

Tab or Click from field to field. Go back to previous field by hitting Shift+Tab. Help appears at lower left of the screen for most fields.

**SUBMISSION REQUIREMENTS**

Fully completed and signed ACORD application;  
 A minimum of five years loss experience from prior carrier(s) including details of all losses over \$25,000;  
 Most recent audited financial statements  
 Copy of Employee Handbook (if requesting EPLI coverage)

**I. APPLICANT INFORMATION**

Named Insured: _____			Effective Date: _____	
Primary Address	Street: _____	City: _____	State: _____	Zip: _____
Type of School: <input type="checkbox"/> Charter School <input type="checkbox"/> Private School <input type="checkbox"/> College/University <input type="checkbox"/> Vocational <input type="checkbox"/> Other _____				
The School is: <input type="checkbox"/> For Profit <input type="checkbox"/> Not For Profit				
Grades: _____ through _____				
Year Established: _____				

**II. GENERAL INFORMATION**

Number of Enrolled Students: _____	
Student Capacity: _____	
Number of Employees:	
Teachers: _____	Counselors/Psychologists: _____
Administrators: _____	Nurses/Nurse Practitioners: _____
Directors and/or officers: _____	All Other: _____
Annual Receipts from Tuition: _____	Sale of Merchandise: _____
Other (describe): _____	
Is your institution accredited? If yes, list accrediting organization(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your school provide any child care (day care) services? If yes, please complete the McKee <a href="#">Child Care Questionnaire</a> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your school have a medical facility/infirmary on premises? If yes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
1) Is there a medical professional on staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Does the medical professional carry malpractice insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Is medication dispensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Are written instructions from parents required prior to dispensing medication to minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Are only over-the-counter drugs stored on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Is a log kept to record each time medication is dispensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Is anyone other than students and employees treated by the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) Is there ever overnight care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your school operate a cafeteria/restaurant on premises? If yes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
1) Is the kitchen equipped with commercial cooking equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Is hot lunch provided daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Is an outside vendor hired to provide food services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) If yes, please provide vendor name?	
b) Is proof of insurance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your school have a swimming pool on premises? If yes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
1) Are there certified lifeguards on duty at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Is the pool open to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Is safety equipment readily available within the pool area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Is a phone in pool area with emergency numbers posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your school provide summer school or summer camp?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your school provide boarding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your school support and approve fraternities or sororities on campus?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<b>III. SAFETY AND SECURITY</b>	
Are all visitors required to sign in and out at the main office?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What security measures are in place at your locations? <input type="checkbox"/> Electronic Locks on Doors <input type="checkbox"/> Armed Security Guards <input type="checkbox"/> Metal Detectors <input type="checkbox"/> Alarmed Doors <input type="checkbox"/> Unarmed Security Guards <input type="checkbox"/> Random locker sweeps <input type="checkbox"/> Security Cameras <input type="checkbox"/> Other: _____ If Armed Security Guards are indicated above: 1) The guards are: <input type="checkbox"/> Employed <input type="checkbox"/> Contracted 2) Is Insurance in place for the security force?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your school have unauthorized intrusion and/or violent event emergency procedures in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your school have anonymous reporting of rule violations or violent threats?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>IV. STUDENT TRAVEL</b>	
Does your school sponsor field trips? If yes: 1) How many are conducted each year? 2) Do any field trips require an overnight stay? 3) Is a waiver/written permission required from each student's parent or guardian? 4) What is the maximum distance traveled? 5) Are parents, volunteers or staff vehicles used to transport students? 6) Please describe the types of field trips sponsored:	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your school sponsor international travel programs? If yes: 1) Which countries are targeted for travel? 2) Are there written policies and procedures in place for students in travel programs? 3) Are chaperones required for all trips? a) What is the ratio of chaperones to students? 4) Are permission and waiver agreements required from parents or guardians for each trip taken? 5) Is there foreign liability coverage in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>V. ABUSE OR MOLESTATION</b>	
Does your school verify whether an individual has ever been convicted of any crime, including sex related or child abuse related offenses, before an offer of employment is made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your school have a formal written policy regarding abuse or molestation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your school have a formal training program on identifying and reporting incidents of abuse or molestation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your school or anyone working on behalf of the school ever had an incident or allegation of abuse or molestation? If yes, explain the circumstances and details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are volunteers trained in policies and procedures relating to abuse or molestation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your school have written policies that require known or suspected abuse or molestation incidents to be reported to the proper authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your school perform criminal background checks on all employees and volunteers? If yes, which of the following are used: <input type="checkbox"/> County Criminal Record Search <input type="checkbox"/> State Level Fingerprint Check <input type="checkbox"/> State Criminal Record Search <input type="checkbox"/> Federal Level Fingerprint Check <input type="checkbox"/> National Criminal Record Search <input type="checkbox"/> Registered Sex Offender Search <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your school have a written policy prohibiting the use of corporal punishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your school had any claims or incidents of corporal punishment? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<b>VI. PROPERTY AND LIFE SAFETY</b>	
Have all school buildings been inspected by fire authorities for proper extinguishers, signs and escape routes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a written evacuation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often are fire drills conducted? _____	
Are sprinkler systems installed in all school buildings? If no, which buildings are unprotected? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have all buildings built before 1978 been inspected for lead paint? If yes, has any lead paint been abated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>VII. EDUCATOR'S LIABILITY AND EPLI</b>	
Are all teachers required to be certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are teachers members of a union?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the school ever been involved in any disputes involving segregation, discrimination or violation of civil rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the school offer special education programs? If yes, what type of programs? _____ How does the school identify and accommodate special education needs? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the school offer driver education/training programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the school have funding sources other than tuition? If yes, please list: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the school board established policies and procedures regarding the following, with respects to students? (check all that apply) <input type="checkbox"/> Suspension <input type="checkbox"/> Promotion <input type="checkbox"/> Dismissal <input type="checkbox"/> Student Aggression <input type="checkbox"/> Weapons Possession <input type="checkbox"/> Transfer <input type="checkbox"/> Pregnancy <input type="checkbox"/> Use of Lockers <input type="checkbox"/> Drug Testing <input type="checkbox"/> Internet Access	
Is there a formal appeals process for student disciplinary actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are parents and students informed of, and required to acknowledge, their receipt of policies, procedures and rules prior to enrollment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the last five years, has your school or any related institution been involved in any employment or labor related litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the last five years, has your school or any related institution been involved in any administrative proceedings involving: 1) The Equal Employment Opportunity Commission 2) The U.S. Department of Labor 3) Any state or local government agency whose purpose is to address employee-related claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Has there been any strikes, slowdowns or disruptions within the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often are the school's employment documents, policies, guidelines and procedures updated? <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Other: _____	
Does the school have a full-time human resources manager? If no, who is responsible for human resources? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all supervisors, managers, department heads, etc. receive updated information and training on human resource issues, including performance appraisals, discipline and workplace harassment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many employees have been terminated or demoted in the past 12 months? _____	
Does the school anticipate any reduction of employees over the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the school distribute an employee handbook to, and require an acknowledgement of receipt from, each employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the school utilize outside counsel for employment related advice?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>VIII. DIRECTORS AND OFFICERS LIABILITY</b>	
Does the school have tax-exempt status under the U.S. Internal Revenue Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the school have any subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the school or any person appointed as a director or officer of the institution been subject to or involved in: 1. Any disciplinary action by a regulatory agency or authority? 2. Any administrative proceeding charging violations of federal or state law? 3. Any other criminal action?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

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<b>IX. FIDUCIARY LIABILITY</b>	
Does the school offer a retirement plan to employees? If yes, What is the name of the plan? What type of plans are offered (defined benefit, defined contribution, etc.)? How many participants are enrolled in the plan? What is the total plan assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any mergers of Plans or Plan terminations during the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the plan been reviewed within the past 12 months to ensure there have been no violations or prohibited transactions of party-in-interest rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>X. CYBER SECURITY AND PRIVACY</b>	
Does the school maintain medical records for all current and former students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approximately how many employee and student records are maintained by the school? _____ Are they encrypted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the school provide content for a website or other internet publication?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>XI. ATHLETICS</b>	
Does the applicant have organized sports teams, whether sanctioned or intramural? If yes, list the sports played:	<input type="checkbox"/> Yes <input type="checkbox"/> No
1) Are athletic permission slips and injury waivers signed by parent or guardian and obtained annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Are participants required to have a medical exam?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Is a person trained in first aid present during all practices, games and/or events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Are participants of school sponsored sports required to carry Student Accident Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) If any sport above is considered a "contact sport" (football, rugby, etc.) please complete the concussions section below.	

<b>CONCUSSIONS</b>	
1) Are there written guidelines for safety and training requirements, rules of play and equipment use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Is the participant's parent or guardian required to sign a release from liability or assumption of risk form prior to participation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) If yes, does this form directly reference the risk of Traumatic Brain Injury (TBI)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Does the school require all coaches, trainers and medical personnel to complete a TBI or concussion awareness program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Does the program address responsible reporting of TBI or concussion symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) How often is the program required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Are participants required to complete a TBI or concussion awareness program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Does the program state participants have the responsibility to report possible TBI or concussion symptoms to a coach, trainer or medical staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Are students required so sign an acknowledgement that they received such training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Are baseline TBI or concussion assessments completed annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>XII. AUTOMOBILE</b>	
Does the school own or lease any vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are ICC, PUC or other motor carrier filings required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any personal use of school vehicles permitted? If yes, please describe circumstances: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees or volunteers use personal vehicles for school business? If yes, do you require proof of personal auto liability coverage? What are the minimum required limits? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the school obtain and review MVRs for all drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a vehicle maintenance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a log kept of all vehicle maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the school maintain a written driver safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What procedures are in place for reporting and handling of driver accidents and/or violations? _____	

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**GENERAL FRAUD STATEMENT** Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in the states listed below.)

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

**Applicable in CO**

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.

**Applicable in FL and OK**

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)\*. \*Applies in FL Only.

**Applicable in KS**

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 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 commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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 to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

This questionnaire and the loss information shown in the attached ACORD applications are understood to be an inducement to the issuance of a policy of insurance by company and the applicant warrants that all answers to questions are true and correct to the best of applicant's knowledge and belief. The undersigned authorizes the Company to obtain information necessary for evaluation in determining acceptability including but not limited to motor vehicle reports, credit reports and physical inspection.

Insured Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_