



Risk Placement Services, Inc.  
 PO Box 834  
 Poulsbo WA 98370

## EDUCATIONAL SERVICES & SCHOOL SUPPLEMENTAL APPLICATION

### PLEASE COMPLETE AND ATTACH TO ACORD APPLICATIONS

Please review the policy carefully and discuss the coverage with your insurance advisor.

Please answer all questions completely. If there is insufficient space to complete an answer, please continue on a separate sheet indicating the question number. This Application must be completed, signed, and dated by an authorized person for the district. Please include all attachments referenced throughout the Application. Please type or print.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Insurer under any Policy of a Claim or potential Claim. All such notices must be submitted to the Insurer pursuant to the terms of the Policy, if and when issued.

#### GENERAL INFORMATION SECTION

- 1) Name of Educational Organization: \_\_\_\_\_
- 2) Telephone number: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_
- 3) E-mail address: \_\_\_\_\_ Web site address: \_\_\_\_\_
- 4) Contact name: \_\_\_\_\_ Title: \_\_\_\_\_
- 5) Type of Educational Organization: \_\_\_\_\_
- 6) Please indicate how your organization is chartered or incorporated and the original date filed:  
 \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- 7) Do you have a Risk Manager or Safety Officer?  Yes  No
- 8) Name \_\_\_\_\_ Title: \_\_\_\_\_
- 9) Do you have a formal safety and loss control program?  Yes  No
- 10) Do you have program for facility and equipment inspection?  Yes  No  
 Documented?  Yes  No Frequency \_\_\_\_\_
- 11) Are there any vacant or unoccupied school buildings?  Yes  No If " yes" please provide location, description, and inspection procedures \_\_\_\_\_
- 12) Do you have any renovation and/or new building construction planned for the next 12 months?  Yes  No  
 If yes, please describe type of project and estimated projected cost \_\_\_\_\_  
 \_\_\_\_\_
- 13) Does the school require certificates for any contractor?  Yes  No  
 Amount of Insurance Required? \_\_\_\_\_  
 Do contracts require school to be named as additional insured?  Yes  No

**GENERAL LIABILITY SECTION**

14) Is there regular outside use of school property?  Yes  No, If yes,

Do you have a formal Building Use Form?  Yes  No

15) Do you have Daycare or Latch Key Facilities  Yes  No If "yes", is it operated by the school?  Yes  No Number of children daily \_\_\_\_\_ Age of children \_\_\_\_\_

16) Bleachers-Please complete the following:

Number with seating capacity of Less than 250 \_\_\_\_\_

Number with seating capacity of 251 - 500 \_\_\_\_\_

Number with seating capacity of 501 - 1,000 \_\_\_\_\_

Number with seating capacity of More than 1,000 \_\_\_\_\_

17) Does the school have swimming pools?  Yes  No If yes, please complete the following

No Indoor \_\_\_\_\_ No Outdoor \_\_\_\_\_ Open to public?  Yes  No

No of diving boards \_\_\_\_\_ Maximum Height \_\_\_\_\_ Depth \_\_\_\_\_

18) Please list the school sponsored events or classes relating to any of the following

Carpentry Program  Forestry Program  Vocational Agriculture  Aircraft   
 Watercraft  Rifle Range  Skateboard Parks  Trampoline   
 Rock Climbing Walls  Rodeo Events  Wilderness Adventure  Survival

19) Does the school have a Student Accident Policy?  Yes  No

Is it voluntary or are all students covered? \_\_\_\_\_ Are all students athletes required to

Have medical coverage?  Yes  No

20) Does the school have a comprehensive written policy for handling violence?  Yes  No

21) Does the school have a written disaster plan?  Yes  No

22) Does your organization;

- Publish written or recorded materials?  Yes  No
- Have a website, host an internet chat room or message board?  Yes  No
- Produce commercials, television show or radio show?  Yes  No

Please provide details: \_\_\_\_\_

**ADDITIONAL LIABILITY COVERAGES**

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23) Please indicate the number of full time equivalent ( FTE ) in each position

Position	No.	Position	No.
Athletic Trainers	_____	Nurses	_____
Occupational Therapists	_____	Psychologist	_____
Speech Therapist	_____	Speech Pathologist	_____
Social Workers	_____	Counselor	_____
Emergency Medical Technicians	_____	Nursing Instructor	_____
Nursing Students	_____	Veterinary Instructors	_____
Veterinary Assistant Students	_____	Dental hygienists/assistant Teachers	_____
Dental hygienist/assistant Students	_____	Other (please describe)	_____
_____			
_____			

24) Total # of Teachers (FTE) \_\_\_\_\_ Total Employees \_\_\_\_\_ Volunteers \_\_\_\_\_

25) Total # of students( ADA) Preschool \_\_\_\_\_ K-8 \_\_\_\_\_ 9-12 \_\_\_\_\_

26) Does the school have a police department?  Yes  No If yes, # of officers \_\_\_\_\_  
Other police department staff # \_\_\_\_\_

27) Does the school have Security staff?  Yes  No Total# \_\_\_\_\_  
Are any Security Officers armed? If so # \_\_\_\_\_

**AUTOMOBILE**

28) If the school has a contract for transportation, what limit of liability coverage is required to be carried by contractor? \_\_\_\_\_

29) Does the school require and retain a certificate from the transportation contractor?  Yes  No

30) What is the minimum and maximum age permitted for drivers? MIN \_\_\_\_\_ Max \_\_\_\_\_

31) Do you have a formal training, vehicle maintenance and safety program?  Yes  No

32) Are all drivers transporting students required to have CTL's?  Yes  No

33) Are the CTL random drug and alcohol testing followed?  Yes  No

34) Are regular medical checkups required for drivers?  Yes  No

35) Do you order Motor Vehicles Reports on all drivers at time of hiring?  Yes  No  
How often are MVR ordered once employed? \_\_\_\_\_

- 36) Do you have written drivers procedures manual  Yes  No
- 37) What combination of accidents and traffic violations in a three year period is permissible before driver is Reprimanded?\_\_\_\_\_ Removed from duty?\_\_\_\_\_
- 38) If transportation of handicapped or special needs students is needed, are the drivers required to receive special training?  Yes  No
- 37) If employee uses their own personal vehicle on school business, what limits of liability do you require on the personal automobile policy? \$ \_\_\_\_\_ Copy of policy or certificate retained in file?  Yes  No

**ADDITIONAL INFORMATION SECTION:**

Provide any additional information that you feel is relevant to our review of your application on a separate page.

**FRAUD STATEMENT**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD STATEMENT TO ALABAMA APPLICANTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**FRAUD STATEMENT TO ARKANSAS APPLICANTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD STATEMENT TO COLORADO APPLICANTS**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**FRAUD STATEMENT TO DISTRICT OF COLUMBIA APPLICANTS**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FRAUD STATEMENT TO FLORIDA APPLICANTS**

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**FRAUD STATEMENT TO KENTUCKY APPLICANTS**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**FRAUD STATEMENT TO LOUISIANA APPLICANTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD STATEMENT TO MAINE APPLICANTS**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**FRAUD STATEMENT TO MARYLAND APPLICANTS**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD STATEMENT TO NEW JERSEY APPLICANTS**

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

**FRAUD STATEMENT TO NEW MEXICO APPLICANTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**FRAUD STATEMENT TO NEW YORK APPLICANTS**

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD STATEMENT TO OHIO APPLICANTS**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**FRAUD STATEMENT TO OKLAHOMA APPLICANTS**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**FRAUD STATEMENT TO OREGON APPLICANTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD STATEMENT TO PENNSYLVANIA APPLICANTS**

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.

**FRAUD STATEMENT TO RHODE ISLAND APPLICANTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, including failing to disclose whether the applicant or applicants have been convicted of any degree of the crime of arson, is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD STATEMENT TO TENNESSEE APPLICANTS**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**FRAUD STATEMENT TO VERMONT APPLICANTS**

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 may be a crime and subjects such person to criminal and civil penalties.

**FRAUD STATEMENT TO VIRGINIA APPLICANTS**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**FRAUD STATEMENT TO WASHINGTON APPLICANTS**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**FRAUD STATEMENT TO WEST VIRGINIA APPLICANTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**APPLICANT AUTHORIZATION AND CERTIFICATION:**

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking insurance, has read and understands this Application including the appendixes and any supplements, and declares all statements set forth herein are true, complete and accurate. The undersigned acknowledges and agrees that the submission and the Insurer's receipt of such written report, prior to the inception of the policy applied for, is a condition precedent to coverage.

The undersigned understands the information submitted herein becomes a part of my Educator's Management Liability Insurance Application.

The signing of this Application does not bind the undersigned to purchase the insurance, nor does review of the Application bind the insurance company to issue a policy. This Application including any appendixes and supplemental applications shall be the basis of the contract should a policy be issued

This application must be signed by the ranking elected or appointed official of the Entity making the Application (e.g. School Board President or Superintendent or equivalent officer) or the Risk Manager (or the Ranking Official assigned this function).

Date Signed \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Print Name and Title \_\_\_\_\_

**SIGNATURE AND AGREEMENTS**

THE APPLICANT ACCEPTS NOTICE THAT HE/SHE IS REQUIRED TO PROVIDE WRITTEN NOTIFICATIONS TO THE COMPANY OF ANY CHANGES IN THE RESPONSES GIVEN TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE.

The undersigned is an authorized representative of the applicant and certifies that reasonable enquiry has been made to obtain the answers to questions on this application. He/She certifies that the answers are true, correct and complete to the best of his/her knowledge.

Signature of Applicant \_\_\_\_\_

Print Name and Title \_\_\_\_\_

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

This application form duly completed, together with any supplementary information must be signed in ink by the applicant

\_\_\_\_\_  
Please Print Name of Producer

Signature of submitting Producer \_\_\_\_\_ Date Signed \_\_\_\_\_  
 Retailer       Wholesaler

Producing Agency: \_\_\_\_\_

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

Telephone: (     ) \_\_\_\_\_

**General Reminders; Did you remember to:**

- Complete Acord applications for all applicable coverages requested?
- Did you complete each question in all applicable sections as we cannot offer a quote based on incomplete information?
- Did you sign and date all applications?
- Did you attach current loss runs?
- Did you attach a Statement of Values (if applicable)?
- Did you attach an Educators Management Liability Application (if applicable)?
- Did you provide a copy of the following?
  - Employee & Student Handbook
  - Most Recent Financials
  - Sexual Abuse & Harassment Policy
  - Building Use Form