SCHOOLS—PRIVATE, TECHNICAL, TRADE AND VOCATIONAL SUPPLEMENTAL APPLICATION
(Complete in addition to ACORD General Liability Application)

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<tr>
<th>Applicant’s Name:</th>
<th>Agency Name:</th>
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Mailing Address: ____________________________________________

Location Address: ____________________________________________

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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  ☐ Medical  ☐ Trade  
   - ☐ Charter  ☐ Military  ☐ Tutoring  
   - ☐ College  ☐ Preschool  ☐ Vocational  
   - ☐ Co-op/Community  ☐ Private Elementary School  
   - ☐ Correspondence/Internet  ☐ Private High School  
   - ☐ Dental  ☐ Private Junior High/Middle School  
   - ☐ Internet  ☐ Public  
   - ☐ Learning Center  ☐ Technical

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

- Aviation (classroom only)
- Aviation (other than classroom only)
- Cheerleading
- Cosmetology
- Dance
- Driving
- Other:
- Firearm
- First Aid
- Gymnastics
- Hazardous Material
- Martial Arts
- Safety
- Scuba and Skin Diving
- Skydiving
- Sports or Recreation
- Stand-Up Paddle Boarding
- Surfing
- Swimming and/or Diving

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?**

14. **Any prior losses due to mold?**

15. **Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?**

16. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**

17. **Does applicant have other business ventures for which coverage is not requested?**

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?**

   a. **Describe:**

   b. **Are students or their parents required to sign liability waivers?**

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**SCHOOL SPONSORED ACTIVITIES**

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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:
   □ Doorbell at main entrance
   □ Presence of security guards
   □ Remote release mechanism to open door(s)
   □ Security cameras
   □ Self-locking door(s)
   □ 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 re-
         quired. 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.