

K-12 - Renewal Application

Educational Institution Information

Name of Educational Institution

Insurance Contact/Title

Email Address

Address

Phone Number

City, State, Zip

Fax Number

Broker Information

Broker

Broker Contact

Email Address

Address

Phone Number

City, State, Zip

Fax Number

PLEASE REVIEW & AMEND THE FOLLOWING INFORMATION ATTACHED TO THIS APPLICATION:

- Statement of Values (Attach recent property appraisal if applicable)
- Schedule of Vehicles
- Inland Marine Schedule

PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:

- Most Recent Audited Financial Statement, Auditor's Mgmt Letter, and Mgmt Response Letter

I. K-12 Public School

1. What is the educational institution's:
 - a. K – 8 Average Daily Attendance? _____
 - b. 9 – 12 Average Daily Attendance? _____
2. What is the total number of:
 - a. Full-Time employees? _____
 - b. Part-Time employees? _____
3. What is the total number of:
 - a. Pools? _____
 - b. Bleachers with a capacity over 3,000? _____
 - c. Stadium Receipts? _____
 - d. Daycare Attendees? _____
 - e. Campers? _____
4. Identify any new/eliminated/changed liability exposures that has occurred at the institution over the past year or is anticipated to occur in the coming year:

II. Crime N/A

1. Has the institution changed any internal or external controls? Yes No
 - a. If yes, explain: _____
2. Total number of Class 1 Employees? (All officers as well as other employees who handle, have custody or maintain records of money, securities or other property) _____
3. Enter all losses from the past year, whether reimbursed or not: Check here if none:

Date of Loss	Description of Loss	Total Amount of Loss	Amount Recovered	Corrective Action
		\$	\$	
		\$	\$	

III. Educators Legal Liability, EPLI , D&O N/A

1. Total current enrollment? _____
2. Expected enrollment in three years? _____
3. In the last three years, has the institution been involved in any school mergers/closings or plan to have any in the next 18 months? Yes No
 - a. If yes, has your attorney reviewed your merger/closing plan? Yes No
 - b. If yes, explain: _____
4. Any school openings in the next 18 months? Yes No
 - a. If yes, explain: _____
5. Number of school board and/or board of trustees members? _____
6. Do you anticipate a reduction of staff in the next 18 months? Yes No
 - a. If yes, explain: _____
7. Have you had on-site monitoring visits by State or Federal Regulatory agencies within the last three years? (Include copy of report) Yes No
 - a. If yes, explain: _____
8. Does the education institution's counsel regularly participate in all grievances or administrative hearings? Yes No

9. Has the institution updated any policies or procedures in the past year: Yes No
- a. If yes, explain: _____
10. Has any employee of the school entity been suspended, demoted, dismissed, involuntarily transferred, had disciplinary charges instituted against, or had their contract of employment non-renewed within the past 18 months? Yes No

Financial Information

11. Please provide budget information for the current and prior year:

Year	Revenues	Expenditures
20	\$	\$
20	\$	\$

12. Reason for surplus or deficit: _____
13. Has the institution ever declared bankruptcy? Yes No
14. What is the institution's current bond rating? _____

Prior Claims

15. Have any of the following situations occurred during the past five years?
- a. Allegations of unfair or improper treatment regarding employee hiring, tenure decisions, remuneration, advancement or termination of employment? Yes No
 - b. Disputes involving integration, segregation, discrimination or violation of civil rights? Yes No
 - c. Allegations of sexual molestation, abuse or harassment against any:
 - i. Students? Yes No
 - ii. Current or Former Employee? Yes No
 - iii. Other? _____ Yes No
 - d. Complaints filed with the EEOC, Office of Civil Rights, Human Rights Commission, United States Department of Education, state or federal court, or any similar state or federal agency by any person, current or former employee or job applicant? Yes No
 - e. Layoff of employees or reduction in services? Yes No
 - f. Strike, slowdown or other disruption by employees? Yes No

If yes, to any part of questions in the Prior Claims section, please explain below or attach supplemental information.

16. Does the education institution, its board and/or trustees, or its employees have any knowledge of any pending injury, any potential claim or suit, or any error or omission which might reasonably be expected to give rise to a claim against the education institution, the board and/or its trustees, or any of its employees? Yes No
- a. If yes, has WRMA been placed on notice of such pending injury, claim, suit, error or omission? Yes No
 - b. If yes, has any prior E&O carrier been placed on notice of such pending injury, claim, suit, error or omission? Yes No
 - i. If yes, please provide claim details, claim number and date of notice: _____

Special Education

- 17. What percentage of the student enrollment participates in a special education program? _____
- 18. In the past year how many Individualized Education Hearings (IEP) have been: _____
 - a. Handled? _____
 - b. Appealed? _____
 - c. Overturned? _____

IT IS AGREED THAT ANY CLAIM BASED UPON, ARISING OUT, OR RELATED OR ATTRIBUTABLE TO ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, WHETHER LISTED IN RESPONSE TO QUESTIONS 15-16 OR NOT, IS EXCLUDED FROM THE POLICY BEING APPLIED FOR.

Entity’s Attestation

The Authorized signer of this application attests to the best of their knowledge that statements set forth herein are true, that no fact, circumstance or situation indicating the probability of a claim or action now known to any entity official or employee has not been declared, and it is agreed by all concerned that omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. It is further acknowledged that the signing of this application does not bind the signer to complete the insurance, but it is agreed this form shall be the basis of the contract should a policy be issued, and this form will serve as the basis of and will be referenced in the policy.

The statements set forth herein are considered material to the policy of insurance being applied for and, in addition to the penalties set forth above, any misrepresentation may result in rescission of the subject policy.

IV. Fraud Warnings

Arkansas, Louisiana and 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.”

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 claiming 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.”

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."

Florida Applicants:

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

Hawaii Applicants:

"For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

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.”

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 denial of insurance benefits.”

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.”

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.”

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.”

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.”

“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.”

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.”

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.”

“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 and 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.”

All Other Applicants:

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

Authorized Signature

Date

Please Print Name

Title