



**SCHOOL SUPPLEMENTAL APPLICATION**  
**(use when Schools embedded in Municipality)**

**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.

Entity Name	Date
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**Student Enrollment**

K-12: \_\_\_\_\_ Adult Education: \_\_\_\_\_  
Daycare: \_\_\_\_\_ Operated by insured?  Yes  No

**GENERAL LIABILITY EXPOSURES**

Exposure/Operation	Check if Yes	Is this program or service available/open to the public?	Additional Notes
<b>Programs/classes offered:</b>			
Auto Body or Repair Shop	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complete Garagekeepers section of Auto
Restaurant/Culinary	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cosmetology/Hairdressing	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Occupations	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you partner with a facility to offer student internships? <input type="checkbox"/> Yes <input type="checkbox"/> No
Summer Camp/Recreational Program			Complete TPRS-SUP194RL Supplement
<b>Do you have/conduct:</b>			
Auditorium	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	List seating capacity: _____ Is rental allowed by outside organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
Stadium/bleachers	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	List seating capacities: _____
Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Depth: _____ Is there a diving board? <input type="checkbox"/> Yes <input type="checkbox"/> No
Overnight Field trips	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chemical Spraying (Pesticide/herbicide) on own grounds			# of employees with license: _____

### School Safety

- Except for Law Enforcement or former Law enforcement Security, are all schools gun free zones?  Yes  No
- Is there a system wide mandatory policy in place for reporting incidents and suspicious activity?  Yes  No
- Are Visitor Protocols in place including sign-ins and badges?  Yes  No
- Are school doors kept locked from the outside while having a handle release on the inside for emergency egress?  Yes  No
- Do you have any electronic detection system in the school entry?  Yes  No

### 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 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):

- Purpose  Investigations  Consequences  Reporting  
 Prohibited Behavior  Written Records  Training / Prevention  Monitoring

### Concussion Risk Management Program

- Is a Concussion Policy in Place?  Yes  No
- Are 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 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?

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## 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

**THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION**

APPLICANT'S SIGNATURE	DATE
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