

Primary + Secondary Educational Institutions Renewal Supplemental Application

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

INSURED INFORMATION

Insured Name: _____ Policy Number: _____

Contact Person: _____

Email Address: _____ Phone Number: _____

GENERAL APPLICATION INFORMATION

1. School Year: 20 ____ to 20 ____
2. Is your Accreditation or Charter in good standing (Private, Independent and Charter only)? Yes No
 - a. When is your next review? _____
3. Profit Status: ____ Non-Profit ____ For Profit
4. Will you receive any federal funding in the next 12 months (Private/Independent schools only—Included but not limited to: lunch programs, contracted students from public school system, PPP Loans, etc)? Yes No
 - a. If Yes, please explain: _____
5. Please provide your total enrollment number:
 - a. Pre-school/daycare: _____ K-8: _____ 9-12: _____ Vocational: _____
 Regarding the above students, please provide the number of the following:
 - 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? 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? If Yes, where: _____

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		

7. 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 on all employees are required 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 and procedures with documentation kept in file

8. Does your institution operate a house of worship? Yes No
 If Yes, please explain: _____
9. Do you charter any community organizations, including but not limited to a Boy Scout troop? Yes No
 If Yes, please explain: _____
10. Does your school have a written policy prohibiting corporal punishment? Yes No
 If No, please explain: _____

SAFETY/SECURITY INFORMATION

1. Do you have a policy (or plan to have one within the next 12 months) permitting employees, volunteers or guests to carry open or concealed firearms on school premises? Yes No

a. If Yes, please indicate below:

	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: _____

PROPERTY

1. Does the school own any buildings that are vacant or unoccupied? Yes No
2. Are there any buildings presently under construction or renovation? Yes No
3. Does the school generate its own power through solar panels, geo-thermal technology or wind turbines? Yes No
4. Are there any buildings of historical value or listed on a historic register? Yes No

GENERAL LIABILITY INFORMATION

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: _____

Camps

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 require 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 in 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

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. 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: _____

2. 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:

3. Do you operate a medical facility or infirmary? Yes No
- a. If Yes, 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
- 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.)

SEXUAL MISCONDUCT LIABILITY COVERAGE No coverage requested, please exclude

Please describe your current prevention of abuse or molestation policies/procedures

1. Do you have a formal written policy including 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
- a. Does it include:
- i. Written policy statement defining the institution’s anti-abuse stance? Yes No
 - ii. Training on identifying potential abuse, and how to report suspected abuse? Yes No
 - iii. Training on state mandated reporter responsibilities when applicable? Yes No
 - iv. Do you provide training to all employees on sexual abuse/molestation policy, mandatory reporting and procedures? Yes No
 - v. If Yes, do you provide this training annually including new staff at hire? Yes No
2. Does your written policy outline the following?
- a. Acceptable and unacceptable touching and boundaries of appropriate behavior with all students? Yes No
 - b. Acceptable and unacceptable use of electronic devices/social media to communicate with and outside of normal school hours? Yes No
 - c. Recognizing the signs of inappropriate sexual behavior? Yes No
 - d. Responsibilities of all employees and volunteers in observing and reporting potential sexual misconduct? Yes No
 - e. Plan of supervision that monitors staff in day-to-day relationships both on and off premises? Yes No

- f. How and where to report sexual misconduct or abuse incidents? Yes No
- g. Defining and prohibiting retaliation against those who report inappropriate behavior? Yes No
- h. If Yes, are the policies formally communicated annually to: Yes No
 - i. All employees? Yes No
 - ii: All students? Yes No
 - iii: All volunteers/chaperones who work directly with children? Yes No
- i. Do you retain records of all communication(s) distributed? Yes No
- 3. Is there an age appropriate sexual misconduct awareness program for students and parents? Yes No
- 4. 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 officer/title IX coordinator been adequately trained in these duties and compliance with OCR regulations? Yes No
- 5. Do you have any off-premises activities where an employee or volunteer may be alone with a student? Mentoring, tutoring, etc.? Yes No
- 6. Have you ever had any alleged or actual incidents of abuse or molestation? Yes No
 - a. If Yes, please describe: _____

SCHOOL EDUCATORS LEGAL LIABILITY No coverage requested

General Application Information

- 1. Current student enrollment: _____ Enrollment expected next year: _____ Prior year enrollment: _____
- 2. Number of students receiving special education services: _____ Number of Students with IEP/504 plan: _____
- 3. How many IEP due process hearing demands have been filed against you in the past three years? _____
- 4. Are employees trained in crisis intervention, physical intervention and verbal de-escalation? Yes No
- 5. Is your legal counsel An employee On retainer No current legal counsel
- 6. 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:

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 D&O 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 is requested

General Application Information

1. 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? _____

2. 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
3. How many employees currently earn more than \$150,000 annually (including bonuses)? _____
4. 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
5. Do you consult with your Human Resources Department or outside counsel before dismissing any employee? Yes No
6. 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. Has the Insured updated their HR policies with regard to pandemic or communicable diseases? Yes No
5. Do you anticipate any material impact on your revenues, profit level, cash position and long-term debt levels over the next 6-12 months Yes No
- If Yes, please describe. _____

LAW ENFORCEMENT PROFESSIONAL LIABILITY No coverage is requested

General Application Information

1. 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

2. Please indicate the scope of security operations include:
- Athletic events Concerts and plays On premises during school hours On premises after hours
- Other (explain) _____
3. 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
4. Do you have emergency call boxes located throughout campus that are connected directly to campus security? Yes No
5. 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
6. 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 firm or 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

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 no less than state minimum auto liability limits on their personal autos? Yes No
3. Do employees/volunteers transport students in the 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, please provide annual cost of rentals: _____
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.

PANDEMIC AND COMMUNICABLE DISEASE

1. Do you have formal procedures in place to handle pandemic or other communicable diseases? Yes No
2. Except for COVID-19, Have you ever implemented those procedures? Yes No
- a. If Yes, please provide details. _____
- _____

DECLARATION AND SIGNATURE

Authorized Insured Entity Representative Designation

The person named below is authorized to sign this Application and is designated to give or receive any and all notices 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 the Insured or insureds has been declared, and it is agreed 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 Insured 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 Insured certify that the information provided in this Application is true, complete and accurate.

Signature of Authorized Entity Representative: _____ **Date:** _____



The Hanover Insurance Company
440 Lincoln Street, Worcester, MA 01653

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

All products are underwritten by The Hanover Insurance Company or one of its insurance company subsidiaries or affiliates ("The Hanover"). Coverage may not be available in all jurisdictions and is subject to the company underwriting guidelines and the issued policy. This material is provided for informational purposes only and does not provide any coverage. For more information about The Hanover visit our website at www.hanover.com

©2025 The Hanover Insurance Group. All Rights Reserved.