

IMPORTANT NOTICE

If CLAIMS MADE is selected (checked) as the Coverage type for any line of business included on this application, that section of the application is for Claims-Made coverage and the following applies:

THIS IS AN APPLICATION FOR A POLICY THAT CAN BE WRITTEN ON A CLAIMS-MADE BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED. CLAIMS MUST BE REPORTED TO THE INSURER IN ACCORDANCE WITH THE REPORTING PROVISIONS OF THE POLICY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE PROVIDED WITH YOUR INSURANCE AGENT OR BROKER.

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **ARGONAUT INSURANCE COMPANY**, A LICENSED INSURER OR **PELEUS INSURANCE COMPANY**, A SURPLUS LINES INSURER.

Submission Requirements

- ◆ Completion of this application and any supplemental applications
- ◆ Up-to-date schedules including Property COPE information, Autos with original cost new
- ◆ Five (5) years of currently valued loss runs and/or TPA
- ◆ Last Audited Financial Report

GENERAL INFORMATION

Entity Name			FEIN	
Street Address	City	State	County	Zip Code
Insurance Contact/Title			Contact Phone	
Contact Email Address				

KEY DATES

Effective Date	Bid Date (if any)	Agency Need-by Date
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SUBMITTING AGENCY

Agency		Phone		
Producer / Agency Contact		Email Address		
Street Address	City	State	Zip Code	

PREMIUM AND LOSS HISTORY

Line	Check if Requested	Expiring Premium	Carrier	Deductible/SIR	Policy Limit
General Liability		\$		\$	\$
Educators Legal Liability		\$		\$	\$
Employment Practices Liability		\$		\$	\$
Law Enforcement Liability		\$		\$	\$
Auto Liability		\$		\$	\$
Auto Physical Damage		\$		\$	\$
Property		\$		\$	\$
Inland Marine		\$		\$	\$
Crime		\$		\$	\$
Excess/Umbrella Liability		\$		\$	\$
Equipment Breakdown		\$		\$	\$
Workers Compensation (not available in all states)		\$		\$	\$
Other: _____		\$		\$	\$
Other: _____		\$		\$	\$

COMMERCIAL GENERAL LIABILITY

Coverage type: Occurrence or Claims-Made, Retroactive Date: _____

Per Occurrence Limit: \$ _____ Annual Aggregate: \$ _____

Deductible: \$ _____ or SIR: \$ _____

Total Student Enrollment: _____

Employee Benefits Liability Requested

Abuse and Molestation Risk Management

Known sexual abuse or molestation incidents. Yes No

If Yes, provide details:

Does the facility have a written policy regarding prompt reporting of actual/suspected abuse/molestation? Yes No

Does the school have a written policy/procedure regarding a student's complaint against a teacher, staff member, or a fellow student? Yes No

Are all employees, volunteers, and students made aware of these laws and what is considered unacceptable behavior? Yes No

Are criminal background checks conducted before hiring any employees who come in contact with minors? Yes No

Are records kept documenting background checks? Yes No

Are there minors in care overnight? Yes No

If yes, explain:

Bullying Prevention Program

Is a Bullying Policy in Place? Yes No

If Yes, Bullying Policy and Procedure Covers (select all that apply):

- | | | | |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Purpose | <input type="checkbox"/> Investigations | <input type="checkbox"/> Consequences | <input type="checkbox"/> Reporting |
| <input type="checkbox"/> Prohibited Behavior | <input type="checkbox"/> Written Records | <input type="checkbox"/> Training / Prevention | <input type="checkbox"/> Monitoring |

Concussion Risk Management Program

Concussion Policy in Place? Yes No

Coaches trained in Concussion Protocols annually? Yes No

Name of Training Program or Trainer: _____

Immediate participant removal from game/activity if they appear to have suffered a head injury? Yes No

Parent/guardian notification provided about possible concussion? Yes No

Return to play policy that includes Doctor clearance post concussion? Yes No

EMPLOYMENT PRACTICES LIABILITY

Coverage type: Claims-Made, Retroactive Date: _____ or Occurrence
 Per Occurrence Limit: \$ _____ Annual Aggregate: \$ _____
 Deductible: \$ _____ or SIR: \$ _____

Policies And Procedures

- Entity conducts prior employment check on all new hires? Yes No
 Does the entity have an employee handbook? Yes No
 Employee handbook signed by employees? Yes No
 Latest Revision Date of employee handbook? _____
 When did legal counsel last review the employee handbook? _____
 Does the entity have a posted anti-discrimination policy? Yes No
 Does the entity have written policies and procedures with regard to the following? (Please check all that apply)

Policy	Last Revision Date	Policy	Last Revision Date
<input type="checkbox"/> Hiring		<input type="checkbox"/> Sexual Harassment	
<input type="checkbox"/> Discrimination		<input type="checkbox"/> Disciplinary Actions	
<input type="checkbox"/> Grievance Procedures		<input type="checkbox"/> Internet Usage	
<input type="checkbox"/> Termination		<input type="checkbox"/> Social Media	
<input type="checkbox"/> Medical / Unpaid Leave			

Employment Practices Controls and Employee Performance

Does the entity provide training for all new supervisors and managers on harassment policy and procedure? Yes No

Annual Affirmation by Employees on the following policies? (Please check all that apply)

Discrimination Social Media Internet Usage Harassment

Claim History

Provide details of any Employment Practices Claims greater than \$25,000 incurred. What was the claim and as a result any change in policy or procedure?

EDUCATORS LEGAL LIABILITY (Claims-Made)

Coverage type: Claims-Made, Retroactive Date: _____

Per Occurrence Limit: \$ _____ Annual Aggregate: \$ _____

Deductible: \$ _____ or SIR: \$ _____

School Staff

Counselors/Psychologists: _____ Nurses: _____ Total All Other (Teachers/Admin/Other): _____

Percentage of Teachers Tenured: _____%

Any Educators Legal Liability Claims or Settlements made in the last 3 years? Yes No

Has the entity merged or combined with another entity in the last 12 months? Yes No

Any new school acquisitions or mergers planned? Yes No

Claim History

Provide details of any Educators Legal Claims greater than \$25,000 incurred in last 3 years. What was the claim and as a result any change in policy or procedure?

LAW ENFORCEMENT LIABILITY

School Security / Law Enforcement

Coverage type: Occurrence or Claims-Made, Retroactive Date: _____

Per Occurrence Limit: \$ _____ Annual Aggregate: \$ _____

Deductible: \$ _____ or SIR: \$ _____

Security Personnel: Employed by School Contracted Out N/A

Number of Unarmed Security: Full-time _____ Part-time _____

Number of Armed Security: Full-time _____ Part-time _____

Security Officers are Certified Police Officers? Yes No

Written Policy in place regarding invasion of privacy? Yes No

Written Policy in place regarding Use of Force? Yes No

Documented Training and Certification at least annual on all Weapons (firearms, pepper spray, other)? Yes No

COMMERCIAL AUTOMOBILE COVERAGE

Please attach the designated Excel worksheet/schedule.

I. LIMITS

Per Occurrence Limit \$ _____ Hired/Non-Owned Requested Yes No
 Liability Deductible (if any) \$ _____ Medical Payments \$ _____
 PIP/No Fault \$ _____ Additional No-Fault \$ _____
 UM/UIM \$ _____ Other: _____ \$ _____

II. UNDERWRITING INFORMATION

Any location with a concentration of vehicles where total values exceed \$2,000,000? Yes No
 (If yes, please complete **TPRS-SUP193RL Supplement - Concentration of Vehicles**)

Fleet Safety

Driver training program? Yes No
 Accident investigation program? Yes No
 Accident investigation includes a corrective action for preventable accidents? Yes No
 MVRs ordered prior to hire? Yes No
 Has the entity disqualified a prospective employee due to poor driving record? Yes No
 Does the entity conduct periodic MVR checks? Yes No
 Annually Bi-annually Other: _____
 Standard in place for acceptable and unacceptable MVR's? Yes No

What action is taken with an Employee with an unacceptable MVR?

Are employees allowed to take vehicles home? Yes No

Is personal use permitted? Yes No

Does the entity provide any type of transportation services? Yes No

Indicate type: Dial-a-Ride Fixed Transit Para Transit Other: _____

Garagekeepers: Primary Excess

Description of Operation	Physical Address	Limit	Deductible	
			Comp	Coll
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

EXCESS LIABILITY

Requested Excess Limit: \$ _____

Coverage to apply over:

- General Liability Educators Legal Law Enforcement Auto Liability Employers Liability
- Public Officials Employment Practices

PROPERTY AND ALLIED LINES

Please attach the designated Excel worksheet/schedule.

I. COVERAGES REQUESTED

Deductible: \$ _____ B/EE Limit: \$ _____

- Replacement Cost Functional Agreed Value

Flood limit: \$ _____ Deductible: \$50,000 Other Deductible: \$ _____

Earthquake limit: \$ _____ Deductible: \$50,000 Other Deductible: \$ _____

Other Key PROPERTY Coverages or Limits Requested: _____

II. UNDERWRITING INFORMATION

- A. Any unoccupied buildings Yes No
 If yes, provide details about future plan for occupancy, frequency of maintenance and insured visits to the premises:

- B. How are Property values calculated?
 Professional Property Appraisals (within the last 5 years)? Yes No

Other:

III. Solar Panels (if applicable): Location Address _____

Production capacity (i.e. 250kW): _____ Number of individual panels _____

Age of Installation: _____

Professional Engineer involved in Installation? Yes No

Preventative Maintenance Program in Place? Yes No

Number of inverters and size: _____ Spare Inverters available? Yes No

Is the system: Roof-mounted Ground-mounted
 Fixed system Tracking system

Does the Entity sell power back to the utility company? Yes No

Other: _____

IV. EQUIPMENT BREAKDOWN

Is coverage desired? Yes No

INLAND MARINE

Provide Schedule or Acord for Inland Marine

CRIME SECTION

Ratable Exposure

Number of Employees: Class A (all employees handling money): _____

I. COVERAGE DESIRED

	Coverage	Limit	Deductible
A.	Public Employee Dishonesty	\$	\$
	Faithful Performance <input type="checkbox"/> Yes <input type="checkbox"/> No		
B.	Forgery or Alteration	\$	\$
C.	Loss Inside -Theft	\$	\$
D.	Loss Inside – Robbery or Safe	\$	\$
E.	Loss Outside Premises	\$	\$
F.	Computer Fraud	\$	\$
G.	Computer & Funds Transfer Fraud (not available in all states)	\$	\$
H.	Money Orders & Counterfeit Money (not available in all states)	\$	\$
I.	Other:	\$	\$

NY Only Excess Indemnity

Position	# of Employees	Limit

II. CONTROLS

- A. Employee background checks conducted? Yes No
- B. Audit performed to verify funds (cash on hand and in accounts) match financial records? Yes No
 Frequency: Monthly Semi-Annual Annual Other _____
- C. At least two signatures required on checks? Yes No

III. COMPUTER FRAUD (if requested)

- A. Do you have an IT Department or Computer Department? Yes No
- B. Are tests performed to detect unauthorized programming changes? Yes No
- C. Do employees have access only to information or programs that allow them to do their jobs? Yes No
- D. Are passwords required for access to sensitive information? Yes No
- E. When employees change positions is access revoked? Yes No

THE FRAUD STATEMENT APPLICABLE TO YOU APPEARS ON THE FOLLOWING PAGE OF THIS INSURANCE APPLICATION. PLEASE READ IT CAREFULLY AND SIGN YOUR APPLICATION.

FRAUD STATEMENT

Not applicable in the states mentioned below where a specific warning applies.

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Alabama

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.

Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia

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.

Colorado

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 a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

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.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

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.

Maine

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 denial of insurance benefits.

Maryland

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

New Jersey, New Mexico

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.

Ohio

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.

Oklahoma

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.

Oregon

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Pennsylvania

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.

Pennsylvania (Auto)

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

Tennessee, Virginia, Washington

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.

New York

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.

New York (Auto)

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

SIGNATURES

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

APPLICANT/NAMED INSURED	
APPLICANT/NAMED INSURED SIGNATURE	DATE

Agent/Broker:

Are you personally familiar with this Applicant's operations?
Did your office control this risk in the past year?

Yes No
 Yes No

AGENT'S OR BROKER'S NAME AND ADDRESS	TELEPHONE NUMBER	LICENSE NO.
AGENT'S OR BROKER'S SIGNATURE		DATE