



**Professional  
Governmental  
Underwriters, Inc.**  
**The Authority.**

**CLAIMS MADE EDUCATORS LEGAL LIABILITY  
INSURANCE APPLICATION**

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD. DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

**I. APPLICANT INFORMATION**

1. Legal Name of Entity: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Human Resource Contact: (Name): \_\_\_\_\_  
(Email): \_\_\_\_\_  
(Phone Number): \_\_\_\_\_

4. When was the educational entity established? \_\_\_\_\_

5. Is the educational entity seeking coverage for multiple locations: Yes  No   
If yes, how many? \_\_\_\_\_

6. Web Site Address: \_\_\_\_\_

7. Have you had on-site monitoring visits by state or federal regulatory agencies? Yes  No   
If yes, provide name of agency and purpose of visit: \_\_\_\_\_

8. Are all entities requesting coverage identified as 501 (c)(3), tax exempt organizations by the Internal Revenue Service? Yes  No

9. Description of educational entity (check all that apply):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Public              | <input type="checkbox"/> Educational Service District                       | <input type="checkbox"/> Not-For-Profit             |
| <input type="checkbox"/> Private             | <input type="checkbox"/> 2 or 4 year College or University                  | <input type="checkbox"/> For-Profit                 |
| <input type="checkbox"/> Charter             | <input type="checkbox"/> Special Needs / Behavioral                         | <input type="checkbox"/> Distance / Online Learning |
| <input type="checkbox"/> Vocational / Career | <input type="checkbox"/> Graduate / Professional (ex. Medical, Law, Dental) |   |
| <input type="checkbox"/> Other _____         |   |   |

10. Board Members/Trustees are:

- Elected  
 Appointed

If elected, are they elected by:  Single member districts or  At large

11. Student Enrollment:

	Current Year		Last Year		Next Year Est.	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
K-8						
9-12						
Pre-school						
2 or 4 year undergraduate						
Graduate						
Other:						
<b>Total</b>						

12. Employee Count:

	Current Year	
	Full Time	Part Time
Certified Teaching Faculty		
Non-certified Teaching Faculty		
Non-Professional		
Administration		
Counselors / Psychologists		
Volunteers		
Security / Law Enforcement		
Other:		
<b>Total</b>		

13. Does this entity operate daycare facilities or services? Yes  No   
 If yes, provide details of Services: \_\_\_\_\_
14. Has entity been criticized by the state board of education? Yes  No
15. Is entity operating under a court's supervision? Yes  No   
 If yes, provide details: \_\_\_\_\_
16. Does this entity have a law enforcement presence on campus? Yes  No   
 If "yes", is separate Policy Professional Liability Insurance maintained? Yes  No

**II. FISCAL BOND INFORMATION**

1. Income Statement (last three (3) years) – Please provide actual amounts from all sources.

2.

Fiscal Year Ends	Year	Actual Revenues	Actual Expenditures	Surplus (+) Deficit (-)	Accumulated Surplus

If surplus/deficit exists, indicate how it will be eliminated:

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3. How much of the operating budget is State aid? \_\_\_\_\_ Federal aid? \_\_\_\_\_

4. Has any bond or tax increase been defeated in the past three (3) years? Yes  No   
If yes, explain: \_\_\_\_\_

5. Do you expect a budget reduction in the next year? Yes  No   
Please give amount and impact of shortfall \_\_\_\_\_

**III. OPERATIONAL ADMINISTRATIVE INFORMATION**

1. Is the educational entity accredited? Yes  No   
List accrediting organization: \_\_\_\_\_  
Date of last review: \_\_\_\_\_

2. Does the educational entity offer programs that are not accredited? Yes  No   
If yes, please separately provide additional information.

3. Has the educational entity or any of the educational entity's academic programs lost accreditation, been placed on probation or been deemed unable to gain accreditation? Yes  No   
If yes, please separately provide additional information.

4. Has the educational entity added or eliminated any academic programs, including music, arts or athletic program in the last twelve (12) months or do you plan to add or eliminate any in the next twelve (12) months? Yes  No   
If yes, please separately provide additional information.

5. In the last three (3) years, have you been involved in any school mergers/closings or plan to do so in the next twelve (12) months? Yes  No

6. A. Are any school openings expected in the next eighteen (18) months: Yes  No   
If yes, explain: \_\_\_\_\_

B. Do you expect a reduction in staff in the next eighteen (18) months? Yes  No

C. If yes, has your attorney reviewed your staff reduction plan? Yes  No

7. Have you been or anticipate to be the target of an investigation by a government entity regarding student loan default rates, gainful employment regulations, or admissions practices? Yes  No   
If yes, please separately provide additional information.
8. What are your student loan default rates? \_\_\_\_\_%
9. Are admissions personnel compensated based on enrollment? Yes  No
10. Do you make promises or guarantees related to job placement, qualifications, or certifications attained through course of study or transferability of credits? Yes  No
11. Did any of the following take place in the past three (3) years? Explain all "yes" answers on an attached sheet.
- A. Strike, slowdown or other disruption? Yes  No
- B. 1. Layoff of staff or reduction in service? Yes  No
2. Do you expect a reduction in staff in the next eighteen (18) months? Yes  No
3. If yes, has your attorney reviewed your staff reduction plan? Yes  No
- C. Disputes involving integration, segregation, discrimination or violations or civil rights? Yes  No
- D. Has any employee been suspended, dismissed, demoted, transferred or tenure contract non-renewed? Yes  No

**Attach a copy of the log of all Equal Opportunity Employment Commission claims or complaints filed against the entity in the past five years.**

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

- |   |   |
|---|---|
| <input type="checkbox"/> Transportation         | <input type="checkbox"/> Medical                      |
| <input type="checkbox"/> Accounting / Financial | <input type="checkbox"/> Specialized Educational      |
| <input type="checkbox"/> Food                   | <input type="checkbox"/> Secretarial / Administrative |
| <input type="checkbox"/> Custodial              |   |
| <input type="checkbox"/> Other Educational      |   |

Describe in detail:

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13. Do you require all subcontractors or independent consultants to carry liability insurance? Yes  No
- Do you require to be added as an additional insured? Yes  No

14. Has entity/board established written policies/procedures governing teachers/supervisory personnel and non-professional employees in the areas of:

- Suspension Yes  No
- Dismissal Yes  No
- Promotion Yes  No
- Transfer Yes  No
- Demotion Yes  No
- Hiring Yes  No
- Background checks Yes  No
- Sexual Harassment Yes  No
- Drug Testing Yes  No

15. Has entity/board established written policies/procedures governing all students in the area of:

- Suspension Yes  No
- Dismissal Yes  No
- Promotion Yes  No
- Transfer Yes  No
- Corporal Punishment Yes  No
- Acceptance Yes  No
- Student use of lockers Yes  No
- Parking facilities Yes  No
- Sexual Harassment Yes  No
- Drug Testing Yes  No

16. A. Do you conduct background checks on all:

- Applicants Yes  No
- New Hires Yes  No
- Volunteers Yes  No

B. Do your background checks on the above include:  
(check appropriate areas)

Type	Teachers	Other Employees	Volunteers
Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal References	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior Employers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Checks: home state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Checks: all states	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Checks: federal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Credentials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. A. Have your policies and procedures been reviewed by counsel? Yes  No
- B. Have all employment applications and procedures been reviewed by legal counsel and found in compliance with EEOC regulations (including ADA)? Yes  No
- C. Are formal written job descriptions in place for all positions? Yes  No
18. Do guidelines provide for administrative hearings and appeals? Yes  No
- A. How many hearings/appeals have taken place in the last twelve (12) months? In what areas? \_\_\_\_\_
- B. How many hearings/appeals from "18A" are in the area of special education? In what areas? \_\_\_\_\_

**IV. POLICY/CLAIMS HISTORY – INCIDENTS – INSURED/UNINSURED LOSSES – CURRENT AND PRIOR FOUR YEARS (INCLUDING INSURED AND UNINSURED LOSSES). IF NO LOSSES, CHECK HERE**

1. Please attach a copy of current insurance company loss runs.

Year	Policy Number	Premium	Company	No. of Losses	Dollars of Paid Loss	Paid Expenses	Dollars Open Loss Reserve	Dollars Open Expense Reserve	Total Dollars Paid & Open Loss & Expenses
<b>Total</b>									

2. A. Has any claim been made/presented to your current or prior insurers? Yes  No
- B. Has any claim been made against the entity that was not covered by insurance? Yes  No
- C. Has any person, former employee or job applicant made claim alleging unfair or improper treatment regarding hiring, salary, advancement, demotion, suspension or termination? Yes  No
- D. Has entity been formally criticized by the state board of education? Yes  No
- E. Has any claim been made or is one now pending against any person in his/her official capacity as an official employee or volunteer of the entity? Yes  No
- F. Does any board member, employee or volunteer have any knowledge of any negligent act, error, omission, or breach of duty which may reasonably be expected to give rise to a claim? Yes  No
- G. Is the applicant aware of any claims, acts, omissions, incidents or circumstances which might reasonably be expected to be the basis of a claim or suit? Yes  No
- H. Have any of the claims, acts, omissions, incidents or circumstances identified in response to the preceding question been reported to an insurance carrier? Yes  No

Disclosure to the Company is required of any such acts which become known to the applicant between the date of application and the date when coverage becomes effective. These acts shall include EEOC notice.

Section IV "yes" answers must be explained fully giving date of incident, complainant's name, cause of action, damages claimed, amount of settlement and legal cost paid and current status of each open incident/claim including open loss reserve, open loss adjustment/defense cost reserve and paid defense costs to date.

**V. CURRENT INSURANCE COVERAGE INFORMATION (PLEASE ANSWER FOR ALL COVERAGES NOW IN FORCE.)**

1. A. Has any such insurance been declined, canceled or not renewed? Yes  No   
 (Questions not applicable to Missouri residents.)

B. If yes, please explain:

\_\_\_\_\_

2. A. Has the entity maintained continuous D&O, E&O and EPLI coverage for the last five (5) years at the limits requested? Yes  No   
 If no, since when? \_\_\_\_\_

B. What is the retroactive date on your current D&O, E&O and EPLI coverage?

\_\_\_\_\_

(If none, indicate here )

Policy Type	Policy Number	Company Name	Expiration Date	Limits	Deductible	\$ Premium
General Liability						
Personal Injury						
D&O, E&O & EPLI						

3. Does your current coverage under 1. and 2. above cover sexual abuse/molestation, discrimination and corporal punishment? Yes  No

**VI. COVERAGE REQUESTED**

1. Limits of Liability each claim and policy year aggregate:  \$1,000,000  \$2,000,000  Other \$ \_\_\_\_\_

2. Dollar deductible each claim:  \$1,000  \$2,500  \$5,000  \$10,000  
 \$15,000  \$25,000  Other: \$ \_\_\_\_\_

**VII. IMPORTANT NOTICES; STATE FRAUD NOTICES**

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.**

#### **FRAUD WARNINGS**

**NOTICE TO ARKANSAS 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant 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.

**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 KANSAS APPLICANTS:** A "fraudulent insurance act" means 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 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 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 MAINE 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, 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 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 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 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 PUERTO RICO APPLICANTS:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**NOTICE TO RHODE ISLAND 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 TENNESSEE 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 VIRGINIA 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 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 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 ALL OTHER STATES:** Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to 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.

**VIII. AUTHORIZED ENTITY REPRESENTATIVE; APPLICANT'S SIGNATURE**

_____	_____
Authorized Signatory of Entity	Date
_____	_____
Print Name and Title	Phone Number

1. The official designated to receive any and all notices from the insurer to the entity concerning any policy issued as a result of this application shall be (please type or print).

Name: \_\_\_\_\_  
Title: \_\_\_\_\_

2. 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 signing of this application does not bind the signer to purchase the insurance, but it is agreed this form shall be the basis of the contract should a policy be issued, and this form will serve as the basis of and will be referenced in the policy.

**IX. AGENCY INFORMATION**

Agency Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Will you make surplus lines filings if necessary? Yes  No

Provide your surplus lines license number: \_\_\_\_\_

**X. PLEASE ATTACH:**

- **Carrier Loss Runs**
- **Current Budget**
- **Current Year End Financial Statement**
- **Personnel Practices for questions 14, 16, 18 under Section III**