|  |  |
| --- | --- |
|  | Euclid Public Sector 234 Spring Lake DriveItasca, Illinois 60143Phone (630) 238-1900 Website: [www.euclidps.com](http://www.euclidps.com/) Mailbox: mail@euclidps.com |

Public Entity Application
Scholastic Legal Liability

Coverage Provided by Hudson Insurance Company

**The policy for which application is made is written on a claims-made basis. The coverage afforded by this policy is limited to liability for only those claims first made during the policy period specified on the Policy Declarations resulting from wrongful acts and which are subsequently reported to the Insurer as soon as practicable. This is a policy with claims expenses included in the limits of liability. The limits of liability shall be reduced and may be exhausted by claims expenses, and to the extent that the limits of liability are thereby exceeded, the Insurer shall not be liable for claims expenses or any other loss. Please read everything carefully.**

[ ]  **New** [ ]  **Renewal of Policy Number:**

**A. COVERAGE REQUESTED**

1. Scholastic Legal Liability [ ]  Yes [ ]  No

 Each Wrongful Act: $      Annual Aggregate: $      Deductible Requested: $

2. Employment Practices Liability [ ]  Yes [ ]  No

 Each Wrongful Act: $      Annual Aggregate: $      Deductible Requested: $

3. Has there been continuous claims made coverage for the past five years? [ ]  Yes [ ]  No

 If no, please explain:

 Retroactive Date on current policy?

**B. APPLICANT INFORMATION**

1. Legal Name of Public Entity:

2. Mailing Address:

 Street City State Zip Code

3. Street Address:

County:

4. Phone: (    )       Fax: (   )       E-mail:

5. Human Resource Contact: (Name):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Email):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Year entity established:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Type of Educational Entity (check all that apply):

|  |  |
| --- | --- |
| [ ]  Not for Profit  |  [ ]  For Profit  |
| [ ]  Private |  [ ]  Public |
| [ ]  Special Needs/Behavioral  |  [ ]  Charter |
| [ ]  Junior/ Two (2) Year Community College  |  [ ]  Vocational/Career |
| [ ]  Four (4) Year College University  |  [ ]  Other:        |

8. Student Enrollment

|  |  |  |
| --- | --- | --- |
| **Enrollment** | **Current Year** | **Prior Year** |
| Pre-School |       |       |
| K-8 |       |       |
| 9-12 |       |       |
| Night Adult Education |       |       |
| 2-year Undergraduate |       |       |
| 4-year Undergraduate |       |       |
| Graduate |       |       |
| TOTAL |       |       |

9. Employee Counts

|  |  |  |
| --- | --- | --- |
| **Category** | **Full Time**  | **Part Time**  |
| Faculty/Instructors |       |       |
| Administrative/Management Personnel |       |       |
| Student Teachers/Aids/Interns |       |       |
| Psychologists/Counselors |       |       |
| Nurses |       |       |
| Physical Therapists/ Athletic Trainers  |       |       |
| Volunteers |       |       |
| Security/Law Enforcement |       |       |
| Other Employees  |       |       |
| TOTAL |       |       |

10. For which of the following services does the school district use Insured subcontractors. (Check all that apply)

|  |  |
| --- | --- |
| [ ]  Transportation | [ ]  Medical |
| [ ]  Specialized Education | [ ]  Food Services |
| [ ]  CustodialIf Other, describe:       | [ ]  Other |

11. Is there an indemnity agreement in place for all subcontractors [ ]  Yes [ ]  No

12. Does the entity have a security/law enforcement presence on campus? [ ]  Yes [ ]  No

 If yes, is a separate Police Professional Policy maintained? [ ]  Yes [ ]  No

**C. GENERAL INFORMATION**

1. Financial Information: Please provide actual amounts from all sources for the last 3 years:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Revenue** | **Expenditures** | **Surplus (+)/Deficit (-)** **Provide an explanation for any significant surplus or deficit.** | **Accumulated** **Surplus** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

 **PLEASE ATTACH MOST CURRENT BUDGET FOR ALL DEPARTMENTS.**

2. Have you had any state or federal oversight or aid reductions in the last 3 years? [ ]  Yes [ ]  No

3. Does the educational institutionanticipate any special projects which will result in a substantial budget increase or decrease in the next 3 years? [ ]  Yes [ ]  No

4. Are you expecting any budget reductions in the next 12 months? [ ]  Yes [ ]  No

5. Bond Information:

 a. What is the amount of outstanding bonds?        [ ]  No Bonds Outstanding

b. What is your latest bond rating (Moody’s or Standard & Poor’s)? Rating:      \_\_\_\_\_\_ [ ]  No Current Rating

c. Has your educational institute been in default on principal or interest on any bond? [ ]  Yes [ ]  No

 If yes, explain:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. ADMINISTRATIVE INFORMATION**

1. Is the educational institute accredited? [ ]  Yes [ ]  No

 Name of accreditation association?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last accreditation:       \_\_\_\_\_\_\_\_\_\_\_

2. Has the educational institute added or eliminated any academic programs, including music, arts or

 Athletic program in the last twelve (12) months or plan to add or eliminate any in the next twelve (12)

 months?  [ ]  Yes [ ]  No

3. Are you expecting to open any schools in the next twelve (12) months?  [ ]  Yes [ ]  No

 If yes, explain \_\_\_     \_\_\_\_\_\_\_\_\_\_

4. Are Board Members/Trustees:

|  |  |
| --- | --- |
| [ ]  Elected | [ ]  Appointed |

**E.** **EDUCATIONAL INSTITUTION OPERATIONS**

1. Do any of the educational institution’s directors, trustees or governors sit on any outside for- profit entity board

 of directors at the specific request or direction of the Educational Institution? [ ]  Yes [ ]  No

2. Does your attorney attend all board/trustee meetings?  [ ]  Yes [ ]  No

3. Does the Educational Institute have **written** policies/procedures governing students for:

 a. Suspension? [ ]  Yes [ ]  No e. Dismissal? [ ]  Yes [ ]  No

 b. Transfer? [ ]  Yes [ ]  No f. Corporal Punishment? [ ]  Yes [ ]  No

 c. Sexual Harassment? [ ]  Yes [ ]  No g. Reporting/Investigating Child Abuse? [ ]  Yes [ ]  No

 d. Bullying? [ ]  Yes [ ]  No h. Hazing? [ ]  Yes [ ]  No

 4. Does the Educational Institute have Disaster/ Emergency action plans for:

 a. Natural Disasters? [ ]  Yes [ ]  No

 b. Terrorist Acts? [ ]  Yes [ ]  No

 c. On-Campus Violence? [ ]  Yes [ ]  No

5. With regard to Special Education:

 a. Does the Educational Institutionhave Special Education programs and/or facilities for the mentally,

 emotionally, or physically disabled? [ ]  Yes [ ]  No

 b. How often are students evaluated for:

 1) Placement in special education programs? [ ]  Semi-Annually [ ]  Annually [ ]  Other

 2) Adjustment to an Individual Education Plan (IEP) due to

 student’s programs? [ ]  Semi-Annually [ ]  Annually [ ]  Other

**F. EMPLOYMENT PRACTICES** [ ]  **N/A**

1. Have there been any layoffs of employees or reductions in force or future layoffs planned? [ ]  Yes [ ]  No

If yes, please explain:

2. Do you have a formal reduction in-force policy? [ ]  Yes [ ]  No

If yes, has this policy been reviewed by legal counsel? [ ]  Yes [ ]  No

3. a. Do you have **written** guidelines, policies, or procedures that address the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Written Procedures** | **Supervisor/ManagerTraining in these areas?** |  | **Written Procedures** | **Supervisor/ManagerTraining in these areas?** |
| Americans With Disabilities Act | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | Progressive Disciplinary Program | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Discrimination | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | Salary Administration | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Disputes/Grievances/Handling Complaints | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | Sexual Harassment | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Employee Hiring/Interviews | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | Termination | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Performance Reviews | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | Time-Off Policies & FMLA | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| E-mail/ Social Media  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | Phone/Texting  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

b. Are the above policies and procedures contained in an employee handbook, or policies and procedures manual that is distributed to all employees? [ ]  Yes [ ]  No

If yes, do you obtain written acknowledgements that employees have received the handbook/
manual? [ ]  Yes [ ]  No

If no, how are policies communicated to employees?

c. What is the date of the last review by legal counsel?

d. How often is the handbook reviewed by legal counsel?

4. Are grievance procedures communicated to all personnel upon hiring? [ ]  Yes [ ]  No

5. Are formal written job descriptions in place for all positions? [ ]  Yes [ ]  No

6. Do you have a formal, standardized employment application? [ ]  Yes [ ]  No

a. If yes, has it been reviewed by legal counsel? [ ]  Yes [ ]  No

|  |
| --- |
|  b. If no application is used, how do you recruit new employees?       |

7. Do you provide a written performance evaluation for all employees? [ ]  Yes [ ]  No

a. If yes, how often?

b. If no, explain how the employee evaluations are handled:

8. Does the applicant conduct background checks, including criminal, on volunteers, employees, and new

 hires? [ ]  Yes [ ]  No

9. Do you require counsel from a human resource professional or a qualified labor relations attorney prior to termination of any employee? [ ]  Yes [ ]  No

10. Extended Employment Practices Liability Endorsement Option (where applicable by state):

 a. Third party Coverage:

 1) Have policies or procedures outlining **Employee** conduct when interacting with students, parents,

 vendors, clients, the general public or other third parties? [ ]  Yes [ ]  No

 2) Have policies or procedures for dealing with complaints from students, parents, vendors, clients,

 the general public or other third parties? [ ]  Yes [ ]  No

 3) Provide formal diversity or cultural sensitivity training for employees who interact with students,

 parents, vendors, clients, the general public or other third parties? [ ]  Yes [ ]  No

 4) Have any students, parents, vendors, clients, the general public or other third parties ever

 submitted a written complaint or brought a civil proceeding against a proposed Insured alleging

 harassment, discrimination, or civil rights violations? [ ]  Yes [ ]  No

 *If “Yes”, please attach details on a separate piece of paper*

 5) Do you currently have third party EPLI coverage? [ ]  Yes [ ]  No

If “yes,” provide effective date, retroactive date and policy limits:

|  |  |  |
| --- | --- | --- |
| **Effective Date** | **Limit of Liability** | **Retroactive Date** |
|       |  $      |       |

 b. Supplementary Payments—Fair Labor Standards Act (FLSA)? [ ]  Yes [ ]  No

 c. Supplementary Payments—Immigration Reform and Control Act of 1986 (IRCA)? [ ]  Yes [ ]  No

**G. LOSS HISTORY**

**1. Five years of company loss runs, valued within the past six months, must be attached for all coverage(s).**

2. Has any such insurance been canceled, declined or nonrenewed in the last five years? [ ]  Yes [ ]  No

(Not applicable to Missouri applicants.)

If yes, explain:

3. Does the insured have knowledge or information of any act, error, omission, fact, circumstance,

 inquiry or formal, or informal, investigation which may give rise to a claim? [ ]  Yes [ ]  No

4. Does the insured have knowledge or information of any threatened claim which might give rise

 to a claim? [ ]  Yes [ ]  No

5. Has the insured been involved in any administrative proceedings before the Equal Employment

 Opportunity Commission, the U.S. Department of Labor, including the Office of Federal Contract

 Compliance Programs, or any state or local government agency whose purpose is to address

 employment-related claims? [ ]  Yes [ ]  No

6. Has there been, or is there now pending, any claim(s)against the insured? [ ]  Yes [ ]  No

7. Has any person, former employee, volunteer or job applicant made a claim or alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination? [ ]  Yes [ ]  No

8. Has the insured ever been the subject of a disciplinary action or required to comply with any judicial or administrative agreement, order, decree or judgment? [ ]  Yes [ ]  No

 If yes, explain the actions taken by the insured to bring into compliance:      \_\_\_\_\_\_

**H. AUTHORIZED ENTITY REPRESENTATIVE**

Your designee to report claims and receive notices:

Name:       Title:

 **ENTITY’S ATTESTATION AND FRAUD WARNING**

**FRAUD WARNING:** 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

**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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA, AND LOUISIANA 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 Florida Applicants:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**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 may include imprisonment, fines and/or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 NEW HAMPSHIRE APPLICANTS:** Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

**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 $5,000 and the stated value of the claim for each such violation.

**NOTICE TO NEW YORK APPLICANTS (FIRE INSURANCE APPLICATIONS)**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

**NOTICE TO NEW YORK APPLICANTS (AUTOMOBILE):** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed $5,000 and the value of the subject motor vehicle or stated claim for each violation."

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim 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 purposes 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 PENNSYLVANIA APPLICANTS (AUTOMOBILE):** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to $15,000.

The undersigned declares that to the best of his/her knowledge, the information set forth in this application is true and complete.

Signature of Authorized Public Official Title Date

Producer’s Name

Agent Name:       Agent License Number:

**(Applicable to Florida Agents Only)**

Iowa Licensed Agent:

**(Applicable to Iowa Agents Only)**

Producer’s Signature:       Date:

**(Applicable to New Hampshire Producers Only)**

**Legal Name of Public Entity:**        **Effective Date:**