



Astra Insurance Group  
 1-888-225-8933  
 astrainsurancegroup.com

## EDUCATIONAL PACKAGE POLICY APPLICATION

CLIENT INFORMATION			
Name			
Address			
City, State, Zip			
County		Website	
Year Established		Twitter	
Federal Employer Identification Number			

POLICY TERM			
Effective Date		Expiration Date	
Date Quote Needed			

AGENCY		
Name	Producer	Producer Email

INSURED CONTACTS				
Name	Position/Title	Phone	Cell	Email

LOSS RUNS – PLEASE ATTACH THE FOLLOWING FOR ALL LINES
Five years of loss runs from prior carriers. The loss run reports should be no older than six months prior to the expiration date of the policy.

TERRORISM COVERAGE	Yes/No
Include Terrorism Coverage on the following lines if included in the quote: Property, Equipment Breakdown, Inland Marine, General Liability and Excess	



## EDUCATIONAL PROPERTY COVERAGE

Building and Personal Property		Amount			
Blanket Building and Personal Property					
Specific Building and Personal Property Limit					
Additional Coverages		Standard		Requested	
Ordinance or Law – Combined Demolition Cost and Increased Cost of Construction		\$500,000			
Business Income		\$250,000			
Limited Business Income Coverage (Tuition Fees Only)		Yes		No	
Extra Expense		\$500,000			
Valuation					
Building and Personal Property Coinsurance Percentage		80%		90%	
Source of Building Values					
Date of last appraisal					
Agreed Amount					
Business Income Coinsurance Percentage - Submit a Business Income Worksheet for other options					
Perils					
Causes of Loss – Special Form		Included			
Flood - Annual Aggregate (Excluding Flood Zones - A, A1-A30, AE, AH, AO, A99, AR, AR/AE, AR/AH, AR/AO, AR/A1-A30, V, V1-V30, VE or VO)					
Earthquake and Volcanic Eruption - Annual Aggregate					
Equipment Breakdown Limit					
Deductibles					
Building and Personal Property					
Flood					
Earthquake and Volcanic Eruption					
Equipment Breakdown - All Other Property					
Equipment Breakdown - Deep Well Pumps, Electric Substations, Transformers					
Policy Amended Coverage Endorsement (PACE Extensions) Please indicate if higher limits than standard limits shown are needed.		Standard		Requested	
Animal Injury or Mortality		\$10,000			
Buildings in the Course Of Construction – At Described Premises		\$500,000			
Buildings in the Course Of Construction – Vocational Curriculum Away From Premises		\$100,000		\$100,000	
Debris Removal – Additional Limit		\$50,000			



Newly Acquired or Constructed Property – Building	\$1,000,000	
Newly Acquired or Constructed Property – Personal Property	\$1,000,000	
Newly Acquired or Constructed Property – Extra Expense	\$1,000,000	
Outdoor Property - Limited to Certain Perils subject to a Max Limit of \$5,000 For Any One Item	\$100,000	
Personal Effects	\$5,000 per Premises / \$50,000 per Occurrence	
Pollution Clean Up and Removal	\$50,000	
Property in Transit	\$200,000	
Spoilage – Loss of Refrigeration	\$25,000	
Utility Services Interruption – Property, Business Income and Extra Expense	\$250,000	
<b>Policy Amended Coverage Endorsement (Other PACE Extensions)</b>	<b>Amount</b>	
Accidental Contamination		\$10,000
Arson Reward	\$1,000 per person subject to \$5,000 Maximum	
Athletic Fields – Natural and Artificial Turf – Unscheduled		\$200,000
Claim Preparation Expenses		\$50,000
Crime Reward	\$1,000 Per Person subject to \$5,000 Maximum	
Errors and Omissions		\$100,000
Expediting Expense		\$250,000
Fine Arts - Unscheduled		\$50,000
Fire Department Service Charge		\$25,000
Fire Protection Devices – Refill/Recharge		\$25,000
Furs, Jewelry, Precious Metals, Precious Stones		\$5,000
Ground Maintenance Equipment		\$50,000
Landscaping - Unscheduled		\$50,000
Lock Re-Keying/Replacement		\$2,500
Paved Outdoor Athletic Court and Running Track Surfaces - Unscheduled		\$200,000
Property Off Premises		\$50,000

<b>Indiana only - Mine Subsidence</b>	<b>Yes/No/Other</b>
I wish to purchase Mine Subsidence Coverage for structure indicated in the Statement of Values below.	

**PROPERTY EXPOSURES AND SCHEDULES**

<b>Flood</b> – Please respond to the following if requesting Flood Coverage.	<b>Yes/No/Other</b>
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Do you have any buildings located in Flood Zones A, A1-A30, AE, AH, AO, A99, AR, AR/AE, AR/AH, AR/AO, AR/A1-A30, V, V1-V30, VE or VO A?	
If Yes, list the Location/Building # as described on the Statement of Values or the Building Name of each:	
Have you experienced any incidents of flooding in the last five years?	
If Yes, describe the location, the nature of the flooding and the date on which it occurred.	

<b>Statement of Values – PLEASE ATTACH THE FOLLOWING</b>
<p>(1) A statement of values (SOV) including address, occupancy, protection class, coverage values, and valuation for each building owned or occupied by the district.</p> <p>Note: Detached Signs should be included on the statement of values if the value is greater than \$2,500</p> <p>(2) Latest property appraisal on any building.</p>



### STATEMENT OF VALUES (SOV)

Complete the SOV below or provide a Property Schedule or Property Appraisal with equivalent information. Information can be submitted by email, fax or USPS. Provide all information including a description of all property in the open.

Prem#	Bldg#	Building Name	Occupancy	Address (No., Street, City)	County	PC	# Stories	Square Feet	Year Built	Construction Code	100% Building Values	100% Personal Property Values	Valuation <sup>(1)</sup>	IN Only Mine Subsidence Limit

- <sup>(1)</sup> RC Replacement Cost
- ACV Actual Cash Value
- FRC Functional Replacement Cost
- HV Historical Value

Prem#	Bldg#	Building Name	Percentage of building covered by sprinklers	Fire Detection Local or Central or None	Smoke Detection Yes or No	Burglar Alarm Local or Central or None	Is the Building Vacant



## EDUCATIONAL INLAND MARINE COVERAGE

Inland Marine Coverages Please indicate if higher limits than standard limits shown are needed.	Standard	Requested
Accounts Receivable Limit	\$100,000	
Valuable Papers Limit	\$100,000	
Valuable Papers Deductible		
Musical Instruments, Uniforms and Related Equipment Limit		
Audio/Visual and Related Equipment Limit		
Music and Audio/Visual Property Deductible		

Computer Coverage	Standard	Requested
Computer Equipment	\$10,000	
Computer Media	\$5,000	
Computer Data	\$5,000	
Computer Coverage – Business Income	\$1,000	
Computer Coverage – Extra Expense	\$5,000	
Computer Property Away From Your Premises and Computer Property in Transit	\$2,000	
Computer Deductible		

Mobile and Portable Equipment	Standard	Requested
Scheduled Mobile and Portable Equipment		Complete Schedule Below
Unscheduled Mobile and Portable Equipment – Subject to \$5,000 Any One Item	\$5,000	
Mobile and Portable Equipment Deductible		

Scheduled Fine Arts		
Schedule Fine Arts		Complete Schedule Below
Scheduled Fine Arts Deductible		

## INLAND MARINE SCHEDULES

Mobile and Portable Equipment Schedule			
Item #	Description (Include Year, Make, Model, etc.)	Serial No.	Replacement Cost

**Total**

Scheduled Fine Arts Schedule		
Item #	Description (Include an Appraisal for Each Item)	Appraised Value

**Total**

### EDUCATIONAL CRIME COVERAGE

Crime Coverage	Standard	Amount
Employee Theft Limit	\$5,000	
Forgery and Alteration Limit	\$5,000	
Money Order and Counterfeit Money Limit	\$5,000	
Computer and Frauds Transfer Fraud Limit	\$5,000	
Social Engineering Fraud Limit	\$5,000	
Inside the Premises – Money and Securities Limit	\$5,000	
Outside the Premises – Money and Securities Limit	\$5,000	

Crime Deductibles	Amount
Employee Theft Deductible	
Forgery and Alteration Deductible	
Money Order and Counterfeit Money Deductible	
Computer and Funds Transfer Fraud Deductible	
Social Engineering Fraud Deductible	
Inside the Premises – Money and Securities Limit	
Outside the Premises – Money and Securities Limit	

### CRIME QUESTIONNAIRE

Crime – Please respond to the following if requesting Crime Coverage.	Yes/No/Other
Are audits performed on a regular basis?	
Frequency of audits	
Were any audit findings or reportable conditions identified on the latest audit?	
If Yes, attach a copy of the audit	
Are credit checks secured for employees with access to financial transactions?	
Are criminal background checks done on all employees with access to financial transactions?	

Are multiple signatures required on checks?	
Are bank accounts reconciled by someone not authorized to deposit or withdraw?	
Do you have one or more dedicated PC's for EFT activity?	
Do you use a dedicated clearing account for EFT's and block all other district accounts from completing EFT transactions?	
Do you segregate EFT controls such as initiating and authorizing EFT's?	
Do you have multi-factor out-of-band authentication for EFT's?	
Do you monitor and reconcile EFT's daily to quickly identify unauthorized transactions?	
Have you rejected any proposed security controls offered by your financial institution?	
Describe other controls used by you or your financial institution to authenticate EFT's such as specified recipient accounts, limitations on adding recipient accounts, etc.	

<b>Crime</b> – Please respond to the following if requesting any Crime Coverage limits greater than \$100,000	<b>Yes/No/Other</b>
Amount of money handled during an annual term?	
Largest amount at any one time under any one individual's control?	
Are funds deposited same day as received?	
Who has the authority to withdraw funds from depository by check?	
Is a countersignature of checks required?	
Who provides countersignature?	
To whom and when are delinquencies reported?	

<b>Faithful Performance of Duty Questionnaire</b> – Please respond to the following if requesting Crime Coverage for any individuals who are required to carry a bond	<b>Yes/No/Other</b>
Do your statutes/resolutions allow the fiscal officer or other positions to be covered under a crime policy rather than being bonded?	
List all positions or individuals to be included under the crime policy rather than a bond on the Crime Schedule below by position title.	
Has any employee been declined for a bond or crime coverage?	
If Yes, explain who, when, why and by whom.	

<b>Extra-Curricular Account Questionnaire</b>	<b>Yes/No/Other</b>
If positions in the Crime Schedule below include a treasurer of an Extra-Curricular Account, please	
Is anyone in the position(s) noted above a volunteer receiving public funds over the <i>de minimis</i> amount?	
If yes, identify the individual(s).	



### CRIME SCHEDULE

Complete if any individuals who are required to carry a bond are to be covered under the crime coverage.

Crime Position/Individual Schedule				Has the individual ever,					
Position	Individual's Full Name	Limit	Excess of Bond (Yes/No)	1. Been declined for a bond or crime coverage?	2. Had any lawsuits or judgment against them? (Personal or Professional)	3. Filed for bankruptcy?	4. Been convicted of a crime?	5. Been party to a surety bond claim?	If Yes, to 1. through 5., provide details. Attach separate page if necessary.



## GENERAL LIABILITY COVERAGE

General Liability – Occurrence Form	Amount
Bodily Injury, Property Damage and Sexual Abuse Injury – Each Occurrence and Each Sexual Abuse Offense	
Personal & Advertising Injury – Any One Person or Organization	
Damage to Premises Rented to You – Any One Occurrence	
General Aggregate	
Product–Completed Operations Aggregate	
General Liability Deductible	

Medical Payments	Standard	Requested
Any One Person	\$5,000	
Any One Accident	\$5,000	

Employee Benefits	Amount
Employee Benefits Liability – Each Employee	
Employee Benefits Liability Aggregate	
Employee Benefits Liability Deductible	
Is current Employee Benefits Liability coverage Occurrence or Claims Made?	
If Claims Made, Current Employee Benefits Retroactive Date	

Defense Reimbursements - Options	Maximum	Requested
Sexual Abuse Injury Defense Reimbursement - Per Occurrence and Aggregate	\$100,000	
Criminal Acts Defense Reimbursement - Per Occurrence and Aggregate	\$25,000	

## GENERAL LIABILITY SCHEDULES AND QUESTIONNAIRES

Adult Groups (PTA, PTO, Boosters)
Indicate any request for Adult Groups to be added as additional insured under General Liability.
<b>Name Group</b>

### Operations/Exposures List

**Liability Exposures**

Review the Operations/Exposure List and for each Operation/Exposure applicable to your district provides. If shown in the Known Operations/Exposures List, update the details.

If not shown in the Known Operations/Exposures List provide the following in the New/Additional Operations/Exposures List:

- (1) The Operations/Exposure and Exposure Base;
- (2) A detailed description of the exposure;
- (3) The amount of exposure (per the exposure base noted in 1. Above)
- (4) If the Operations/Exposure is subcontracted;
- (5) If the Operation/Exposure is subcontracted, does the subcontractor provide insurance coverage; and
- (6) If the subcontractor does provide insurance, what limits does it provide;

### Known Operations/Exposures List

1. Operation/Exposure and Exposure Base	2. Description of Operation/Exposure	3. Exposure Amount	4. Sub-contracted (Yes/No)	5. Contractor Provides Coverage (Yes/No)	6. Contractor Limits of Insurance

### New/Additional Operations/Exposures List

Operation/Exposure	Exposure Base	Detailed Description of Operation/Exposure	Exposure Amount	Sub-contracted (Yes/No)	Contractor Provides Coverage (Yes/No)	Contractor Limits of Insurance
Boats - Not for Rent	Each Boat					
Diving Boards or Platforms	Each Board or Platform					
Dwellings - One family	Each Dwelling					
Dwellings - Two family	Each Dwelling					
Dwellings - Three family	Each Dwelling					
Dwellings - Four family	Each Dwelling					
Nurses	Each Nurse					
Exhibition, Convention, Arenas, Auditoriums	Area					
Fireworks (Sponsored by the district)	Each Event					
Firing Range Open to the Public	Each Range					
Grandstands or Bleachers	Each Location					
Inflatable Amusement Devices	Each Device					
Preschool, Head Start, Recreation Programs for Children Under Age	Each Child					

Operation/Exposure	Exposure Base	Detailed Description of Operation/Exposure	Exposure Amount	Sub-contracted (Yes/No)	Contractor Provides Coverage (Yes/No)	Contractor Limits of Insurance
5						
Restaurants - With No Sale of Alcoholic Beverages - Without Table Service - With Seating	Sales					
School – Public – Elementary, Kindergarten or Junior High	ADA					
Schools - Public - High	ADA					
Schools - Public Trade or Vocational	ADA					
Skate Park	Each Park					
Skating Rink - Ice	Each Rink					
Solar Energy Systems (Solar Arrays or Solar Panels)	Each Array					
Stadiums (Greater than 5,000 seating)	Seating Capacity Greater Than 5,000					
Streets, Roads, Highways or Bridges	Each Mile					
Swimming Pools	Each Pool					
Waterslides	Each Slide					
Wind Turbines	Each Turbine					
Other	Each					
Other	Each					
Other	Each					

Use additional pages to describe operations if needed.

General Information Questionnaire					
Staff			Number of ADA		
Administrative Personnel	#		Elementary/Middle School Students (K-8)	#	
Teachers (Not including Substitute Teachers)	#		High School Students (9-12), including Technical/Vocational Students	#	
Counselors	#		Adult Education Students	#	
Nurses	#				
Psychologist	#				
Other Employees (Not including Substitute Teachers)	#				
Technical/Vocational Schools, please submit a list of programs or student course guide for youth and adults.					
Required For Educational Service Center (ESC)			Total Payroll	\$	

Required for Education Related Entities Other than ESC, Public School, Technical/Vocational School:	Gross Expenditures	\$
If Other than ESC, Public School or Technical/Vocational School, describe the entity's purpose and operations/services provided in detail or submit brochures, etc.:		

Athletic Participation And Club Sports		Yes/No/Other
<b>Dive Team or Club</b>		
Number of dive participants.		
At what springboard and platform heights do the dive team/club participate?		
<b>Equestrian Program or Club</b>		
Number of equestrian participants?		
If Yes, describe classes, activities, clubs and/or other programs, including number of horses, hours of activity, length of program, location of stables.		
If Yes, describe the qualifications of the instructor/teacher.		
If Yes, describe the safety equipment, including type, maintenance and inspection process and frequency.		
Does the activity/program include any jumping?		
Does the district stable any horses?		
<b>Gymnastics Team or Club</b>		
Number of gymnastics participants.		
Where do the gymnasts practice?		
If at the district facilities, does the school have a competition spring floor exercise mat?		
Describe the qualifications of coaches.		
Describe the apparatus on which the gymnasts participate and the controls and safety feature for each.		
<b>Ice Hockey Team or Club</b>		
Number of ice hockey participants.		
<b>Sailing and Rowing</b>		
Number of participants in sailing, rowing and sculling.		
Describe the type, number and size of boats/shells/sculls.		
Where are practices held?		
Number and location of events.		
<b>Ski Team or Club</b>		
Number of skiing participants.		
Describe ski activities including type of skiing, ski facilities, competitive or recreational.		
Number of trips of club/practices and meets of team.		
<b>Concussion</b>		

What positions are required to have concussion identification training?	
Does the district provide student athletes and parents and concussion information each year of their participation?	
Does the district require a concussion history on athletic participants?	
Do coaches or athletic trainer use the following assessments:	
Balance Assessment	
Mental Status Exam	
Symptom Checklist	
Standardized Assessment of Concussion.(SAC)	
Are licensed health care professionals on hand at events for concussion evaluation?	
If yes, Describe which events, number of professionals, qualifications, etc.	
Describe the districts concussion protocol and attach the districts concussion protocol/policy.	

<b>Broadcasting (Radio/TV)</b>	<b>Yes/No/Other</b>
Does the district operate a radio station that broadcasts beyond the perimeter of the school/entity campus?	
Does the district operate a television station that broadcasts beyond the perimeter of the school/entity campus?	
Does the district allow advertising by third parties?	
Are all ads reviewed before being aired?	
Total receipts?	
Does the district own a transmission tower?	
If Yes, describe the location and controls.	

<b>Cheer / Spirit Squads</b>	<b>Yes / No / Other</b>
Does the district allow pyramids, mounts or other stunts by your cheerleaders/spirit squads?	
If Yes, provide the number of participants.	
If Yes, is the squad coed?	
Does the squad follow NFHS Spirit Rules?	
If No, what rules does the squad follow?	
Are all coaches NFHS certified?	
If No, what are the coaches' qualifications?	
Does the squad participate in competitive events?	
If Yes, provide the number of events per year.	
If Yes, provide the number of events out of state.	
Does the district provide transportation to all competitions?	

If No, who does provide transportation?	
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<b>Climbing Wall (Vertical) / Trapeze / Bungee</b>	<b>Yes/No/Other</b>
Does the district have any owned vertical climbing walls, trapeze, bungee or similar/related type of apparatus?	
If Yes, describe the exposure, including height, location of facilities, and frequency of activity and age of participants.	
If Yes, describe the qualifications of the instructor/teacher.	
If Yes, describe the safety equipment, including type, maintenance and inspection process and frequency.	
If Yes, number of participants?	

<b>Contracted / Shared Services</b>	<b>Yes/No/Other</b>
Does the district subcontract any operations/services that are not specifically listed under other Operations/Exposure List or questionnaires?	
If Yes, describe the operations.	
Does the district have written contracts governing all subcontracted operations?	
If No, indicate which operations do not have written contracts.	
Does the district require certificates of insurance from each subcontractor?	
What limits of insurance are required.	
Does the district you have any shared services, joint service agreements or task forces?	
If Yes, describe the shared services and provide a copy of the governing documents or contracts.	

<b>Corporal Punishment</b>	<b>Yes/No/Other</b>
Does the district allow corporal punishment?	
If Yes, how many times was corporal punishment administered in the prior school year?	
If allowed, submit a copy of the corporal punishment policy.	

<b>Internet / Website</b>	<b>Yes/No/Other</b>
Provide website address.	
Who does website development and content updates?	
Is website content reviewed prior to release?	
Who reviews website content for accuracy, inappropriate content, copyright infringement, etc?	
Does the district allow third parties to advertise on your website?	
If Yes, do third parties sign waivers/releases for liability for the district for advertising on your website?	
Does the district have a specific Internet Usage policy for employees and students using district property?	
Does the district have a cyber-bullying policy?	
Describe controls for student internet usage on district	

property.

<b>Inflatable And Other Amusement Devices</b>		<b>Yes/No/Other</b>
Note: Inflatables and Amusement Devices are excluded and must be disclosed below to be covered		
Does the district rent any inflatable devices?		
How many does the district rent annually?		
How often does the district rent annually?		
Describe the inflatable device(s) rented.		
Does the vendor assemble and disassemble the inflatable device?		
Who operates the inflatable device?		
If Others, advise who?		
Does the vendor provide evidence of Liability insurance showing at least \$1,000,000 per occurrence limit?		
Is district named as an additional insured on the vendor policy?		
Who reviews the rental agreement?		
Is the rental agreement signed by an authorized district representative?		
Does the district own inflatable devices?		
How many does the district own?		
How often does the district used owned inflatables devices annually?		
Describe the owned inflatable devices.		
Are owned inflatable devices operated at entity sponsored events only?		
Are owned inflatable devices rented to others?		
Does the district own or rent any other amusement devices? (ie: miniature trains, mechanical rides, mobile zip line, mobile climbing wall, ,		
If Yes, describe each device and whether it is owned or rented.		

<b>Internships / Co-op Study / Health Service Clinicals</b>			
Does the district have students participating in:	Number of Participants	Number of Employers	Duration of Work Program
Vocational Internships			
Externships (Job Shadowing)			
Co-op Studies			
Health Service Internships/Clinicals/Practicals			
<b>Internships / Co-op Study / Health Service Clinicals</b>			<b>Yes/No/Other</b>
Does the district have documented responsibilities of the student, district, teacher and employer?			
Does the district require certificates of insurance for General Liability and Workers Comp from the employer?			
Does the district require the student/guardian to sign a waiver releasing the district from liability while participating?			



Does the district provide the student accident or health insurance coverage?		
Is the district required to provide liability and/or professional coverage for any students while working on internships?		
If Yes, describe program requirements and coverages.		
If Yes, provide a copy of all documentation outlining the responsibilities of the student, district employees and employer and any waivers signed by student or employer.		
Provide any additional information on Internships, externships, co-op studies or health care clinicals/practicals.		

<b>Pollution Exceptions</b>		<b>Yes/No</b>
Indicate Yes or No if limited pollution is needed for the following operations.		
Pesticide or herbicide chemical application		
Swimming pool chemical application for the sole purpose of treating water for recreational swimming		
<b>Herbicide/Pesticide Applicators – Licenses</b>		
<b>Name of Licensed Applicator (Where required by State law)</b>	<b>License Expiration Date</b>	<b>Copy of License Provided</b>

<b>Pre-School And/Or Head Start Program</b>		
<b>Type of Program</b>	<b>Number of Locations</b>	<b>Average Daily Number of Attendees</b>
Full preschool program for the children of staff and students only		
Full preschool program open to the public		
Other types of programs (operated by others)		
Describe program(s) operated by others		
<b>Staff</b>		
Total number of Certified Childcare Providers		
Total number of Non-Certified Staff		
Total number of Volunteers		
<b>Number of Children and Childcare Provider Ratios by Age Group</b>		
<b>Age Group</b>	<b>Maximum Number of Children</b>	<b>Child/Childcare Provider Ratio</b>
Birth to 3 years of age		
3 to 5 years of age		
<b>Controls and Security for Pre-School and/or Head Start Program</b>		
Are criminal background checks performed on all employees and volunteers?		
If No, describe exceptions.		
Is transportation provided by the district?		
If Yes, average number of children transported daily.		
If transporting children, number and type of vehicles used?		

Is any transportation done in employee or private autos?	
If Yes, describe number of occurrences, number, type and owners of vehicles.	
Are any off premises activities sponsored but the district?	
If Yes, describe number, location, supervision and duration of the off premises activities.	
Are any overnight activities sponsored by the district?	
If Yes, describe number, location, supervision and duration of the overnight activities.	

Rifle, Archery Or Pistol Ranges / Programs	Yes/No/Other
Does the district own or operate a rifle, archery or pistol range?	
If Yes, describe facility and controls in place during shooting.	
If Yes, describe the type of weapons used and if ammunition is provided, stored or kept on premises.	
Does the district offer rifle, archery or shooting programs or clubs?	
If Yes, describe program or club including any offsite facilities and weapons utilized and control in place for student safety.	
Describe the instructor's qualifications.	
Number of Participants	
Age of Participants	

Sexual Abuse Injury	Yes/No/Other
Is there a Sexual Abuse Prevention Program in effect?	
Are all staff trained in policies/procedures relating to Sexual Abuse Prevention?	
Do you include training in the recognition of sexual/physical abuse symptoms?	
Do you have a documented procedure to report suspected abuse?	
Does the policy establish a "three person rule" to restrict one on one situations between employee/volunteer and child?	
Does the policy establish if and when exceptions to the "three person rule" are permissible?	
Does the policy you require prior establishment of persons allowed to visit/pickup children?	
If No, describe exceptions.	
Did the district have separate Sexual Abuse Injury Coverage?	
If Yes, was the coverage Claims Made or Occurrence?	
If Claims Made, current Sexual Abuse Injury retroactive date	

Solar Array	Yes/No/Other
Address	
Describe the locations proximity to any building.	
Year built?	

Who is the manufacturer?	
Who is the installer?	
Describe the maintenance schedule.	
Who is the service contractor?	
What is the maximum KVA?	
What is the 100% Replacement Cost value?	
Do you sell excess power?	
What is the 100% Business Income value?	
What is the current Business Income limit?	
What is the current Extra Expense limit?	
Comments	

<b>Stadium (Seating Capacity &gt; 5,000)</b>	<b>Yes/No/Other</b>
Does the district own a stadium with seating capacity greater than 5,000?	
If Yes, total seating capacity?	
Is facility leased to outside districts for others special events?	
If Yes, are certificates of insurance provided by the lessees?	
Describe non-school events held at stadium.	
Describe stadium security during events.	

<b>Swimming Pools</b>	<b>Yes/No/Other</b>
Number of pools owned or operated by the district?	
Are pool(s) open to the public?	
If Yes, is the district responsible for operations while open to the public?	
If Yes, number of lifeguards per pool?	
Number and height of diving apparatus/boards?	
Number and height of waterslides?	

<b>Therapy Animals – Ownership And Curriculum</b>	<b>Yes/No/Other</b>
Are any therapy animals present in the schools/facilities?	
If Yes, provide the type and number of animals.	
If Yes, does the district own the animal(s)?	
Is the therapy animal registered?	
Is the animal incorporated into the district's curriculum	
How often do therapy animals visit schools/facilities?	

Is the therapy animal on a leash or restraint in the presence of students?	
Provide any additional information on therapy animal use and controls.	

<b>Watercraft – Owned</b>	<b>Yes/No/Other</b>
Describe any owned watercraft (including the type of watercraft, number, size, operators, etc.).	

<b>Wind Turbines</b> Complete the Questions below for all turbines Complete the Schedule below for each turbine	<b>Yes/No/Other</b>
What is the 100% Replacement Cost value?	
Do you sell excess power?	
What is the 100% Business Income value?	
What is the current Business Income limit?	
What is the current Extra Expense limit?	
Comments	

Turbine #	Location	Year Built	Manufacturer	Installer	Height	Maximum KWA	Maintenance Schedule	Written service agreement on file (Yes/No)

<b>Other Operations Open To The Public</b>
Describe any operations managed by you that are open to the public that are reported above? (ie. golf course, natatorium, weight room, library, etc.)

Special Events										
Name of Event	Average Attendance	Describe/List Activities	Does Each Vendor Provide Liability Insurance	Does Each Vendor Name the District on Their Insurance	Vendor Insurance Policy Minimum Limits of Insurance	Is Liquor Provided	# Days	Who Serves/Sells Liquor	Is a Separate Liquor Liability Policy In Place	Separate Liquor Policy Limits of Insurance



## UNMANNED AERIAL SYSTEMS

Coverage Information – PLEASE ATTACH THE FOLLOWING
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| <ul style="list-style-type: none"> <li>(1) A UAS schedule per the enclosed Schedule which includes the type and specifications of each UAV, specifications of the base station and transmitter, size and content of payload, description of the operations or intended use, the replacement cost and storage location.</li> <li>(2) A current list of certified UAS pilots and copies of the FAA Certificate of Authorization for each pilot.</li> <li>(3) Five years of loss runs from prior carriers for any years not covered through the Ohio Plan. The loss run reports should be no older than six months prior to the expiration date of the policy.</li> </ul> |
|--|

Limit and Deductibles	Amount
Property Damage Deductible (Minimum Property Damage Deductible - \$1,000)	
Requested Liability Limit of Coverage (Maximum Limit of Coverage - \$500,000)	
Liability Deductible (Minimum Liability Deductible – No Deductible)	

UAS Questionnaire	Yes/No/Other
Is there a Certificate of Authorization and Waiver (COA) from the FAA for your UAS operation?	
If Yes, what conditions are you approved for?	
How will information gathered be protected and controlled?	
How is the navigation systems secured when not in use?	
Are there UAS operations offshore or over other hazardous areas?	
If Yes, describe operations	
Do your UAS operations include the application of chemicals?	
If Yes, describe operations, locations and chemicals.	
Describe lost communication procedures.	

UAS Risk Management							
Indicate with a X if the UAS includes the following safety controls?							
Fail Safe Technologies		Geofencing		Low Battery Warning		Auto Landing	
Indicate with a X if the district has written policies and procedures assessing the following?							
Operating environment		Flight restrictions					
Weather conditions		Notification of those directly participating in the operation					
Indicate with a X if the district has written policies and procedures addressing the following?							
Emergency Procedures							
Contingency Procedures							
Roles and responsibilities of the pilot in command and any one operating the UAS under the direction of the pilot in command							
Protection of individual privacy and civil rights							
Retention, disclosure, destruction of information							

The need of warrants for law enforcement use	
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**SECURITY AND LAW ENFORCEMENT LIABILITY COVERAGE**

<b>Security and Law Enforcement Liability – Occurrence Form</b>	<b>Amount</b>
Security and Law Enforcement Liability - Each Wrongful Act	
Security and Law Enforcement Liability - Annual Aggregate	
Security and Law Enforcement Liability Deductible	
Is current Law Enforcement Coverage Occurrence or Claims Made?	
If Claims Made, Current Law Enforcement Retroactive Date	

<b>Security and Law Enforcement Medical Expense</b>	<b>Amount</b>
Any One Person	\$10,000
Any One Accident	\$50,000

<b>Security and Weapons on School Property</b>	<b>Yes/No/Other</b>
Number of armed school resource officers provided by local or county public entities?	
Number of armed employed security or certified officers?	
Number of armed contracted security guards?	
Number of unarmed school resource officers or security guards?	
Number of canine officers	
If personnel are contracted, does the school obtain a certificate of insurance from the contractor?	
If so, what limit of insurance is carried by the contractor?	
Hours of patrol by school resource officers or security guards?	
Does the district have a policy or plan to implement a policy within the next twelve months to allow non-security staff to carry lethal weapons on school premises?	
If Yes, indicate the number by type of staff:	
Admin	Teaching
Facilities	Transportation
Volunteer	Other
Does the policy include the type of training required for non-security staff possessing lethal weapons?	
Describe the type of training required for non-security staff possessing lethal weapons.	
Is tactical training required?	
What is the frequency of training?	
Does the policy include the following lethal weapon control measures:	
Use of force policy?	
Constant possession definition?	

Excluded areas of buildings, locations or vehicles?		
Contingency plans for absenteeism?		
Have updated copies of each building's school safety plan been provided to all interested parties including a list of persons authorized to carry lethal weapons and their assigned location?		
Does the district have metal detectors or other screen devices?		
Does the district have surveillance cameras?		
Are lock in and lockdown drills conducted with local law enforcement?		
Has the district augmented its traditional response plans through A.L.I.C.E. or other active shooter response enhancement options?		
If Yes, describe the program.		
Comments, clarification or additional information.		

### EDUCATIONAL ERRORS AND OMISSIONS LIABILITY COVERAGE

Educational Errors and Omissions Liability	Amount
Educational Errors and Omissions Liability - Each Wrongful Act	
Educational Errors and Omissions Liability - Annual Aggregate	
Educational Errors and Omissions Liability Deductible	
Is current Errors and Omissions Liability Coverage Occurrence or Claims Made?	
If Claims Made, Current Educational Errors and Omissions Liability Retroactive Date	

Non-Monetary Relief Defense	Standard	Amount
Non-Monetary Relief Defense Annual Aggregate	\$25,000	
Non-Monetary Relief Defense Deductible		

General Information	Number
Total number of board members/elected officials	

Educational Error and Omissions Questionnaire	Yes/No/Other
Do newly board members/elected officials attend formal training sessions/seminars designed for new board members/public officials?	
Does legal counsel attend board meetings?	
Is any annexation of territory or merger with another district planned or in consideration?	
If Yes, describe including time frame, student population, etc.	
Is any closure of a school or reduction in district operations planned or under consideration?	
If Yes, describe the school(s) to be closed and changes that may take place including possible timeline.	





### EMPLOYMENT PRACTICES LIABILITY COVERAGE

Employment Practices Liability	Amount
Employment Practices Liability - Each Wrongful Act	
Employment Practices Liability - Annual Aggregate	
Employment Practices Liability Deductible	
Is current Employment Practices Coverage Occurrence or Claims Made?	
If Claims Made, Current Employment Practices Retroactive Date	

Back Wages	Standard	Amount
Back Wages Annual Aggregate	\$50,000	
Back Wages Deductible		

Employment Practices Questionnaire	Yes/No/Other
Are all prospective employees required to complete an employment application prior to hire?	
Are references checked for all new hires?	
Do you have written employee policies and procedures?	
Are the policies and procedures distributed or available to all employees?	
Does legal counsel review the employment policies and procedures?	
When did legal counsel last review the employment policies and procedures?	
Are staff notified and provided training as needed when changes to the employee policies and procedures are made?	
Are terminations reviewed by legal counsel prior to final action being taken?	
What is the average turnover rate for the last five years?	
What is the average number of involuntary terminations over the last five years?	
Are any layoffs/terminations planned for the current or subsequent year?	
If Yes, indicate the number and timing.	
What percentage of employees are in a union?	

### EDUCATIONAL AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE COVERAGE

Automobile Liability	Amount
Bodily Injury & Property Damage Liability Limit	
Auto Liability Deductible	
Uninsured Motorist Limit – Each Accident (For PA options see below)	
Underinsured Motorist Limit – Each Accident (For PA options see below)	



Medical Payments Limit	
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Pennsylvania Only					Amount
Uninsured Motorist – Each Accident	Nonstacked		Stacked		
Underinsured Motorists – Each Accident	Nonstacked		Stacked		
Uninsured Motorists – Each Person/Each Accident	Nonstacked		Stacked		
Underinsured Motorists – Each Person/Each Accident	Nonstacked		Stacked		
First Party Benefits – Medical Expense					
First Party Benefits - Work Loss					
First Party Benefits - Funeral					
First Party Benefits - Accidental Death					
Combination First Party Benefits - Total Benefits Limit					
Combination First Party Benefits - Funeral					
Combination First Party Benefits - Accidental Death					
Extraordinary Medical Benefits - Amount					

Hired Car Physical Damage	Amount
Limit	
Comprehensive Deductible	
Collision Deductible	

### AUTOMOBILE QUESTIONNAIRE AND SCHEDULES

Fleet Coverage	Yes/No/Other
Is any portion of your fleet not to be covered by this policy?	
If Yes, indicate the number of vehicles and provide a certificate of insurance for those vehicles.	
Is any portion of the district transportation contracted or leased from a third party?	
If Yes, indicate the number of vehicles and the length of the contract or lease.	
If Yes, name of fleet contractor.	
If there are multiple contractors provide the number of individual contractors.	
Describe who provides vehicles maintenance and how the district oversees safety conditions	
Describe process for substitute drivers for contracted vehicles.	
Are buses used for other than school related activities?	
If Yes, what activities?	

Do you allow employees to use your owned vehicles for personal use?	
If Yes, describe vehicle usage and employees.	
Number of employees who drive their own vehicles on school business	
Are Motor Vehicle Records checked prior to hiring?	
Are Motor Vehicle Records checked on an ongoing basis?	
Is there a formal accident investigation process?	
Is there a driver incentive program in place?	
Provide the address, security details and total values of any location where more than \$3,000,000 are garaged.	

<b>Automotive Technology Program Questionnaire</b>	<b>Yes/No/Other</b>
Complete only if your district has an Automotive Technology Program	
Are employees or privately owned customer vehicles repaired in any Auto Technology class?	
Are students permitted to drive privately owned/customer vehicles as part of any automotive training program? <b>If No, stop here and proceed to schedules</b>	
Are students permitted to drive privately owned/customer vehicles on public roads? <b>If No, stop here and proceed to "schedules".</b>	
Do students who are permitted to drive privately owned/customer vehicles provide proof of a current driver's license?	
Are students required to show proof of personal auto insurance?	
Is a Motor Vehicles Record (MVR) abstract obtained from the State for each student?	
Is a parent or legal guardian permission slip signed and on file for minors, acknowledging that their personal auto insurance will cover the student?	
Is there some form of a customer service agreement completed in the original work order that gives the student permission to drive a customer's vehicles and that acknowledges that the owner has insurance covering the auto?	
Describe any internal rules, policies and or procedures that you may have developed and use to help control any exposures when a student drives a customer's vehicle.	

<b>Vehicle Schedule Coverage Information – PLEASE ATTACH THE FOLLOWING</b>
A vehicle schedule which includes the vehicle description, department, cost new or replacement cost (only fire/ambulance vehicles), vehicle identification number (VIN) and storage location. The vehicle description must include year, make and model.

Vehicle Schedule															
Veh #	Year	Make/Model	VIN	Name on Registration	Address on Registration	Department	Garaging Location	GVW (Trucks)	Bus Capacity	Class Code	Physical Damage				
											Auto Cost New	Bus Replacement Cost	Valuation	Comp Deductible	Coll Deductible

Garagekeepers Coverage				
Entities that own garages should consider Garagekeepers coverage. If this coverage is necessary, determine the Limit by multiplying the maximum number of autos in your care, custody or control at any one time by the average value per vehicle.				
Location/Address of Garage Operations	Limit	Comprehensive Deductible each Customer's Auto	Comprehensive Deductible Max per Event	Collision Deductible each Customer's Auto
	\$	\$	\$	\$

### VIOLENT ACT COVERAGE

Violent Act Coverages	Amount
Violent Act Aggregate Limit	

Violent Act Injury and Death Benefit	Amount
Death Benefit Aggregate Limit	
Death Benefit Limit – Per Insured	
Medical Expense Aggregate Limit	
Medical Expense Limit – Per Insured <i>This benefit is payable in excess of \$25,000 only after all other insurance or benefits available have been exhausted.</i>	

Violent Act Expenses	Amount
Emergency Medical Services Aggregate Limit	
Emergency Medical Services Limit – Per Insured	
Funeral Services Aggregate Limit	
Funeral Services Limit – Per Insured	
Personal Counseling Services Aggregate Limit	
Personal Counseling Services Limit – Per Insured	
Travel Expense Aggregate Limit	
Travel Expenses Limit – Per Insured	

### EXCESS LIABILITY

Excess Liability	Amount
Excess Limit	
Excess Aggregate	
Include \$1,000,000 Violent Act Aggregate Excess of Underlying Violent Act Aggregate	

## ADDITIONAL INTERESTS

### Additional Interests

Indicate any requests for additional interests including the reason/relationship of the additional interest to the named insured and whether or not a contract/agreement exists.

Attach a copy of all contracts/agreements other than lease agreements.

Name	Address	City	State	Zip	Interest Type Indicate Additional Interest Mortgagee and/or Loss Payee for each interest.	Interest (Describe Premises, Operation, Equipment, Vehicle or Organization)	Effective Date	Expiration Date	Does a Contract Exist

### Claims Questionnaire

#### Have any of the following occurred in the last five years

Yes/No

Has any claim been made against any person in their capacity as an official or employee of the district?

Does any board member, employee or volunteer have any knowledge of any negligent act, error, omission, or breach of duty which may reasonably be expected to give rise to a claim?

Has any claim been made regarding disputes of discrimination or violation of civil rights?

Has any claim been made regarding disputes of integration or segregation?

Has any person alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment?

Has any person alleged sexual abuse, molestation, harassment or misconduct towards an:

Employee?

Student?

Other?

If Yes to any of the above, describe

How many of the following has the district experienced:

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Bomb Threats

Gun Incidents

Online Threats

## EXPIRING INFORMATION

<b>Property</b>	
Expiring Carrier(s)	
Expiring Building and Personal Property Limit	
Expiring Property Coinsurance	
Expiring Property Deductible	
Expiring Property Premium	
Expiring Inland Marine Premium	
Expiring Crime Premium	

<b>Liability</b>	
Expiring Carrier(s)	
Expiring Liability Limits	
Expiring Liability Deductible	
Expiring Liability Premium	

<b>Law Enforcement / Public Officials Errors and Omissions / Employment Practices</b>	
Expiring Carrier(s)	
Expiring Limits	
Expiring Deductibles	
Expiring Premiums	

<b>Automobile</b>	
Expiring Carrier(s)	
Expiring Number of Automobiles	
Expiring Limit	
Expiring Automobile Physical Damage Deductibles	
Expiring Automobile Premium	

<b>Excess</b>	
Expiring Excess Limit	
Expiring Excess Premium	



<b>CLIENT INFORMATION</b>
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<b>Name</b>	
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<b>POLICY TERM</b>
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<b>Effective Date</b>		<b>Expiration Date</b>	
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<b>Applicable in PA</b>
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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.

<b>Entity's Attestation</b>
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The authorized signatory of this application attests to the best of his/her knowledge that statements made in the application, questionnaire and any attachments to the application are true, complete and correct to the best of my knowledge; that no fact, circumstances or situation indicating the probability of a claim or action now known to any public official or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim. Signing of this application does not bind the signatory to purchase the insurance, but it is agreed this form shall be the basis of the contract should a policy be issued.

<b>Authorized Signatory for Entity</b>	<b>Date</b>
<b>Title</b>	<b>Phone Number</b>