

## Primary + Secondary Educational Institutions Comprehensive Supplemental Application

\*Application for Post-Secondary institutions may be found [here](#).

### GENERAL APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person for Inspection: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FEIN: \_\_\_\_\_

### GENERAL APPLICATION INFORMATION

1. School year: 20\_\_\_\_–20\_\_\_\_

Type of accredited school:

☐ Private school: grades \_\_\_\_ through \_\_\_\_

☐ Public school district: grades \_\_\_\_ through \_\_\_\_

☐ Charter school: grades \_\_\_\_ through \_\_\_\_

☐ Adult learning: grades \_\_\_\_ through \_\_\_\_

☐ Other: Describe and list grades (ex. Special needs focus or trade/vocational):  
\_\_\_\_\_

2. Please advise if your school is a “For profit” institution. ☐ Yes ☐ No

3. Please advise percentage of your students that are solely online \_\_\_\_%

4. Is applicant’s school accredited? ☐ Yes ☐ No

If Yes, list accrediting organization: \_\_\_\_\_

5. Has the school or any of your academic programs ever lost accreditation, been placed on probation or become unable to gain accreditation? ☐ Yes ☐ No

If Yes, provide details: \_\_\_\_\_

6. Describe any sources of state or federal funding, for example PPP loan, lunch subsidy program, contracted students from public school district, etc. (non-public schools only):  
\_\_\_\_\_

7. Please provide your total enrollment number:

a. Pre-school/daycare: \_\_\_\_ K-8: \_\_\_\_ 9-12: \_\_\_\_ Vocational: \_\_\_\_

b. International students (those that live outside of the US when not at school)? \_\_\_\_\_

c. How many of your students live on campus or in host homes or other off campus accommodation?

On Campus: \_\_\_\_ Host Homes: \_\_\_\_

d. Do any employees or clergy live on campus? ☐ Yes ☐ No

i. If Yes, please explain: \_\_\_\_\_

e. Do you have any locations in other countries that are not part of this application? ☐ Yes ☐ No

If Yes, where: \_\_\_\_\_

8.	Please provide your total number of personnel employed:	FULL TIME	PART TIME
	Officials, administrators, managers, principals, assistant principals		
	Teaching faculty (all levels), student teachers		
	Nurses, counselors, psychologists, athletic trainers, other professional staff		
	All other Employees		
	Total Employees		

9. For charter schools only: ☐ NA

- a. What year was the charter granted? \_\_\_\_\_ When is your charter up for renewal? \_\_\_\_\_
- b. Is the school chartered or managed by a management organization? ☐ Yes ☐ No  
If Yes, provide details: \_\_\_\_\_
- c. Does the school have direct control over its own finances? ☐ Yes ☐ No  
If Yes, provide details: \_\_\_\_\_
- d. Who is the authorizer/sponsor of the charter school? \_\_\_\_\_
- e. Is an Education Management Organization (EMO) utilized? ☐ Yes ☐ No
- i. If Yes, please provide the name of the EMO \_\_\_\_\_
- ii. If Yes, is the EMO a for-profit entity? ☐ Yes ☐ No
- iii. If No, how many years of experience does the charter school management have in running a charter school?  
\_\_\_\_\_
- f. Is the school a party to any hold harmless/indemnification agreements with your local school district/charter authorizer/charter sponsor? ☐ Yes ☐ No
- g. If Yes, please explain: \_\_\_\_\_

10. Employee/volunteer hiring or selection procedures: Indicate all practices followed by the administration:

- ☐ Signed employment applications are obtained for all potential employees
- ☐ Criminal background checks are done on all employees before employment ☐ State ☐ Multi-State ☐ Federal ☐ Non conducted
- ☐ Criminal background checks on volunteer workers are obtained before employment (direct involvement with children)
- ☐ Background checks include search of National Crime Information Center
- ☐ Background checks include search of federal and state sex offender registry
- ☐ Records of employment applications and background/reference checks are retained
- ☐ Education and Credentials verification for all faculty and administrators
- ☐ An employee orientation is conducted covering all written policies with documentation kept in file

11. Does your institution operate a house of worship? ☐ Yes ☐ No

Please explain: \_\_\_\_\_

12. Do you charter any community organizations, including but not limited to a Boy Scout troop? ☐ Yes ☐ No

Please explain: \_\_\_\_\_

#### **FINANCIAL INFORMATION**

1.	Please provide the following budget information:	Current Year	Prior Year	Previous Year
	Total revenues			
	Expenditures			
	Surplus (+)/deficit (-)			
	Annual receipts from Tuition			

2. If a deficit exists, indicate cause of deficit and how it will be eliminated: \_\_\_\_\_
3. Please attach most recent audited financials statements (required for charter and private/independent schools) ☐ Included

### **SAFETY/SECURITY INFORMATION**

1. Do you have a comprehensive written safety and emergency action plan or procedures in place? ☐ Yes ☐ No
2. Is there a safety committee with regular safety meetings conducted? ☐ Yes ☐ No
3. Please indicate any of the following building access and safety procedures that are currently in place:  
☐ visitor sign in procedures ☐ exterior doors locked during school day ☐ security cameras utilized  
☐ fire and emergency drills conducted ☐ other security measures
4. Do you have a dedicated Risk Manager? ☐ Yes ☐ No
5. Do you have procedures in place for all active threats on campus? ☐ Yes ☐ No
- a. How often are your staff trained? \_\_\_\_\_ Students? \_\_\_\_\_
- b. Do you have an anonymous reporting program for threats of violence? ☐ Yes ☐ No
- c. Do you utilize an emergency notification system? ☐ Yes ☐ No
- i. If Yes, how are emergency communications sent to students and employees? \_\_\_\_\_
- d. For Residential facilities: Does your security team patrol the campus 24/7 including residence halls? ☐ Yes ☐ No
6. Do you allow (or plan to within the next 12 months) employees or volunteers to carry open or concealed firearms on school premises? ☐ Yes ☐ No
- a. If Yes, please indicate:

	TOTAL
Schools with armed security personnel, whether contracted or employed	
Schools with armed personnel who are NOT employed in a security capacity. For example, an armed administrator, teacher or coach when security is not their primary job function.	
Armed volunteers functioning in an official capacity on behalf of the school	

- b. If No, does your weapons ban policy have any exceptions? ☐ Yes ☐ No
- Please provide details: \_\_\_\_\_
- c. If No, do you have conspicuously placed signage that identifies the buildings as a gun-free zone? ☐ Yes ☐ No
- Please provide details: \_\_\_\_\_

### **PROPERTY INFORMATION**

1. Does the school own any buildings that are vacant or unoccupied? ☐ Yes ☐ No
- a. Please provide details for each building including future plans for structure: \_\_\_\_\_
2. Are there any buildings presently under construction or renovation? ☐ Yes ☐ No
- a. If Yes, please describe project (including cost and length of time): \_\_\_\_\_
3. Does the school generate its own power through solar panels, geo-thermal technology or wind turbines? ☐ Yes ☐ No
- a. If Yes, please provide details: \_\_\_\_\_

4. Are there any buildings of historical value or listed on a historic register? ☐ Yes ☐ No
- a. If Yes, please provide details: \_\_\_\_\_
- b. If Yes, please provide copy of the property appraisal. ☐ Included

## **GENERAL LIABILITY INFORMATION**

### **Safety programs/procedures**

1. Please indicate any of the following safety procedures you have implemented:
- ☐ Periodic inspections of interior/exterior walking surfaces: Frequency \_\_\_\_\_ How documented? \_\_\_\_\_
- ☐ Playground maintenance and surface protection: Frequency \_\_\_\_\_ How documented? \_\_\_\_\_ ☐ NA
- ☐ Quality control measures for food preparation and storage
- ☐ Vocational shop/lab inspections with unsafe conditions identified and corrections documented ☐ NA
- ☐ Written safety program on use of machinery provided to all students and staff ☐ NA
- ☐ Bleacher/grandstand inspections: Frequency \_\_\_\_\_ How documented? \_\_\_\_\_ ☐ NA

### **Corporal Punishment**

1. Does your school practice Corporal Punishment? ☐ Yes ☐ No
2. If No, do you have a written policy prohibiting the use of corporal punishment? ☐ Yes ☐ No
- a. If No, please explain: \_\_\_\_\_

### **Facility use**

1. Do you allow outside groups to use the school property for activities? ☐ Yes ☐ No
- a. If Yes, please provide the estimated annual # of rentals \_\_\_\_\_ Annual revenue \$ \_\_\_\_\_
2. If yes, please indicate if the school obtains any of the following:
- a. Certificate of insurance from group and \$ \_\_\_\_\_ limits of insurance required ☐ Yes ☐ No
- b. Evidence that school is named as additional insured on groups' liability insurance ☐ Yes ☐ No
- c. A signed contract/agreement in which the school is held harmless ☐ Yes ☐ No
- (attach copy of the Building Use form).

### **Drones**

1. Are drones operated on or around the institute's property/premises? ☐ Yes ☐ No
- a. If Yes, please provide the following:

Make/model	Year	Length/width	Max altitude	Insured value	Number of units

2. Where will the drones be primarily operated? \_\_\_\_\_
3. Who is authorized to fly the drones? \_\_\_\_\_
4. Are all operators required to complete training in the operations of the drone? ☐ Yes ☐ No
5. Does the applicant hold an FAA certificate of authorization (COA)? ☐ Yes ☐ No
- If No, please provide details: \_\_\_\_\_

**Swimming pools** ☐ NA

1. Please indicate the number of swimming pools: \_\_\_\_\_
2. Please indicate any of the following safety procedures implemented:  
☐ Safety rules posted   ☐ Depth markings   ☐ Lifeguard on duty at all times  
☐ Locked after school hours   ☐ lifesaving equipment on hand  
☐ Other: \_\_\_\_\_
3. Are there any diving boards, slides, platforms or other structures used for jumping or diving? ☐ Yes   ☐ No  
If Yes, describe design (i.e. number/height) \_\_\_\_\_
4. Is the pool available to the public? ☐ Yes   ☐ No  
If Yes, how frequent? \_\_\_\_\_
  - a. If Yes, do you require certificate of insurance verifying CGL and sexual abuse coverage and limits? ☐ Yes   ☐ No
  - b. If Yes, do you require waiver of liability to be signed by the group and all participants? ☐ Yes   ☐ No

**Student field trips** ☐ NA

1. Are written procedures in place regarding chaperone/student ratio for field trips? ☐ Yes   ☐ No  
If Yes, please describe: \_\_\_\_\_
2. Are school-sponsored overnight field trips allowed? ☐ Yes   ☐ No  
If Yes, describe (including grades, destinations, and chaperone/student ratio): \_\_\_\_\_  
\_\_\_\_\_
3. Are written permission/waiver of liability obtained from each child's parent or guardian? ☐ Yes   ☐ No
4. When transportation is provided, do you require two adults and restrict time and routes? ☐ Yes   ☐ No
5. Are all trips within the United States? ☐ Yes   ☐ No  
If No, please list locations outside of the United States: \_\_\_\_\_
6. Do you currently purchase foreign liability coverage? ☐ Yes   ☐ No  
If Yes, please advise current insurance company: \_\_\_\_\_  
Policy Limits: \$ \_\_\_\_\_

**Camps** ☐ NA

1. Does the school own or operate any camps (including summer camps, youth camps, etc.) ☐ Yes   ☐ No
  - a. If Yes, please provide your annual revenue generated from sponsored camps: \$ \_\_\_\_\_
  - b. If Yes, please describe the scope of camps offered: (attach brochure and additional sheet if needed)

Camp name, description					
Type of camp	<input type="checkbox"/> Day <input type="checkbox"/> Overnight	<input type="checkbox"/> Day <input type="checkbox"/> Overnight	<input type="checkbox"/> Day <input type="checkbox"/> Overnight	<input type="checkbox"/> Day <input type="checkbox"/> Overnight	<input type="checkbox"/> Day <input type="checkbox"/> Overnight
# of campers per day					
Total number of days per year operated					
Age range of campers					
Accredited by ACA?	<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

2. Does your camp registration include consent and acknowledgement of risk of injury and liability waiver to be signed by parent or guardian? ☐ Yes   ☐ No

3. Are any of these camps operated by third parties at your premises? ☐ Yes ☐ No
- If Yes, provide details: \_\_\_\_\_
- a. If Yes, do you require third party to provide certificate of insurance showing general liability and sexual misconduct coverage for athletic participants, with limits of at least \$1,000,000? ☐ Yes ☐ No
- b. If Yes, do you require third party to list you as an additional insured in a contract/written agreement? ☐ Yes ☐ No

**Athletic programs** ☐ **No formal athletics**

1. Please indicate any of the following policy and procedures that apply to your athletic programs:
- ☐ You require consent and acknowledgement of risk of injury forms and liability waivers to be signed by athletes and/or parents annually
- ☐ Student accident policy ☐ Offered to parents ☐ Purchased by school district, Provide policy limit: \$ \_\_\_\_\_
- ☐ You require all athletic participants to carry and acknowledge they maintain accident and health insurance
2. Do you have any athletes involved with NIL (Name, Image, Likeness) arrangements or collectives? ☐ Yes ☐ No
- If Yes, please explain: \_\_\_\_\_
3. Do you require an annual medical exam/evaluation from a qualified medical professional giving clearance for all athletes to participate in sports before they begin participating? ☐ Yes ☐ No
4. Nurse, Trainer or other medical service providers are present at all athletic events? ☐ Yes ☐ No
5. Do you have a formal equipment and athletic facility inspection with maintenance protocol in place? ☐ Yes ☐ No
6. Do you own or operate any fitness facility that is open to the public? ☐ Yes ☐ No
- a. If Yes, please provide number of members: \_\_\_\_\_ and your annual receipts: \$ \_\_\_\_\_

**Concussion management safety program**

1. Do you have a formal educational concussion awareness program designed specifically to address concussion and sub-concussive injury for any person engaged in athletic activities? ☐ Yes ☐ No
2. Does your concussion awareness program include materials:
- a. Describing and understanding concussions and sub-concussive injuries and the potential consequences of such injuries? ☐ Yes ☐ No
- b. Recognizing and responding to concussions and sub-concussive injuries. ☐ Yes ☐ No
- c. Referencing injury management standards for the "participant's" return to activities following a concussion or sub-concussive injury; including medical clearance required ☐ Yes ☐ No
- d. Discussing the prevention of concussions and sub-concussive injuries. ☐ Yes ☐ No
3. Is the concussion awareness program updated regularly and does it include the Center for Disease Control and Prevention's Heads UP: Concussion in Youth Sports training course or any similar training course as well as programs mandated by law or by the governing body for the athletic or sports game, contest, activity, practice, scrimmage or exhibition? ☐ Yes ☐ No
- If No, please explain: \_\_\_\_\_
4. Is your concussion awareness program distributed via electronic or written communication, regularly advancing education materials to participants, parents and coaches about the nature of risk of concussions, including but not limited to all material outlined in the concussion awareness program? ☐ Yes ☐ No
- If No, please explain: \_\_\_\_\_
5. Are records of such program and communications to participants and their guardians maintained indefinitely? ☐ Yes ☐ No
- If No, how long do you retain? \_\_\_\_\_

## ADDITIONAL SCHOOL PROGRAMS/SPONSORED ACTIVITIES

1. Indicate if any school programs or clubs involve any of the following activities:

- a. ☐ Equestrian ☐ Rock climbing/indoor walls ☐ Challenge Rope course ☐ Firearms/rifle/gun activities  
☐ Whitewater sports/rafting ☐ Skiing/snowboarding ☐ Scuba diving ☐ Other \_\_\_\_\_

b. Please provide details of operations for each activity indicated above and your controls implemented:

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2. Do you provide housing for your students and/or staff?

☐ Yes ☐ No

a. If Yes, how many beds do you have?

**Students:** \_\_\_\_\_ on campus \_\_\_\_\_ off campus \_\_\_\_\_ host families **Staff/Clergy:** \_\_\_\_\_ on campus \_\_\_\_\_ off campus

b. If Yes, do sleeping rooms have: ☐ Central station fire alarms ☐ Automatic sprinklers ☐ Battery smoke detectors  
☐ Self closing doors ☐ Two means of egress per floor

c. Describe staffing/supervision for student housing: \_\_\_\_\_

d. Do you have any residential facilities over 3 stories? ☐ Yes ☐ No

If Yes, please identify which buildings: \_\_\_\_\_

3. Do you operate a medical facility or infirmary?

☐ Yes ☐ No

a. Does the facility have accommodations for overnight lodging and treatment?

☐ Yes ☐ No

b. Do you obtain signed releases for emergency medical treatment to minors?

☐ Yes ☐ No

c. Do you provide medical treatment only to staff and students?

☐ Yes ☐ No

If No, please explain: \_\_\_\_\_

d. Please provide the number of staff who are:

Physicians:	Physicians asst. or nurse practitioners	Psychologists:
_____ Employed	_____ Employed	_____ Employed
_____ Contracted	_____ Contracted	_____ Contracted

## SPECIAL EVENTS

1. Please provide details on any special events sponsored or allowed at your premises:

(i.e. fund raising events, carnivals with rides, use of inflatables, fireworks, car shows, etc.)

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## SEXUAL MISCONDUCT LIABILITY COVERAGE ☐ No coverage requested, please exclude

1. Current policy limits: \$ \_\_\_\_\_ Current policy deductible: \$ \_\_\_\_\_

a. Current coverage written on an ☐ Occurrence basis ☐ Claims made basis with a retro date: \_\_\_\_\_

### Please advise your current prevention of abuse or molestation policies/procedures

1. Do you have a formal written policy and procedures on abuse prevention addressing abuse, molestation, and sexual harassment in all of its forms (anti-abuse, anti-molestation, anti-harassment) covering all students, employees and guests?

☐ Yes ☐ No

Does it include:

- a. Written policy statement defining the institution's anti-abuse stance? ☐ Yes ☐ No
- b. Training on identifying potential abuse, and how to report suspected abuse? ☐ Yes ☐ No
- c. Training on state mandated reporter responsibilities when applicable? ☐ Yes ☐ No

- d. Do you provide training to all employees on sexual abuse/molestation policy, mandatory reporting and procedures? ☐ Yes ☐ No
- e. Acceptable and unacceptable touching and boundaries of appropriate behavior with all students? ☐ Yes ☐ No
- f. Acceptable and unacceptable use of electronic devices/social media to communicate with students during and outside of normal school hours? ☐ Yes ☐ No
- g. Recognizing the signs of inappropriate sexual behavior? ☐ Yes ☐ No
- h. Responsibilities of all employees and volunteers in observing and reporting potential sexual misconduct? ☐ Yes ☐ No
- i. Plan of supervision that monitors staff in day to day relationships both on and off premises? ☐ Yes ☐ No
- j. How and where to report sexual misconduct or abuse incidents? ☐ Yes ☐ No
- k. Defining and prohibiting retaliation against those who report inappropriate behavior? ☐ Yes ☐ No
- l. Are all policies formally communicated annually to:
- i. All employees? ☐ Yes ☐ No
- ii. All students? ☐ Yes ☐ No
- iii. All parents/guardians? ☐ Yes ☐ No
- m. Do you retain records of all communication(s) distributed? ☐ Yes ☐ No
2. Is there an age appropriate sexual misconduct awareness program for students and parents? ☐ Yes ☐ No
3. Has an officer/title IX coordinator been appointed by the insured to receive and investigate complaints of abuse, molestation, harassment, threats of violence, and do they receive ongoing training? ☐ Yes ☐ No
- a. If Yes, has the title IX coordinator been adequately trained in these duties in compliance with OCR regulations? ☐ Yes ☐ No
4. Do you have any off premises activities where an employee may be alone with a student? Mentoring, Tutoring, etc? ☐ Yes ☐ No
5. Have you ever had any alleged or actual incidents of abuse or molestation? ☐ Yes ☐ No
- a. If Yes, please describe: \_\_\_\_\_

## **AUTO/TRANSPORTATION INFORMATION**

### **General Application Information**

1. Please advise if your bus fleet is operated by: ☐ School ☐ Independent Bus Contractor
2. Please indicate the number of vehicles used for student transportation

PPT/8 passenger van ____	9-14 passenger van ____	15 passenger van ____	25 passenger bus ____
72 passenger bus ____	Drivers education ____	Handicap vehicles ____	Other ____

3. Are any buses leased or loaned to others or used by outside groups? ☐ Yes ☐ No
- a. If Yes, please provide details: \_\_\_\_\_
4. If own/operate any 12/15 passenger vans please answer the following: ☐ NA
- a. Is/are the van(s) equipped with electronic stability control? ☐ Yes ☐ No
- b. What is the frequency of tire pressure checks? \_\_\_\_\_
- c. Do you have guidelines in place limiting the passenger count? ☐ Yes ☐ No
- d. Do you limit cargo placement forward of the rear axle and prohibit cargo on roof? ☐ Yes ☐ No
- e. Are drivers required to complete training designed to alert them of the dangers inherent to vans? ☐ Yes ☐ No
5. If an independent contractor operates the bus fleet, provide the following information: ☐ NA
- a. Name of contractor: \_\_\_\_\_ Limits required: \$ \_\_\_\_\_
- Total cost of hire: \$ \_\_\_\_\_
- b. Do you require certificates of insurance from the contractor? ☐ Yes ☐ No
- c. Is the school an additional insured on contractor's policy? ☐ Yes ☐ No



### Non-Owned & Hired Exposures

1. Do you have a program in place to monitor employee's/volunteers personal auto liability policy? ☐ Yes ☐ No
2. Do you require staff/volunteers to carry state minimum auto liability limits on their personal autos? ☐ Yes ☐ No
3. Do employees/volunteers transport students in their own vehicles? ☐ Yes ☐ No
  - a. If Yes, how many transport students regularly? \_\_\_\_\_
4. Do you rent or lease vehicles for business purposes? ☐ Yes ☐ No
  - a. If Yes, what is your annual cost of rental vehicles: \_\_\_\_\_
5. Do you pay or reimburse parents or other individuals for student transportation? ☐ Yes ☐ No
  - a. If Yes: For how many drivers? \_\_\_\_ What is the annual cost of these payments? \_\_\_\_\_  
Please provide a copy of the driver agreement.

### Driver Qualification (including approved substitute drivers):

1. Do you obtain MVR's on all employed drivers and volunteers before operation of an owned vehicle or transport of a student for school business can take place? ☐ Yes ☐ No
2. Please indicate all the procedures implemented as part of your fleet safety program:
  - ☐ Prescreening the drivers' MVRs, verify CDL and physicals, past qualifications and training prior to job offer.
  - ☐ Conduct full background checks, including drug testing and criminal background check of all bus drivers.
  - ☐ Have a performance review process that includes a "driver discipline policy" that outlines the number of moving violations and "at fault" accidents that are acceptable before employment
  - ☐ Annual MVR order and review of all employed drivers
  - ☐ Accident review committee that reviews all accidents
  - ☐ Preventive maintenance program in place with documentation maintained

### SCHOOL EDUCATORS LEGAL LIABILITY ☐ No coverage requested

#### General Application Information

1. Current policy limits: \$\_\_\_\_\_ Current policy deductible: \$\_\_\_\_\_ Current retro date: \_\_\_\_\_
2. Current carrier: \_\_\_\_\_ Premium: \$\_\_\_\_\_
3. Has any coverage been declined, refused, cancelled or non-renewed within the past five years? ☐ Yes ☐ No
  - a. If Yes, please provide details: \_\_\_\_\_
4. Current student enrollment: \_\_\_\_\_ Enrollment expected next year: \_\_\_\_\_ Prior year enrollment: \_\_\_\_\_
5. Number of students receiving special education services: \_\_\_\_\_ Number of Students with IEP/504 plan: \_\_\_\_\_
6. How many IEP due process hearing demands have been filed against you in the past three years? \_\_\_\_\_
7. Are employees trained in crisis intervention, physical intervention and verbal de-escalation? ☐ Yes ☐ No
8. Is your legal counsel ☐ An employee ☐ On retainer ☐ No current legal counsel
9. Does an attorney regularly participate in all grievance or administrative hearings? ☐ Yes ☐ No

#### Guidelines, Policies and Procedures

1. Have your policies and procedures been reviewed by legal counsel? ☐ Yes ☐ No
2. Please indicate if you have written policies and procedures governing all students in the area of:
  - ☐ Suspension ☐ Expulsion ☐ Sexual misconduct ☐ Threats of Violence ☐ Anti-hazing ☐ Anti-bullying
  - ☐ Drug testing/searches ☐ Possession of weapons ☐ Corporal punishment ☐ Appropriate student/facility interactions

3. Have any of the following taken place during the last five years?

Explain all "Yes" answers below:

- a. Disputes involving integration, segregation, discrimination or violations of civil rights? ☐ Yes ☐ No
- b. Violation of title IX arising out of a sexual assault or abuse? ☐ Yes ☐ No
- c. Entity has had any on-site monitoring by state or federal agencies? ☐ Yes ☐ No

If Yes to any of the above questions, please provide details:

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4. Does your student agreement / contract include a provision allowing a change in the delivery method of the education (for example, switching temporarily to remote learning) as a part of your crisis response plan? ☐ Yes ☐ No

Please provide a copy of your student contract. ☐ Included

**DIRECTORS, OFFICERS AND ENTITY LIABILITY** ☐ No coverage requested

1. Number of board members: \_\_\_\_\_ Length of Board Member Term: \_\_\_\_\_

2. Does the board have:

- a. Formal Guidelines ☐ Yes ☐ No
- b. Defined Roles ☐ Yes ☐ No
- c. New Member Orientation? ☐ Yes ☐ No

3. Provide a list of all direct and indirect subsidiaries or any other entity or organization you control:

Name/type of business	Percent you own/control	Date created/acquired	For profit	Not for profit
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

4. Total gross assets (including endowments): \_\_\_\_\_

5. If you have an endowment fund, is it managed or reviewed annually by an independent auditor? ☐ Yes ☐ No

a. If No, who manages or reviews your endowment fund? \_\_\_\_\_

6. Does the board have "conflict of interest" guidelines for business dealings between the school and board members or firms in which the board members have a significant financial interest? ☐ Yes ☐ No

7. Has any person proposed for coverage been the subject of, or involved in, any of the following in the past five years? ☐ Yes ☐ No

- a. Any disciplinary action by any regulatory agency or association? ☐ Yes ☐ No
- b. Any administrative proceedings charging violation of a federal or state law or regulation? ☐ Yes ☐ No
- c. Any anti-trust, copyright or patent litigation? ☐ Yes ☐ No
- d. Any action for suspensions or revocation of a license, authority or for any professional disciplinary sanction? ☐ Yes ☐ No
- e. Any other criminal actions? ☐ Yes ☐ No

If Yes, please provide details: \_\_\_\_\_

8. Does your board direct or request any individual to serve as director, officer or trustee of any other entity? ☐ Yes ☐ No

a. If Yes, please provide details: \_\_\_\_\_

**EMPLOYMENT PRACTICES LIABILITY** ☐ No coverage requested**General Application Information**

1. Current policy limits: \$\_\_\_\_\_ Current policy deductible: \$\_\_\_\_\_ Current retro date: \_\_\_\_\_
2. Current carrier: \_\_\_\_\_ Premium: \$\_\_\_\_\_
3. Do you have a person whose only (or primary) role is human resources? ☐ Yes ☐ No
- a. If Yes, is this person PHR Certified (or similar certification)? ☐ Yes ☐ No
- b. If No, who is responsible for employment matters? \_\_\_\_\_
4. Do you have a written employment manual including all personnel policies and procedures? ☐ Yes ☐ No
- a. If Yes, do you require the employee to sign receipt acknowledging they have received and understand the manual? ☐ Yes ☐ No
- b. If Yes, is the manual reviewed by counsel experienced and qualified in employment law? ☐ Yes ☐ No
- c. Does the board review the manual on an annual basis? ☐ Yes ☐ No
- d. Does the manual include a formal grievance policy for staff? ☐ Yes ☐ No
- e. Please provide a copy of your employment manual. ☐ Included
5. How many employees currently earn more than \$150,000 annually (including bonuses)? \_\_\_\_\_
6. Do you offer tenure? ☐ Yes ☐ No
- If Yes, please advise the following:
- a. What percentage of employees are tenured or on a "tenure track"? \_\_\_\_\_%
- b. Are there clear written guidelines regarding awarding of tenure? ☐ Yes ☐ No
7. Do you consult with your Human Resources Department or outside counsel before dismissing any employee? ☐ Yes ☐ No
8. Do you anticipate any school closings, layoffs or restructuring resulting in workforce reduction in next 24 months? ☐ Yes ☐ No
- If Yes, please provide details: \_\_\_\_\_

**Guidelines, Policies and Procedures**

- | 1. Do you have written procedures in place regarding: | Written policy:  | Employees sign/acknowledge receipt:                      |
|---|--|--|
| a. Written performance appraisals/reviews             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Discharge/termination                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Equal opportunity employment                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Anti-discrimination                                | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Anti-sexual harassment                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Anti-retaliation                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
2. Do you conduct human resources training on guidelines, policies and procedures for all supervisory positions? ☐ Yes ☐ No
3. Do you conduct training for all employees on issues of discrimination, sexual and other workplace harassment? ☐ Yes ☐ No
4. During the last 5 years has any persons been involved in any lawsuit, charges, inquiries, investigations, grievances or other administrative hearings or proceedings before any of the following agencies? ☐ Yes ☐ No
- a. National Labor Relations Board? ☐ Yes ☐ No
- b. Equal Employment Opportunity Commission? ☐ Yes ☐ No
- c. U.S. Department of Labor? ☐ Yes ☐ No
- d. Any state or federal government agency (The Labor Department or Fair Employment Agency)? ☐ Yes ☐ No
- If Yes to any of the above questions, please provide full description with details:
- \_\_\_\_\_
- \_\_\_\_\_
5. Have you updated your HR policies with regard to pandemic or communicable diseases? ☐ Yes ☐ No

**LAW ENFORCEMENT PROFESSIONAL LIABILITY** ☐ No coverage requested**General Application Information**

1. Current policy limits: \$\_\_\_\_\_ Current policy deductible: \$\_\_\_\_\_ Current retro date: \_\_\_\_\_
2. Current carrier: \_\_\_\_\_ Premium: \$\_\_\_\_\_
3. Please indicate the number of personnel in the following positions:

School resource officer or equivalent position	_____ Unarmed	_____ Armed
Employed security	_____ Unarmed	_____ Armed
Contracted security	_____ Unarmed	_____ Armed
Volunteer security	_____ Unarmed	_____ Armed

4. Please indicate the scope of security operations include:
- ☐ Athletic events ☐ Concerts and plays ☐ On premises during school hours
- ☐ On premises after hours ☐ Other (explain) \_\_\_\_\_
5. If there are employed armed security, are they trained and/or re-certified annually to the standards required for public sector law enforcement personnel for use of weapons? ☐ Yes ☐ No
6. Are any weapons stored on premises by security personnel or others? ☐ Yes ☐ No
7. Are any non-owned weapons allowed on premises? ☐ Yes ☐ No
- Details: \_\_\_\_\_
8. Do you have emergency call boxes located throughout campus that are connected directly to campus security? ☐ Yes ☐ No
9. Please indicate if you have established policies and procedures governing your security personnel.
- ☐ Use of force continuum ☐ Use of deadly force ☐ Passive restraint ☐ Wrongful detention ☐ Crowd control
10. Do security/law enforcement personnel receive training in the administration of:
- ☐ All established policies ☐ CPR/First aid ☐ Crisis management response plan ☐ Verbal de-escalation

**Contracted Security Services** ☐ NA

1. Do you utilize off duty police persons to provide security services? ☐ Yes ☐ No
- a. If Yes, please provide the name of the department: \_\_\_\_\_
2. Do you utilize a private security firm to provide security services? ☐ Yes ☐ No
- a. If Yes, do you require contractor to carry general liability and law enforcement professional coverage? ☐ Yes ☐ No
- b. If Yes, what are the minimum liability limits you require? \_\_\_\_\_
- c. Are hold harmless/indemnification agreements in your favor required from contractor? ☐ Yes ☐ No
- d. Do you require certificate of insurance? ☐ Yes ☐ No
- e. Are you listed as an additional insured on the contractor's policy? ☐ Yes ☐ No

**PANDEMIC AND COMMUNICABLE DISEASE**

1. Do you have formal procedures in place to handle pandemic or other communicable diseases per CDC guidelines and recommendations? ☐ Yes ☐ No
2. Outside of COVID 19, Have you ever had to implement those procedures? ☐ Yes ☐ No
- a. If Yes, please provide details. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
3. Please provide a copy of your guidelines. ☐ Included

## **DECLARATION AND SIGNATURE**

### **Authorized Applicant Representative Designation**

The person named below is authorized to sign this application and is designated by the Applicant to give or receive any and all notices on its behalf and all Insureds concerning this insurance.

**Named Individual:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Attestation**

The authorized signer of this application named above represents to the best of his/her knowledge and belief that the statements and information provided herein are true and include all material information. The authorized signer further represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known by any official or employee of Applicant has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind The Hanover Insurance Group, Inc. or any of its underwriting companies to offer, nor the authorized signer or entity to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of any insurance and will be incorporated by reference and made part of the policy should a policy be issued.

The authorized signer of this application and the Applicant acknowledge that the underwriting Hanover Insurance Group company will be relying upon the information provided in this application for coverage determination. By signing this application, the authorized signer and the Applicant certify that the information provided in this application is true, complete and accurate.

**Signature of Authorized Entity Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**The Hanover Insurance Company**  
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**hanover.com**  
The Agency Place (TAP)—<https://tap.hanover.com>

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