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**UNDERWRITTEN IN FEDERAL INSURANCE COMPANY**  
**OR VIGILANT INSURANCE COMPANY**

Educator's Professional Liability Coverage is written on a claims-made basis. Except as otherwise provided, this policy will cover only claims first made against the Insured during the Policy Period. Please read the policy carefully.

**Defense Cost Provision:**

Please note that the Defense Cost provision of this policy stipulates that the Limits of Liability may be completely exhausted by the cost of legal defense. Any deductible may be similarly reduced or exhausted by Defense Costs.

**GENERAL INFORMATION**

1. Parent Organization \_\_\_\_\_

Principal Address \_\_\_\_\_

Year Established \_\_\_\_\_

**ADDITIONAL INFORMATION NEEDED AS PART OF THIS APPLICATION:**

**2. Important, please attach the following information:**

- (a) The most recent annual audited financial statement (including balance sheet, income statement and all notes);
- (b) The most recent interim financial statement;
- (c) The most current Employee Handbook including policies, guidelines or written procedures addressing: Sexual harassment, discrimination, employment termination, any appeal procedures and guidelines for granting tenure;
- (d) Catalogues or brochures that describe curriculums offered;
- (e) Copies of all employment application forms used by the parent organization;
- (f) If a charter school, a copy of the final approved charter.

**3. Type of Educational Organization:**

- |   |  |
|---|--|
| <input type="checkbox"/> INDEPENDENT COLLEGE/UNIVERSITY | <input type="checkbox"/> PUBLIC COLLEGE/UNIVERSITY     |
| <input type="checkbox"/> INDEPENDENT SECONDARY SCHOOL   | <input type="checkbox"/> EDUCATION RELATED ASSOCIATION |
| <input type="checkbox"/> INDEPENDENT PRIMARY SCHOOL     | <input type="checkbox"/> TRADE SCHOOL                  |
| <input type="checkbox"/> CHARTER SCHOOL                 | <input type="checkbox"/> _____                         |

OTHER (Please explain): \_\_\_\_\_

4. If an Education related Association, advise what accrediting services are provided: \_\_\_\_\_

5. Are all degree programs accredited or certified ? Yes No Accreditation provided by : \_\_\_\_\_  
If no, please explain : \_\_\_\_\_

6. Please provide a listing of all subsidiaries, affiliates and joint ventures in which the applicant has a controlling interest and which are to be included as insureds under the policy: NONE

ENTITY NAME	NATURE OF OPERATIONS	% OWNED	DATE ACQUIRED

7. Total Enrollment: 3 Years ago \_\_\_\_\_ 2 Years ago \_\_\_\_\_ 1 Year ago \_\_\_\_\_ This Year \_\_\_\_\_

8. Total Number of:

ADMINISTRATIVE STAFF \_\_\_\_\_ FULL TIME FACULTY \_\_\_\_\_ PART TIME FACULTY \_\_\_\_\_  
BOARD OF GOVERNORS \_\_\_\_\_ TRUSTEES \_\_\_\_\_ ALL OTHER EMPLOYEES \_\_\_\_\_

Number of employees terminated in the last two years \_\_\_\_\_

**EMPLOYMENT PRACTICES AND POLICIES:**

9. Does the applicant :

- Use written guidelines for suspension, dismissal or nonrenewal of employment contracts ? Yes No
- Use outside employment counsel for employment advice ? Yes No
- Distribute an employee handbook to all employees ? Yes
- No
- Have a manual of its Human Resource procedures ? ( L a s t u p d a t e ) Yes
- No
- Provide formal training for its supervisors in administering these procedures ? Yes No
- Have a written policy against discrimination, including sexual harassment ? Yes No
- Have a grievance procedure for dealing with discrimination or sexual harassment claims ? Yes No
- Use any tests (e.g. drug, polygraph) for screening applicants or for continued employment ? Yes
- No
- Have a written progressive disciplinary program ? Yes No
- Have written guidelines for granting tenure ? Yes No
- Provide a formal appeal process for tenure requests ? Yes No
- Obtain advice from legal counsel or a human resource manger prior to termination ? Yes
- No
- Use employment-at-will statements ? Yes No
- Anticipate any layoff, staff reduction, or facility closing within the next 12 months ? Yes
- No
- Anticipate a reduction/change in curriculum within the next 12 months ? Yes No

**STUDENT POLICIES**

10. Does the applicant :

Have a written policy for employee/faculty fraternization with students ? Yes No  
 Is this policy circulated periodically as a reminder ? Yes No  
 Have a written procedure for handling student harassment complaints ? Yes No  
 Have an appeal procedure for admissions ? Yes No  
 Who is responsible for overseeing this appeal procedure ? \_\_\_\_\_

Have a written procedure for student disciplinary issues ? Yes No

**MISCELLANEOUS**

11.a. Does the applicant or any entity listed in Item 6 above license any patent for commercial use ? Yes No  
 If yes, provide particulars. \_\_\_\_\_

b. Does the applicant or any entity listed in Item 6 above produce any product for commercial use or for use by a person or entity other than the applicant ? Yes No If yes, provide details. \_\_\_\_\_

12. Has there been any denial of accreditation, or disciplinary/probationary action taken against the applicant (or any program of the applicant) by any accrediting organization within the past 3 years ? Yes  
 No If yes, please provide details. \_\_\_\_\_

13. Has the NCAA or the NAIA initiated any disciplinary or probationary action against the applicant (or any program of the applicant) within the past 3 years ? Yes No If yes, please provide details. \_\_\_\_\_

**PRIOR COVERAGE:**

14.a. Do you currently have:

Type of Coverage	Yes	No	Insurer	Limits	Deductible	Expiration
D&O						
EDUCATOR'S E&O						
EMPLOYMENT PRACTICES						
SCHOOL BOARD LIABILITY						

b. Has any of the above insurance been canceled or non renewed within the past 5 years ? Yes No  
 If yes, please provide details. \_\_\_\_\_

**LOSS HISTORY**

15.a. Please attach a listing of all employment lawsuits, administrative proceedings (e.g. EEOC), as well as any professional liability lawsuits (for which this coverage is construed against any entity listed in item 1 or 6 above) which was commenced during the past 3 years. Describe the type of allegation, the court or agency involved and any determination, judgment, defense cost or settlement for each. If there have been no losses, please indicate here.  
**No Prior Losses**

b. Is/has the Applicant been:

Subject to any judicial or administrative order, decree, judgment or conciliation agreement relating to employment? Yes No

The subject of any anti-trust, copyright or patent infringement litigation ? Yes No

The subject of any representative, derivative or class actions ? Yes No

Given written notice under the provisions of any prior liability or similar insurance of specific facts or circumstances which might subsequently give rise to a claim being made against any insured person(s) ? Yes No

**c. Please provide full particulars for any "Yes" answer in 15.b above.**

### **CONTINUITY WITH PRIOR COVERAGE**

**16. Note: This section applies only if you currently have coverage and are requesting continuity of coverage.**

Continuity date requested \_\_\_\_\_

- a. attach a copy of the prior application(s) with which continuity of coverage is to be maintained.
- b. the Company will be relying upon the declarations and statements contained in such prior application and those declarations and statements shall be considered to be incorporated in and form part of the policy of the Company.

### **PRIOR KNOWLEDGE/WARRANTY**

**17. Note: If there has been no previous professional liability coverage or in the event continuity is not granted it will be necessary to answer the following:**

**It is important that you fill in the blank in this paragraph.** No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of the proposed coverage, except: **None** or \_\_\_\_\_

**It is agreed that if such facts or circumstances exist, whether or not disclosed, any claim or action arising from such facts or circumstances are excluded from this proposed coverage.**

### **FALSE INFORMATION**

18. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

### **COVERAGE/MATERIAL CHANGE**

19. Signing of this application does not bind the applicant or the Company. No coverage shall be provided unless the Company accepts the application and binds coverage. If there is any material change in the answers to the questions prior to the policy inception date the applicant will notify the Company in writing and any outstanding quotation may be modified or withdrawn.

### **DECLARATION AND SIGNATURE**

20. The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. Although the signing of this application does not bind the undersigned on behalf of the applicant or its directors, officers or other proposed insured persons to effect insurance, the undersigned agrees that this application and its attachments shall be the basis of the contract should a policy be issued and shall be deemed attached to and shall form part of the policy. The Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

This section of the application must be signed by a President, Chairman or Headmaster of the Educational Institution.

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Date

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Authorized Signature of a President,  
Chairman or Headmaster

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Title