



SCHOOLS—PRIVATE, TECHNICAL, TRADE AND VOCATIONAL
SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Applicant's Name:
Mailing Address:
Location Address:

Agency Name:
Agent No.:
Address:
E-mail:
Phone No.:

PROPOSED EFFECTIVE DATE: From To 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

- 1. Type of School: Alternative/Reform, Charter, College, Co-op/Community, Correspondence/Internet, Dental, Internet, Learning Center, Medical, Military, Preschool, Private Elementary School, Private High School, Private Junior High/Middle School, Public, Technical, Trade, Tutoring, Vocational

If technical, trade or vocational, what trades are taught?

2. Number of years in business:

3. Is school located in a private home? Yes No

4. Total number of students enrolled: Students' ages range from to
Average daily attendance: Percentage of special needs students: %

5. Annual gross receipts from all operations (include tuition fees, food receipts, clothing, equipment sales, etc.): \$

6. Month(s) and Hour(s) of operation(s):

7. Teachers Errors and Omissions Coverage limits: (Limits may be provided up to the GL limits)
Each Claim: \$
Aggregate: \$
Total number of Teachers:

8. Is student housing available? Yes No

If yes, advise number of beds: \_\_\_\_\_

**9. Indicate if instruction, training or certification is provided for any of the following:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Aviation (classroom only)            | <input type="checkbox"/> Firearm            | <input type="checkbox"/> Scuba and Skin Diving    |
| <input type="checkbox"/> Aviation (other than classroom only) | <input type="checkbox"/> First Aid          | <input type="checkbox"/> Skydiving                |
| <input type="checkbox"/> Cheerleading                         | <input type="checkbox"/> Gymnastic          | <input type="checkbox"/> Sports or Recreation     |
| <input type="checkbox"/> Cosmetology                          | <input type="checkbox"/> Hazardous Material | <input type="checkbox"/> Stand-Up Paddle Boarding |
| <input type="checkbox"/> Dance                                | <input type="checkbox"/> Martial Arts       | <input type="checkbox"/> Surfing                  |
| <input type="checkbox"/> Driving                              | <input type="checkbox"/> Safety             | <input type="checkbox"/> Swimming and/or Diving   |
| <input type="checkbox"/> Other: _____                         |   |   |

**10. Describe all operations on premises (wood shop, metalworking, shop, gymnasium, athletic facilities and grandstands):** \_\_\_\_\_

**11. Cosmetology schools (identify all operations taught):** \_\_\_\_\_

**12. Identify protective equipment used for any of the above activities/operations:** \_\_\_\_\_

**13. Any buildings over six stories?** .....  Yes  No  
If yes, advise number of stories for each building: \_\_\_\_\_

**14. Any prior losses due to mold?**.....  Yes  No  
If yes, has one hundred percent (100%) remediation occurred? .....  Yes  No

**15. Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?** .....  Yes  No

**16. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** .....  Yes  No  
If yes, describe: \_\_\_\_\_

**17. Does applicant have other business ventures for which coverage is not requested?**.....  Yes  No  
If yes, explain and advise where insured: \_\_\_\_\_

**SCHOOL SPONSORED ACTIVITIES**

**18. Describe any school sponsored exhibitions (an exhibition for this purpose is an event sponsored by you, open to the public, where the participants are limited to members of the school or club):** \_\_\_\_\_

**19. Are there any school sponsored sports teams or sporting events?**.....  Yes  No  
If yes:

a. Describe: \_\_\_\_\_

b. Are students or their parents required to sign liability waivers?.....  Yes  No  
If yes, please attach a copy of the waiver wording that is used.

20. Describe any off-site activities: \_\_\_\_\_

**SCHOOL POLICIES/SECURITY**

21. Are all teachers properly licensed/registered per state regulations? .....  Yes  No

If no, please explain: \_\_\_\_\_

22. Are background checks completed for all teachers and employees in compliance with state regulations? .....  Yes  No

If no, please explain: \_\_\_\_\_

23. Does the school allow teachers, aides or administrators to have or carry guns on school premises? .....  Yes  No

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

24. Does the school have a formal discipline program for students? .....  Yes  No

If yes, please provide a copy of the program.

25. Does the school have a "zero tolerance" policy regarding violent behavior? .....  Yes  No

If yes, please provide a copy of any written policy.

26. Does the school have a policy regarding visitors to school premises? .....  Yes  No

If yes, please provide a copy of any written policy.

27. Indicate any of the following included in the school security systems:

- |   |   |
|---|---|
| <input type="checkbox"/> Doorbell at main entrance                | <input type="checkbox"/> Security cameras     |
| <input type="checkbox"/> Presence of security guards              | <input type="checkbox"/> Self-locking door(s) |
| <input type="checkbox"/> Remote release mechanism to open door(s) | <input type="checkbox"/> Video monitors       |

28. Is there a security guard on premises? .....  Yes  No

If yes:

a. Number of armed guards employed by school: ..... Payroll: \$ \_\_\_\_\_

Number of unarmed guards employed by school: ..... Payroll: \$ \_\_\_\_\_

b. Number of armed guards contracted through a security firm?\* ..... Contract cost: \$ \_\_\_\_\_

Number of unarmed guards contracted through a security firm?\* ..... Contract cost: \$ \_\_\_\_\_

\* For contracted security guards, a certificate of insurance and applicant named as an Additional Insured is required. If these requirements are not met, security guards are rated as employees at the appropriate security guard rate.

c. Are guards licensed and employee background checks done as required by state or federal agencies? .....  Yes  No

d. Are armed guards certified for use of firearms by the appropriate state agency or firearms certification school? .....  Yes  No

e. Explain the security guard's legal powers and restrictions as respects arrests, searches and use of weapons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f. Does the security guard work in conjunction with local police during their shift when apprehending fugitives? .....  Yes  No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**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 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** 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.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.