



**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:

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 <input type="checkbox"/>	No <input type="checkbox"/>
Dismissal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Promotion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transfer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Demotion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hiring	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Background checks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sexual Harassment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drug Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

Suspension	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dismissal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Promotion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transfer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Corporal Punishment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Acceptance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Student use of lockers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parking facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sexual Harassment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drug Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

Applicants	Yes <input type="checkbox"/>	No <input type="checkbox"/>
New Hires	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Volunteers	Yes <input type="checkbox"/>	No <input type="checkbox"/>

- 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.

#### APPLICANT FRAUD WARNINGS

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**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 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 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.

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.

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

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