

# SCHOOL INSURANCE APPLICATION

for

**Charter Schools  
Private Schools  
School Offices**

OFFERED BY



PO Box 567 San Marcos CA 92079-0567  
bwest@amiscorp.com ~ [www.amisinsurance.com](http://www.amisinsurance.com)  
(800) 843-8550 ~ FAX: 800-573- 8550  
Surplus Lines Broker License # 0E22579  
CA Insurance License # 0732784



A NATIONWIDE INSURANCE AGENCY

# AMIS/Alliance Marketing & Insurance Services

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Toll Free Fax: 800-573-8550

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## Common Policy Information

First Name MI Last Name

D.B.A.

Mailing Address

Street Address

City State Zip Code

City State Zip Code

Business Telephone

Fax No.

E-mail Address

Website Address (URL)

School Type (select one): Non-Profit Other (Specify):

Charter No.

Fed. I.D. No.

Number of Students:

Primary Operation: School Office Headquarters  
Day Care Other (Specify):

Enter all claims from the past three years and attach loss runs from previous carrier:

Date of Loss Description of Loss Amount Paid Amount Reserved Claims Status

Prior Carrier Information:

Name of Insurance Carrier Policy Number Coverage Period

## General School Information

Number of Teachers:

Total number of Paid Staff, excluding teachers:

Are any buildings owned by the school? Yes No **If yes, number of buildings?**

Is school premises locked when not in use? Yes No

Is school equipped with any type of burglar alarm system? Yes No

**If yes, describe:**

Does any building have either stained glass, statuary or other fine arts affixed to the building? Yes No

**If yes, attach a schedule of fine arts with values for each item.**

## General School Information (cont.)

Does your school offer Bingo regularly? Yes No **If yes**, how many people attend per event?

Does your school offer childcare? Yes No

Is your school kitchen equipped with commercial cooking equipment? Yes No

Does your school offer youth club activities? Yes No **If yes**, attach a list of activities scheduled for the year.

Does your school publish printed or recorded material for public distribution or sale? Yes No

Does your school sell books, tapes, CDs or other commercial material? Yes No

**If yes**, what are the annual gross sales:

Is Teacher's Professional Liability coverage desired? Yes No

Does school have Health & Accident insurance? Yes No

If yes, name insurance company

## Special Events

Does your school sponsor any special events, other than functions restricted to school members only? Yes No **If no**, skip to the next section of questions.

Provide the following information on all "**small events**". This includes events open to the public with less than 300 attendees. Typical events may include golf tournaments and dinners. Do not include regularly scheduled meetings. If additional space is needed, attach additional information.

Type of Event:	Date Scheduled:	Annual Event?	Estimated Attendance	Estimated Receipts from Admission	Food/Drink Receipts Excluding Liquor	Liquor Receipts
		Yes No				
		Yes No				
		Yes No				

Indicate any of the following types of events that you sponsor or participate in.

None of the following apply  
Event with:

Aircraft (motorized or not)

Animals

Athletic participation (e.g., rope courses, climbing walls, marathons, etc.)

Estimated attendance greater than 300 people

Use of motorized vehicles-licensed or unlicensed

Haunted House

Fireworks Sales or Fireworks Show

Mechanical or non-mechanical entertainment devices (e.g., inflatable bouncers or slides)

Parade-participation or sponsorship

Home Tours

## Abuse Coverage

Is abuse coverage desired? Yes    No    **If no, skip to the next section of questions.**

Occurrence/Aggregate Limit:

**As respects abuse,**

Have any claims ever been filed or allegations ever been made against your organization or anyone working on behalf of your organization alleging abuse? Yes    No

Are you aware of any occurrences that could lead to a claim? Yes    No

**If yes** to above, explain:

Describe any operational procedures you use to control the potential for abuse:

Provide the following :	Employees	Volunteers
a. Total number with student contact?		
b. Is unsupervised contact allowed with students?	Yes    No	Yes    No
c. Education verified?	Yes    No	Yes    No
d. Personal references checked?	Yes    No	Yes    No
e. Written application required?	Yes    No	Yes    No
f. State <b>10-digit fingerprint</b> criminal record check?	Yes    No	Yes    No
g. Federal <b>10-digit fingerprint</b> criminal record check if in state less than 5 years?	Yes    No	Yes    No
h. Federal <b>10-digit fingerprint</b> criminal record check regardless of time in state?	Yes    No	Yes    No
i. Are all controls indicated in e-h required prior to any client contact?	Yes    No	Yes    No
j. How long are records kept documenting all screening activities outlined above?	years	years

Explain any "**no**" responses to a-j:

## Sexual Misconduct Liability

If coverage is desired, the supplemental sexual misconduct questionnaire must be completed and signed, otherwise the policy will be issued without sexual misconduct coverage.

Do you have a written employment policy which includes background and reference checks for employee or volunteer applicants and guidelines for training, supervision and discipline of employees and volunteers?      Yes    No      If "yes," submit a copy

Do you have a written risk management program which applies to liability exposures, including sexual misconduct?      Yes    No      If "yes," submit a copy

Do you have a written response program in the event that a sexual misconduct event occurs?      Yes    No      If "yes," submit a copy

Would you be willing to implement employee screening, risk management and claims response programs if appropriate materials are available?    Yes    No

Have you or any of your representatives ever submitted a claim for sexual misconduct liability to any insurer? If "yes," submit a detailed written explanation of the event.    Yes    No

Have any of your past or present teachers, employees or volunteers ever been accused, charged, convicted, had a claim for damages submitted against, or sued in civil court for any type of sexual misconduct? If "yes," submit a detailed written explanation.    Yes    No

Have you or any of your representatives ever received a complaint alleging sexual misconduct against any of your teachers, employees or volunteers, even if no claim was ever submitted? If "yes," submit a detailed written explanation.    Yes    No

Have you or any of your representatives ever received a report, or investigated any event, of alleged sexual misconduct against any of your ministers, employees or volunteers, even if no complaint or claim was submitted? If "yes," submit a detailed written explanation.    Yes    No

Do you or any of your representatives have any investigations or inquiry pending at the time of this application, or knowledge of any information which may lead to an investigation or inquiry, regarding an event or occurrence of sexual misconduct involving you, or your officers, directors, trustees, elders, ministers, employees or volunteers? If "yes," submit a detailed written account.    Yes    No

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This application acknowledges that the foregoing disclosures are deemed to be material, and that *AMIS* is relying upon the occurrences and completeness of said disclosures and representations in reaching a decision to issue sexual misconduct liability coverage to the applicant. This supplemental application imposes an affirmative duty to make full and fair disclosures upon the applicant. The insured is obligated to report any changes in any of the foregoing responses to the company.

Month

Date

Year

---

Signature of authorized representative

---

Title

# SCHOOL QUESTIONNAIRE

Number of students in each age group:

age 0-5

age 6-10

age 11-14

age 14-18+

What are the dates of your current school term and next school term?

Current Term

Next Term

to

to

Number of:  
teachers

Teacher's Aids/  
Student Teachers

Day Care  
Worker

Other  
Trained  
Educators

Nurses

Counselors

Is the school licensed? ----- Yes No

If school was built prior to 1980, has premises been inspected and certified lead free? Yes No

Is corporal punishment coverage desired? ----- Yes No

Does school have any stadiums, bleachers or grandstands? ----- Yes No

Do you have an outdoor play area? ----- Yes No

**If yes,**

Does the value of your outdoor equipment, including surfacing, exceed \$25,000? Yes No

**If yes,** attach a schedule of locations with value at each.

Was all equipment manufactured by a commercial manufacturer? ----- Yes No

Was all equipment installed by an insured contractor? ----- Yes No

Indicate any of the following activities offered:

- |   |                 |                               |
|---|-----------------|-------------------------------|
| Archery   | Downhill skiing | Off premises Water Activities |
| Baseball/Basketball   | Football- Flag  | Riflery                       |
| Boxing/Martial Arts-Contact   | Football-Tackle | Soccer                        |
| Boxing/Martial Arts-Non-Contact   | Gymnastics      | Track and Field               |
| Climbing/Rappelling/Ropes Course  | Lacrosse/Rugby  | Wrestling                     |
| Equine/Horseback Riding   |                 |                               |
| Swimming or Diving- <b>complete Pool Questionnaire</b> if there is a pool on school premises. |                 |                               |

Other:

Are there metal detectors at all school entrances? ----- Yes No

Do you use security officers? ----- Yes No

**If yes,** are security officers armed? ----- Yes No

Do you provide accident insurance for students? ----- Yes No

Insurance company name:

Policy number:

**If yes,**

Policy period:

Policy limits:

to

Accident insurance:

applies to all students    applies to sports participants    is optional, at student's expense

Is your school's primary purpose or mission to serve any of the following student groups: Yes No

**If yes,** indicate all applicable:

Developmental impairment    Learning impairment    Physical impairment

Emotional impairment, including mentally ill, suicidal and violent

Is restraint of students allowed? ----- Yes No

**If yes,** how many incidents of restraint have occurred in the past year?

Is auto coverage desired for owned and/or non-owned vehicles? ----- Yes No

**If yes,** complete the Auto Questionnaire and provide Acord Auto applications.

**EDUCATOR'S PROFESSIONAL LIABILITY COVERAGE:**

Is professional liability coverage desired? ----- Yes No

**If yes,** complete the questions below

List the number of educators who desire primary coverage:

Classroom Teachers -----

Teacher Aids, Student Teachers, Daycare Workers -----

Special Education Teachers -----

Guidance Counselors, Vocational Counselors, Psychological Counselors -----

School Nurse -----

Other professionally trained educators (including administrators) -----

Is your organization aware of any circumstances, which may result in any claim being made or any claims or suits which have been made during the past five years, against the entity or any of the past or present officers or employees? Yes No

**If yes,** explain:

Has any similar insurance for the entity, present officers or employees ever been cancelled? Yes No

**If yes,** explain:

## School Property Coverage

Deductible: Cause of Loss Theft

Mortgagee (if more than one, attach a separate schedule)

Street Address

City State Zip Code

### Glass Coverage:

All glass including stained glass.

Option 1: All building glass except limited coverage on stained glass

Option 2: Limitation of \$250/pane, \$1,000/occurrence on all glass.

Scheduled Glass. Attach schedule.

### Time Element coverages:

Business Income:

Without Extra Expense \$

Coinsurance:

Include Tuition Fees:

With Extra Expense \$

Coinsurance:

Include Tuition Fees:

Business Income Including Rental Value

Business Income Other Than Rental Value

Rental Value

Extra Expense Only \$



## Applicant/Premises/Operations Information

Premises information - Include all premises you own, rent or occupy. (attach schedule if necessary):

Loc. No. Street, City County, Sate, Zip

Sq. Ft.

- 1.
- 2.
- 3.
- 4.

Buildings and Personal Property	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4
Building	\$	\$	\$	\$
Personal Property Coinsurance	\$	\$	\$	\$
Check and select optional coverages and provide information per building/location:				
Replacement Cost				
Actual Cash Value				
Inflation Protection				
Agreed Value				
Construction Type				
Year of Construction				
Occupancy				
County				
Miles to Fire Dept.				
Feet to Hydrant				
Inside City Limits	Yes No	Yes No	Yes No	Yes No

Building Information	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4
Heating Type				
Electrical System				
Date of last electrical system inspection				
Date of last roof maintenance				
Age of roof				

Protection	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4
Do you service your extinguishers annually?	Yes No	Yes No	Yes No	Yes No
Sprinkler System				
Automatic Extinguishing	Yes No	Yes No	Yes No	Yes No
Systems over cooking surfaces	Yes No	Yes No	Yes No	Yes No
Alarms:				
Smoke Detectors on Each Floor	Yes No	Yes No	Yes No	Yes No
Heat Detectors	Yes No	Yes No	Yes No	Yes No
Pull Alarms	Yes No	Yes No	Yes No	Yes No
Central-Detectors	Yes No	Yes No	Yes No	Yes No
Burglar Alarms	Yes No	Yes No	Yes No	Yes No
Name of Responding Company				
Building locked when not in use	Yes No	Yes No	Yes No	Yes No
Flammable chemicals are kept in locked, tamper-proof cabinets and/or storage space	Yes No	Yes No	Yes No	Yes No
Building on Historical Register	Yes No	Yes No	Yes No	Yes No

### Liability Coverage Part

Occurrence Limit

Medical Expense Limit

Limits of Insurance:

Schedule of Exposure	Rating Basis	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4
Buildings	Sq. Ft.				
Residence - Location	# of Units				
Day Nursery	# of Children				
School - Grades	# of Students				

There is a swimming pool

Pool is fenced and locked when not in use.

Pool depth is marked.

There are no diving boards.

There is no swimming without a lifeguard on duty.

Premises leased to others. List name/exposure and square footage used.

Certificate of Insurance is required naming Additional Insured.

Provide name, address and insurable interest



## Liability Coverage Part Cont.

Indicate exposures and provide details:

Broadcasting	Fireworks	Known asbestos/lead paint
Professional Counseling	Publishing	Trampoline/rebounding equipment
Alcohol	Other:	
Drug		
Income Producing		
Pregnancy		
Other:		

## Auto Information

Does your organization own or lease vehicles? ----- Yes No

Are all owned or leased vehicles being submitted to us for coverage? ----- Yes No

**If yes**, attach Acord Auto applications.

Does your organization prohibit employees and volunteers from driving on your behalf if their MVR indicates any of the following:

More than 2 moving violations and/or accidents within a 3 year period? ----- Yes No

Reckless driving, DUI or any felony driving conviction within a 5 year period? ----- Yes No

Is **hired auto liability** coverage desired? ----- Yes No

**If yes**, does your annual vehicle rental expense exceed \$2,500? ----- Yes No

**If yes**, what is your annual vehicle rental expense? -----

Is **non-owned auto liability** coverage desired? ----- Yes No

**If yes**,

total number of employees:

Volunteers:

Complete the following chart, indicating number of employees and volunteers that **use their personal vehicles on behalf of your organization.**

Type of Usage	Number of Employees with Daily or Weekly Usage	Number of Volunteers with Daily or Weekly Usage	Annual MVR Required?	Proof of Personal Auto Insurance Required on a Renewal Basis?	100/300 or 300 CSL Personal Auto Limits Required?
Errands			Yes No	Yes No	Yes No
Transport others			Yes No	Yes No	Yes No
Home visitation			Yes No	Yes No	Yes No
Home meal delivery			Yes No	Yes No	Yes No

Comments