



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

**CLAIMS MADE EDUCATORS LEGAL LIABILITY
INSURANCE RENEWAL 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. Student Enrollment:

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

5. 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:		
Total:		

6. 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. _____

II. FISCAL BOND INFORMATION

1. Income Statement – Please provide actual amounts from all sources.

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

2. How much of the operating budget is State aid? _____ Federal aid? _____
3. Has any bond or tax increase been defeated in the last year? Yes No
 If yes, explain: _____
4. 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. 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 in the last twelve (12) months? Yes No
 If yes, please explain: _____
3. 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 explain: _____
4. Have there been any school openings, mergers, or closings or are there any plans to do so in the next twelve (12) months? Yes No
 If yes, please explain: _____
5. Do you expect a reduction in staff in the next eighteen (18) months? Yes No
 If yes, has your attorney reviewed your staff reduction plan? Yes No
6. Did any of the following take place in the last year? **Explain all “yes” answers below.**
- A. Strike, slowdown or other disruption? Yes No
- B. Layoff of staff or reduction in service? 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

Explanations:

7. Does the entity operate daycare facilities or services? Yes No
If yes, provide details of services:

8. Has entity been criticized by the state board of education? Yes No

9. Is entity operating under a court's supervision? Yes No
If "yes," provide details:

10. Do Guidelines provide for administrative hearings and appeals? Yes No

A. How many hearings/appeals have taken place in the last twelve (12) months? _____

B. How many hearings/appeals from "10A" are in the area of special education? _____

In what areas? _____

IV. CLAIMS HISTORY – INCIDENTS – INSURED/UNINSURED LOSSES – CURRENT AND PRIOR TWO (2) YEARS

1. 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

2. 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

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.

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

2. Has any such insurance been declined, canceled or not renewed? Yes No
 If yes, please explain.

3. Is sexual molestation covered under your General Liability policy? Yes No

VI. 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 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.

VII. 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.

VIII. 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: _____