maintained and Secured	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Posted Anti-discrimination policy:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Employment "At Will" Statement:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>



Contagious/Life Threatening Illnesses	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Safety Policy	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Terminations, Layoffs, Early Retirement	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Workplace Violence	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Workplace Bullying	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Whistleblower	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Employment verification & references	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Are there any facts or circumstances that may result in employment-practice claims being made against you? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please provide a listing of each instance:


## AUTOMOBILE LIABILITY

### Summary of Auto Fleet

Vehicles:	# Units
Private passenger – all other:	
Vans (no passenger), light trucks & pickups (up to 10,000 lbs. GVW):	
Passenger vans (1-8 seats):	
Passenger vans (9-20 seats):	
Medium trucks (10,001 to 20,000 lbs. GVW):	
Heavy trucks (20,001 to 45,000 lbs. GVW):	
Extra heavy trucks (over 45,000 lbs. GVW):	
Heavy truck tractor (up to 45,000 lbs. GVW):	
Extra heavy truck tractor (over 45,000 lbs. GVW):	

School Owned and Operated Buses:	# Units
1-8 passengers	
9-20 passengers	
21-60 passengers	
61+ passengers	
Any Leased Buses:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Limits required by school for leased buses:	

### Vehicle Count Last 5 Years

Policy Term	# of Vehicles


How often are vehicles inspected:	
a. Daily:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b. Weekly	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
c. Monthly:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are safety inspection records maintained?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you have a formal written accident reporting procedure?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you have driver-hiring criteria in place?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant have policies and procedures in place for self-inspection?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant perform accident investigations for each automobile accident?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant have driver-hiring criteria in place?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. MVRs checked on all drivers prior to hire.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b. MVRs checked at least annually.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
c. Drug/alcohol testing at time of hire?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
d. Reference checks?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
e. Road test given prior to hire?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the school obtain MVRs on all drivers who operate their own vehicles on school business?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant have written guidelines defining an acceptable Motor Vehicle Report?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
What actions are taken if an employee's driving record is considered unacceptable?	
Does the applicant have an accident review board?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant take disciplinary action for drivers who repeatedly violate safety procedures?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant have monthly safety meetings?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are all drivers properly licensed with State & DOT requirements?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant perform accident investigations for each automobile accident?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Any drivers with DUI arrest/conviction in last 3 years?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Any drivers with more than 3 moving violations in last 5 years?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Random Drug Screening?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. If yes, is it performed by an outside provider?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant provide a formal driver training program?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant have any contracted bus drivers?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. If yes, are certificates of insurance obtained from the contractor with limits equal to the applicant?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b. Is the applicant an additional applicant on the contractor's auto policy?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant have a maintenance program?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. If yes, please provide how often the vehicles are inspected?	
b. Who performs the maintenance on the entity's vehicles?	
c. Do the auto technicians have certification from Automotive Service Excellence (ASE), NATEF, or a similar certification agency?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is there a policy in place for vehicle replacement?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do any employees drive their own vehicles in the entity's business?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. If yes, please describe the nature and circumstances:	
Are employees, or families of employees allowed to use entity autos for non-business/personal use?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. If Yes, please describe:	
For those employees who use their own vehicles for school business, either full-time or occasionally, does the school require the employee to carry primary insurance?	
Please provide the number of school bus routes _____ and average daily number of bus riders:	
If the applicant uses an independent school bus contractor to transport students, does the applicant obtain certificates of insurance from the contractor with limits equal to or greater than the applicant?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A: <input type="checkbox"/>
a. If an independent school bus contractor is used to transport students, is the contractor in full compliance with all state and federal requirements for the buses and drivers?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A: <input type="checkbox"/>
Does the applicant hire or borrow vehicles for non-busing purposes?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. If yes, please describe purpose and length of time vehicles are hired or borrowed:	
b. Approximately, how many cars are hired or borrowed annually?	
c. Total cost of hire, bus contractors: Total cost of hire, other:	
If the applicant has a bus fleet, does the applicant have a regular bus replacement policy?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. If yes, please describe:	
Does the applicant own or use any 15-passenger vans?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. Does the applicant have a regular maintenance plan in place that includes tire rotation and regular replacement?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

b. Has the applicant either modified the van with dual rear wheels or removed the rear seat?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
c. Does the applicant have a policy that prohibits fully loading the van(s)?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
d. Does the applicant only allow drivers with CDLs to drive the van(s)?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
e. Are drivers given special training on the operation of 15 passenger vans?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
IF Auto Physical Damage is requested, any locations with a concentration of vehicles where values exceed \$1,000,000.00?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A: <input type="checkbox"/>
a. If yes, where are vehicles stored, and how are they secured?	
b. If yes, please provide the particular location(s) and total value for each:	
Any transportation services other than student purposes?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

## Loss History

**Please provide minimum 6 years prior loss history as outlined below. Losses must be shown from first dollar and include open and closed claims.**

Does Applicant reserve only to retention level?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If Yes, excess claims information must be provided.	
If No, please explain:	
Attach a listing of all opened and closed claims excess of 50% of the SIR; include date of loss, description of claim/injury, total incurred and paid amounts.	
Attach company loss runs.	

Please provide minimum 6 years prior loss history with the following detail:	
a. Listing of all open and closed claims from first dollar;	
b. Date of Loss;	
c. Description of claim/injury;	
d. Total paid;	
e. Total reserved;	
f. Total incurred.	

## Claims Handling:

Self-administration	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
TPA	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Company	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Name/ address of Third Party Administrator:	
For self-administration or TPA, please provide name, address, phone number and key contact of the proposed claim handler:	
Contact Name:	Telephone #:
Address:	
City:	State:
Zip:	



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**FRAUD WARNING**

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, PARTNER, DIRECTOR OR OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE NAMED INSURED WILL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES. THE INSURER RESERVES ITS RIGHTS TO MODIFY OR WITHDRAW ITS PROPOSAL.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, REPRESENTS AND WARRANTS ON BEHALF OF THE NAMED INSURED AND ALL PERSONS OR ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF AND AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY ATTACHMENTS HERETO ARE TRUE AND ACCURATE. IT IS UNDERSTOOD THAT THE STATEMENTS IN THIS APPLICATION, INCLUDING MATERIALS SUBMITTED TO OR OBTAINED BY THE INSURER, ARE MATERIAL TO THE ACCEPTANCE OF THE RISK, AND RELIED UPON BY THE INSURER.

**NOTICE TO APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME ANY MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMING WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION, IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT

MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

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**Entities Attestation:** The authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true; that no fact, circumstance nor situation indicating the probability of a claim or action now known to any entity, official, or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. It is further acknowledged that the signed of this application does not bind the signer to purchase the insurance. However, it is agreed this form shall be the basis of the contract and any policy which might be issued.

Completion of this questionnaire creates no obligation upon the applicant to accept insurance or upon Euclid Public Sector Underwriters to offer insurance. However, in the event that any insurance offering is accepted by the applicant or is issued by Euclid Public Sector this questionnaire will form the basis for the acceptance and insurance.

Signature:		
Name:		Title:
Company:		Address:
City:	State:	Zip: