

# Schools - Supplemental Application

**Named Insured:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

**Insured Operations and Exposures:**

Please check the box(s) which best describe this risk:

- |  |  |  |  |   |
|--|--|--|--|---|
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> Middle School | <input type="checkbox"/> High School   | <input type="checkbox"/> Day Care Center | <input type="checkbox"/> Charter School     |
| <input type="checkbox"/> Boarding School   | <input type="checkbox"/> Night School  | <input type="checkbox"/> Public School | <input type="checkbox"/> Private School  | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Other: _____      |  |  |  |   |

- A. Does the insured have volunteers? Yes  No   
 Are volunteers included in coverage? Yes  No   
 How many? \_\_\_\_\_ Describe jobs of the volunteers' \_\_\_\_\_
- B. Are there intercontinental trips/programs offered? Yes  No   
 Describe the purpose, destination and number attending \_\_\_\_\_
- C. Does the insured offer camping programs or off-premises sports activities? Yes  No
- D. Does the school have crisis management/emergency protocols in place? Yes  No
- E. Is there armed security force on campus? Number of personnel \_\_\_\_\_ Yes  No
- F. Does the school have a Use of Force policy outlined?
- G. Does the school have metal detectors? Yes  No
- H. Do employees work in building with known asbestos exposure or asbestos monitoring? Yes  No
- I. Do they have athletic teams that travel in excess of 100 miles? Yes  No   
 If yes, describe travel \_\_\_\_\_
- J. Does the insured work at heights above 6 feet from ladders, scaffold or scissor lifts? Yes  No   
 If yes, please describe the work performed \_\_\_\_\_
- K. What controls are in place for working at heights? \_\_\_\_\_
- L. Do you use any pesticides or herbicides that require a license to dispense? Yes  No
- M. Have there been any budget deficits or bond defaults in the past 3 years? Yes  No
- N. Is exterior building, grounds, snow removal or tree maintenance performed? Yes  No   
 If yes, please describe \_\_\_\_\_
- O. Which of the following are performed by your employees?
 

Remodeling or Demolition	Yes <input type="checkbox"/> No <input type="checkbox"/>
HVAC	Yes <input type="checkbox"/> No <input type="checkbox"/>
Electrical	Yes <input type="checkbox"/> No <input type="checkbox"/>
Plumbing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Roofing repairs	Yes <input type="checkbox"/> No <input type="checkbox"/>
Elevator work	Yes <input type="checkbox"/> No <input type="checkbox"/>

Certificates of insurance are on file for all work sub-contracted out Yes  No

P. Total number of students \_\_\_\_\_ % of special needs students \_\_\_\_\_

**Employee Management:**

- A. Employment applications? Yes  No
- B. Pre-hire screening? Yes  No
- C. Reference checks? Yes  No
- D. Pre-employment physicals? Yes  No

- E. Pre-employment drug testing? Yes  No
- F. Post-accident drug testing? Yes  No
- G. For cause drug testing? Yes  No
- H. A substance abuse educational program? Yes  No

**Employee Profile:**

Total Number of Employees: \_\_\_\_\_

- A. Number of: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Temporary/seasonal \_\_\_\_\_
- B. Average number of years experience: Industry \_\_\_\_\_ With school \_\_\_\_\_
- C. Number of employees with less than 1 year industry experience: \_\_\_\_\_
- D. Turnover rate per year: \_\_\_\_\_

**Loss Prevention:**

- A. Is there a designated safety contact that oversees all operations? Yes  No
- B. Is there a written and documented safety program? Yes  No
- C. Is safety training conducted? Yes  No
- D. Is there an accident investigation program? Yes  No
- E. Is there a self-inspection program? Yes  No
- F. Does the applicant have a state approved drug-free workplace certification?  
If yes, enclose the current certificate. Yes  No   
If no, is there a progressive disciplinary program for employees who violate safety procedures? Yes  No
- G. Are subcontractors utilized? Yes  No   
If yes, are new certificates obtained at the expiration dated on the cert? Yes  No

**Employee Safety Program:**

- A. Safety incentive plan? Yes  No
- B. Early return to work program? Yes  No
- C. Documented physical inspections of premises? Yes  No
- D. Maximum weight lifted manually \_\_\_\_\_ lbs  
List material handling aids \_\_\_\_\_
- E. Does insured provide employees with personal protective equipment or subsidize purchase? Yes  No

**Automobile Profile:**

- A. Do employees use personal vehicles for business? Yes  No   
If yes, what is the number of non-owned vehicles? \_\_\_\_\_
- B. Is there a vehicle maintenance program? Yes  No
- C. Number of private passenger: Autos \_\_\_\_\_ Trucks \_\_\_\_\_ Buses \_\_\_\_\_ TOTAL \_\_\_\_\_
- D. Number of drivers: \_\_\_\_\_ Radius of operations: \_\_\_\_\_
- E. Does insured have an inclement weather procedure for transporting students? Yes  No
- F. Group transportation provided? Yes  No   
If yes, what is the maximum number of employees in vehicle at any one time? \_\_\_\_\_
- G. Fleet safety program in place? Yes  No   
If yes, check the components of the insured's program that apply:  
1. MVR's

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Pull notice program (if no, answer the following)                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. MVRs checked?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Pre-employment?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Post-employment?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Do employees receive defensive driving training?                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Is a formal company vehicle maintenance program in place?         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Is an accident investigation and accountability program in place? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. List the MVR acceptability standards _____                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Claims:**

Please forward loss runs for the current year and 3 years prior with a current valuation date.

For all claims over \$25,000, please advise the following:

- What was the injury?
- Description of accident
- What corrective action has the insured taken to prevent recurrence?

Current Exp Mod: \_\_\_\_\_

First prior year Mod: \_\_\_\_\_

Second prior year Mod: \_\_\_\_\_

**Insured's Website:** \_\_\_\_\_

**Additional Information/Comments:**

**Completed By:** \_\_\_\_\_

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

**Title:** \_\_\_\_\_