



Risk Placement Services, Inc.

PO Box 834

Poulsbo WA 98370

## EDUCATORS MANAGEMENT LIABILITY APPLICATION

THIS APPLICATION IS FOR A CLAIMS-MADE POLICY. "CLAIMS" MUST BE FIRST MADE AGAINST AN "INSURED PERSON" DURING THE "POLICY PERIOD" OR ANY APPLICABLE EXTENDED REPORTING PERIOD, AND REPORTED TO US AS SOON AS PRACTICABLE DURING THE "POLICY PERIOD", ANY SUBSEQUENT RENEWAL OF THE POLICY OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE INSURANCE FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY IF THE "WRONGFUL ACT" OUT OF WHICH THE "CLAIM" AROSE OCCURRED ON OR AFTER THE RETROACTIVE DATE, IF ANY, SHOWN IN THE DECLARATIONS, AND BEFORE THE END OF THE "POLICY PERIOD".

THIS APPLICATION IS ON A DEFENSE WITHIN LIMITS BASIS.

NOTICE: "DEFENSE EXPENSES" ARE PAYABLE WITHIN, NOT IN ADDITION TO, THE LIMIT OF LIABILITY.

Please attach copies of the following:

- Audited financial statement for the most recent available fiscal year;
- Minimum of last three years of current and prior insurers' loss runs (five years desired);
- Current employee handbook, including procedures on sexual harassment, discrimination and employee grievances;
- Current student handbook;
- Complete list of all Directors or Trustees including their name, position, term of office, and affiliation with any other outside organizations
- Complete list of all Officers including their name, position, and affiliation with any other outside organizations

1. Name of Educational Organization: \_\_\_\_\_

Date incorporated or otherwise legally created: \_\_\_\_\_

2. Principal address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Do you have a full-time Risk Manager?  Yes  No

Risk Manager's name: \_\_\_\_\_

4. Website address: \_\_\_\_\_

Phone number : \_\_\_\_\_ FEIN: \_\_\_\_\_

5. Type of Educational Organization (check all boxes that apply):

Public School  Community College  Special Ed Facility  State

Private For Profit  Public K-12  Vocational/Technical  County

Private Not for Profit  Independent School  Pre-School  Municipal

- Multi-District Coop      Charter School      Private School      Special District  
 College / University      Other (Explain) \_\_\_\_\_

6. IRS Tax Status:  
 501 (c) (3)                       Public Entity                       Other \_\_\_\_\_

7. Number of board members: \_\_\_\_\_  
 a. Are board members:  Elected  Appointed Length of Term: \_\_\_\_\_  
 b. If board members are appointed, by whom are they appointed? \_\_\_\_\_  
 c. Do board members serve on rotating or staggered basis?  Yes  No  
 d. If elected, are board members elected:  At large  Single member districts

8. Enrollment and employment information:

ENROLLMENT	CURRENT YEAR	LAST YEAR	2 <sup>ND</sup> PRIOR YEAR
Full Time Students			
Part Time Students			
Special Education Students			
Other			
<b>Total</b>			
EMPLOYMENT	CURRENT YEAR	LAST YEAR	2 <sup>ND</sup> PRIOR YEAR
Full Time Faculty / Instructors			
Part Time Faculty / Instructors			
Non-Certified Staff			
Administrative Personnel, including officials, principals, administrators, etc			
Other Professional Staff			
Volunteers			
<b>Total</b>			

9. Have you had any staff reductions in the past 24 months?  Yes  No  
 a. Were faculty members involved in this reduction in force?  
 Yes  No

10. a. In the last 3 years, have you been involved in any school mergers/closings or plan to do so in the next 18 months?  Yes  No  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

b. Any anticipated openings in the next year?  
 Yes  No  
 If yes, please explain \_\_\_\_\_

**FINANCIAL**

1. a. Fiscal year end date: \_\_\_\_\_  
 b. Budget for current and prior fiscal years:

	CURRENT YEAR	LAST YEAR	PREVIOUS YEAR
Revenues			
Expenditures			
Budget Surplus (Deficits)			
Accumulated Budget Deficit/Surplus			

- c. Provide an explanation for any budget deficits in the past three years and anticipated steps to address accumulated deficits.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Amount of outstanding bonds: \$ \_\_\_\_\_
3. Has the applicant been in default on principal or interest on any bond?  
 Yes  No If yes, please explain: \_\_\_\_\_

**OPERATIONS AND POLICY**

1. Accreditation is provided by which body: \_\_\_\_\_  
 Date of last accreditation: \_\_\_\_\_
2. Does the Educational Organization have a disaster planning document in place and in practice for natural disasters, terrorist acts, acts of violence or unauthorized intrusions?  Yes  No
3. Do you perform background checks on all employees before offering employment?  
 Yes  No If no, please explain: \_\_\_\_\_
- a. Are Volunteers subject to the same background checks?  Yes  No
4. Which of the following processes and policies have you adopted?
- a. As pertains to teachers:
- |                                      |  |                                     |
|--------------------------------------|--|-------------------------------------|
| i. Student suspensions or expulsions | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| ii. Use of corporal punishment       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| iii. Disciplinary action             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| iv. Testing standards                | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| v. Teacher/student relationships     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| vi. Sexual harassment/molestation    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| vii. Drug testing                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> In Writing |

- b. As pertains to Students:
- i. Suspension/expulsion  Yes  No  In Writing
  - ii. Corporal punishment  Yes  No  In Writing
  - iii. Possession of weapons  Yes  No  In Writing
  - iv. Drug testing and searches  Yes  No  In Writing
  - v. Internet access  Yes  No  In Writing
  - vi. Students with disabilities  Yes  No  In Writing
  - vii. Special education  Yes  No  In Writing
  - viii. Public displays of affection  Yes  No  In Writing
- c. Have the above policies and procedures been reviewed by counsel?  Yes  No  Some

**EMPLOYMENT PRACTICES LIABILITY**

1. During the last three years has any Educational Organization or unit thereof been involved in any employment or labor related litigation?  Yes  No
2. During the last three years has any Educational Organization or unit thereof been involved in any administrative proceedings with:
  - a. the Equal Employment Opportunity Commission?  
 Yes  No
  - b. the U.S. Department of Labor?  
 Yes  No
  - c. any state or local government agency whose purpose is to address employee-related claims?  Yes  No

*If the answer to any question in one and two above is 'yes', please state the type and number of each proceeding and, for each proceeding which has or is expected to exceed \$75,000 in loss (including claims expenses), attach full details.*

3. Have there been any strikes, slowdowns or disruptions in the past five years?  
 Yes  No  
If yes, please explain: \_\_\_\_\_
4. Provide your percentage of employee turnover: Current Year \_\_\_\_\_%  
Last year \_\_\_\_\_%
5. Who is responsible for providing employment counsel for employment advice?  
 Outside Legal Counsel Name of Firm \_\_\_\_\_  
 Inside Legal Counsel  
 Other, Please explain \_\_\_\_\_
6. a. How often are Educational Organization's human resources documents, policies, guidelines, and procedures reviewed?  
 Annually  Semi-Annually  Other \_\_\_\_\_  
b. What was the date of the most recent comprehensive review of such documents, policies, guidelines, and procedures? \_\_\_\_\_

c. Who was responsible for the review?

- Outside Legal Counsel      Name of Firm: \_\_\_\_\_  
 Other \_\_\_\_\_

7. Does the Educational Organization have written guidelines, policies or procedures for addressing human resources or personnel management in the following areas:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Hiring / Interviewing?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Employee at will statement and employee contract disclaimer?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Performance appraisals?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Discipline?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Discharge?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Accommodating the disabled?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Non-union grievance procedures?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Sexual harassment?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Use of Educational Organization's electronic mail, voice mail and Internet access? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do all employees receive a copy of these guidelines, policies or procedures, and acknowledge such receipt in writing?  Yes  No

8. Does the Educational Organization have a full-time human resources manager?

- Yes  No

If not, who is responsible for human resources? \_\_\_\_\_

9. When an employee is discharged:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Is officer approval required and are human resources personnel directly involved? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Is an attorney consulted prior to discharging an employee?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**INSURANCE INFORMATION**

1. Please provide Educators Legal Liability & Employment Practices Liability policy information:

CURRENT & LAST FOUR YEARS	PROFESSIONAL LIABILITY CARRIER	LIMITS	DEDUCTIBLE/RETENTION	PREMIUM
Current Year				
Prior Year				
2 <sup>nd</sup> Prior Yr				
3 <sup>rd</sup> Prior Yr				
4 <sup>th</sup> Prior Yr				

2. Current Claims Made Retroactive Date: \_\_\_\_\_

3. Current general liability carrier and limits: \_\_\_\_\_

4. Has any insurance been declined, cancelled or not renewed in the past five years?

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

**Missouri Applicants are not required to answer this question.**

5. Limit of Liability requested:

\$ 100,000       \$ 250,000       \$ 500,000       \$ 1,000,000  
 \$ 2,000,000       \$ 3,000,000       \$ 4,000,000       Other \$ \_\_\_\_\_

6. Deductible requested:

COV A:     \$ 10,000     \$15,000     \$20,000     \$25,000     \$50,000     Other \$ \_\_\_\_\_  
COV B:     \$ 5,000     \$10,000     \$15,000     \$25,000     \$50,000     Other \$ \_\_\_\_\_

**CLAIMS EXPERIENCE**

1. Do any principals, directors, officer, partners, professional employees or independent contractors of the Educational Organization have knowledge or information of any act or omission which might reasonably be expected to give rise to a claim?

Yes  No

It is agreed by all concerned that if any such person has any such knowledge or information, whether or not described above, any claim emanating therefrom shall be excluded from coverage under this Policy.

2. Has the Educational Organization, or any of its predecessors in business, subsidiaries or affiliates, or any of its principals, directors, officers, partners, professional employees or independent contractors, ever been the subject of a disciplinary action as a result of professional activities?

Yes  No

3. During the past five years, have any claims been made or suits brought against the Educational Organization, any predecessors in business, subsidiaries, or affiliates of any principal, director, officer or professional employee?

Yes  No

4. Has the Educational Organization reported the matters listed in response to questions one through three, above, inclusive, to its current or any former insurance carrier?  Yes  No

*If any response to questions one through four, above, inclusive, was yes, please attach a detailed explanation including date of circumstance or claim, potential or actual claimant, nature of circumstances or claim, defense costs, indemnity amount, reserve amount and current status for each claim, notice or circumstance.*

**NOTICE TO APPLICANT - PLEASE READ CAREFULLY**

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED, AS AUTHORIZED AGENT FOR ALL PERSONS AND ENTITIES PROPOSED FOR THIS INSURANCE, DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE THE STATEMENTS HEREIN ARE TRUE AND COMPLETE. THE INSURER IS

AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO ISSUE, OR THE APPLICANT TO PURCHASE, ANY INSURANCE POLICY.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE INSURER. THIS APPLICATION WILL BECOME A PART OF SUCH COVERAGE PART IF ISSUED. THE INSURER WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING THIS COVERAGE PART. IN THE EVENT THAT THE "APPLICATION" CONTAINS ANY MISREPRESENTATION OR MISSTATEMENT OF A MATERIAL FACT, THIS COVERAGE PART SHALL NOT AFFORD COVERAGE TO ANY "INSURED" WHO KNEW OF SUCH MISREPRESENTATION OR MISSTATEMENT.

IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE COVERAGE PART, THE APPLICANT MUST NOTIFY THE INSURER, WHO MAY MODIFY OR WITHDRAW THE QUOTATION.

THE UNDERSIGNED DECLARES THAT THE INDIVIDUALS AND "ORGANIZATIONS" PROPOSED FOR THIS INSURANCE HAVE BEEN NOTIFIED THAT:

THIS COVERAGE PART APPLIES ONLY TO "CLAIMS" FIRST MADE OR DEEMED MADE AGAINST THE "INSUREDS" DURING THE "POLICY PERIOD" OR BASIC EXTENDED REPORTING PERIOD.

IF THE DEFENSE WITHIN LIMITS BASIS BOX IS SELECTED, THE LIMIT OF LIABILITY IS REDUCED BY AMOUNTS INCURRED AS "DEFENSE EXPENSES" AND SUCH EXPENSES WILL BE SUBJECT TO THE DEDUCTIBLE AMOUNT.

(WORDS WITHIN QUOTATION MARKS ARE DEFINED IN THE COVERAGE FORM.)

#### **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.

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**Printed Name of president, officer, director or equivalent executive  
of the applicant educational organization**

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**Signature of president, officer, director or equivalent executive  
of the applicant educational organization.**

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**Title**

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**Date**

**INSURANCE AGENT INFORMATION:**

**Agency name:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_

**Agency address:** \_\_\_\_\_

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**Telephone number:** \_\_\_\_\_

**Fax number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_