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Charter/Private School Supplemental Application

To be attached to ACORD forms. NOTE: All questions must be answered or application will be returned.

Applicant Statement and Signature: This application, loss information, and ACORD applications are understood to be an inducement to the issuance of a policy of insurance by Company. The undersigned hereby:

- A. Authorizes Company to obtain information necessary for evaluation in determining acceptability including, but not limited to, motor vehicle reports, credit reports, and physical inspections.
- B. Acknowledges that the values indicated on the Acord statement of values are correct to the best of their knowledge.
- C. Warrants that all answers to questions are true and correct to the best of the applicant's knowledge and belief.

Applicant's Signature _____ Date _____

Effective Date Requested: _____ Date Quotation Desired: _____

This application **requires** the following attachments:

- 1 Copy of your state license.
- 2 A brochure of your school, if available.
- 3 Four years hard copy loss runs from your insurance company including current policy term for all lines of insurance coverage requested.
- 4 Details of individual losses over \$10,000.
- 5 Acord statement of values.
- 6 Most recent financial statements.
- 7 Complete Acord applications for every line of insurance coverage requested. Mandatory lines of business for this program - Property and General Liability.

GENERAL INFORMATION

1 Legal name to be shown as First Named Insured on policy _____

Address _____ City _____ State _____ Zip _____

2 DBA Name _____

3 Federal Employers Identification Number _____

4 Website Address _____

5 Is your school: "not for profit" or a "for profit"

6 Source of funding: _____

7 Accrediting entity _____

8 Expiration date of accreditation _____ Annual budget \$ _____

9 Give breakdown of funding source: Private _____% Government _____% Other _____%

If a percentage of your funding is in the other category, explain _____

10 List all associations that your school is a member of _____

11 List all school affiliations (Montessori, church, etc.) _____

12 List any additional operations owned by the Named Insured or related entities that are insured elsewhere.

Describe relationship, including legal name, insurance carrier, and policy term.

13 Are any school openings or closings anticipated in the next 18 months? Yes No

If yes, please explain (attach separate page if necessary) _____

14 Name of Headmaster/Principal _____
 Headmaster/Principal tenure with the school _____ Degree _____

15 Check all operations/activities that apply to the school:

- | | | | | |
|--|------------------------------|--|--------------------------------|--|
| <input type="checkbox"/> Preschool | <input type="checkbox"/> K-6 | <input type="checkbox"/> 7-9 | <input type="checkbox"/> 10-12 | <input type="checkbox"/> Adult Education Classes |
| <input type="checkbox"/> After School Program | | <input type="checkbox"/> Drivers Education | | <input type="checkbox"/> Dormitories |
| <input type="checkbox"/> Medical/Health Clinics | | <input type="checkbox"/> Equestrian Activities | | <input type="checkbox"/> Educational Auto Shop |
| <input type="checkbox"/> Special Education Classes | | <input type="checkbox"/> Vocational Training | | <input type="checkbox"/> Homemakers Education Course |
| <input type="checkbox"/> Computer Education Course | | <input type="checkbox"/> Sports Program | | <input type="checkbox"/> Water Activities |
| <input type="checkbox"/> Wood Work Shop | | <input type="checkbox"/> ROTC Program | | <input type="checkbox"/> Band Program |
| <input type="checkbox"/> Field Trips | | <input type="checkbox"/> Chemistry/Biology Program | | <input type="checkbox"/> Art Program |
| <input type="checkbox"/> Summer School Program | | <input type="checkbox"/> Camp | | <input type="checkbox"/> Thespian/Drama |
| <input type="checkbox"/> School Newspaper | | <input type="checkbox"/> Other _____ | | |

Describe any exposures/operations or activities in foreign countries _____

Do you obtain foreign insurance to cover these exposures? Yes No

Give name of insurance carrier, general liability limits and policy name _____

16 Student Attendance

Preschool	_____	Full Time Enrollment	_____	Average Daily Attendance
K-6 Grade	_____	Full Time Enrollment	_____	Average Daily Attendance
7-9 Grade	_____	Full Time Enrollment	_____	Average Daily Attendance
10-12 Grade	_____	Full Time Enrollment	_____	Average Daily Attendance
Special Education Classes	_____	Full Time Enrollment	_____	Average Daily Attendance
Adult Education Classes	_____	Full Time Enrollment	_____	Average Daily Attendance
After School Program	_____	Full Time Enrollment	_____	Average Daily Attendance
Total	_____	Full Time Enrollment	_____	Average Daily Attendance

17 Staffing

Preschool	_____	Number of Teachers	_____	Number of Volunteers
K-6 Grade	_____	Number of Teachers	_____	Number of Volunteers
7-9 Grade	_____	Number of Teachers	_____	Number of Volunteers
10-12 Grade	_____	Number of Teachers	_____	Number of Volunteers
Special Education Classes	_____	Number of Teachers	_____	Number of Volunteers
Adult Education Classes	_____	Number of Teachers	_____	Number of Volunteers
After School Program	_____	Number of Teachers	_____	Number of Volunteers

Give staff counts for all other positions at your school

Assistant Headmaster/Principle	_____	Number of Asst. Principals	_____	Number of Volunteers
Counselors	_____	Number of Counselors	_____	Number of Volunteers
Physical Education Teachers	_____	Number of Teachers	_____	Number of Volunteers
Office Support	_____	Number of Personnel	_____	Number of Volunteers
Cafeteria	_____	Number of Personnel	_____	Number of Volunteers
Maintenance	_____	Number of Personnel	_____	Number of Volunteers

Does the school employ or contract services with any of the following health professionals?

	Number Full Time	Part Time	Employed	Contract	Volunteer
Psychiatrists	_____	_____	_____	_____	_____
Doctors	_____	_____	_____	_____	_____
Dentist	_____	_____	_____	_____	_____
Nurses	_____	_____	_____	_____	_____

Briefly describe duties of each medical professional listed _____

- 18 Do you perform background checks on potential employees and volunteers? Yes No
Including previous employers? Yes No
Including law enforcement agencies? Yes No
- 19 Do you conduct a personal interview with all new employees/volunteers? Yes No
- 20 Do new employees/volunteers go through a physical/emotional screening? Yes No
- 21 Do you have an employee orientation program? Yes No
Does your employee orientation include the following policies/procedures:
School Policy regarding discrimination? Yes No
School Policy regarding employee termination? Yes No
School Policy regarding corporal punishment? Yes No
School Policy regarding sexual harassment? Yes No
School Policy regarding molestation and abuse? Yes No
Training in incident reporting procedures? Yes No
Physical layout of premises with life safety precautions? Yes No
Review of emergency evacuation plan? Yes No
Do your volunteers attend the employee orientation program? Yes No
Conflict resolution techniques? Yes No
Compliance with OSHA Occupational Exposure Bloodborn Pathogen Program? Yes No
Do you have a "zero tolerance" weapons policy? Yes No
Do you have a "zero tolerance" drug policy? Yes No
School Policy regarding pets or animals in class setting? Yes No
List all pets/animals used in the school _____
- 22 Are all the above School Policies listed in question 21 in a formal/written policies and procedures manual? Yes No
- 23 Do you have a written safety program? Yes No
- 24 Do you have a retirement plan? Yes No
Who administers the plan? _____
- 25 Do you provide health insurance coverage to your employees? Yes No
- 26 Do you contract out any services? (equipment, lawn maintenance, etc.) Yes No
If yes, do you obtain certificates of insurance? Yes No
What do you contract out? _____
What limits do you require for the following coverages:
Workers' Compensation _____ Automobile _____
Professional Liability _____ General Liability _____

Sexual Abuse/Physical Abuse Information

- 27 Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child abuse related offenses? Yes No
- 28 Do you discuss at staff orientation, child/sexual abuse, how to recognize the signs, and what to do if a student reports an incident to a teacher, school worker, or volunteer? Yes No
- 29 Do you have procedures designed to prevent physical or sexual abuse? Yes No
- 30 Have you ever had an incident which resulted in an allegation of sexual or physical abuse? Yes No
Was a claim made against you? (if yes for either question, attach details) Yes No
Was the case settled? Yes No Was the case taken to trial? Yes No
How much money was paid as damages to the victim? _____

Student General Information

- 31 Is there at least one staff member certified in first aid present at all times?
32 Do you obtain signed releases for emergency medical treatment?
33 Do you maintain medical history/immunization records on all students?
34 Is there a student release protocol?
35 Are parents called immediately to pick up students if student becomes sick?
36 Do you dispense medication to students?
If so, do parents complete a written instruction sheet?

Property & Life Safety Information

- 37 The school is located in a: Church Converted Structure Private Home Specifically Built School
If you check Converted Structure, explain any modifications and month/year of modifications

- 38 Do you have a building maintenance program?
39 Do you meet all NFPA Life Safety Code 101 requirements?
40 Is the school sprinklered?
41 Is the school connected to a central station alarm for fire and burglary?
42 Are all exits properly marked and lighted?
43 Are handrails and lighting in hallways/restrooms in good condition?
44 Are there any auxiliary electrical supply systems?
45 Are fire extinguishers properly maintained and inspected?
46 Are smoke detectors properly maintained?
Do you have a battery backup for the smoke detectors?
47 Are fire extinguishers located in the kitchen area?
48 Is there a fire extinguishing system in the kitchen?
49 Do you have a contract to clean hoods and ducts?
How often are hood and ducts cleaned and maintained?
50 Does the kitchen have a deep fat fryer?
51 What year was the plumbing updated?
What year was the electrical systems updated?
52 What type roof do you have? Flat Pitched
What is the age of your roof?

School Operations and Activities

Note: The following categories of this supplement apply to your operations and activities.
For those operations and/or activities that do not apply, mark No for each category not applicable.

- Special Education (If you check No, please go to next category)
53 Are all students ambulatory. If not, give # of non-ambulatory
54 Describe the condition of any non-ambulatory students?
55 Give range of ages for students requiring Special Education Classes
56 Are classes broken down by age group
If yes, give breakdown by grade level.
Field Trips (If you check No, please go to next category)
57 Do you obtain permission slips signed by the parent for guardian for trips?
58 What is the youngest age of a student allowed for field trips?
59 Are there any field trips outside of the USA?
If yes, please give country
60 Give standard Teacher to Student ratio allowed for field trips.

Equestrian Activities (If you check No, please go to next category) Yes No

61 Do equestrian activities take place off school premises? Yes No
If yes, please provide name of stable and **attach** Certificate of insurance and Additional Insured Endorsement

62 Are any horse care activities performed by the students? Yes No
If yes, please describe activities _____

63 Are any horses boarded at school? Yes No

64 Give number of owned horses _____ Give number of student owned horses _____

Art Program (If you check No, please go to next category) Yes No

65 Are guidelines in place and followed for the use, handling, and storage of hazardous materials such as paints, glues, cleaning supplies, etc.? Yes No

66 Do the students do any welding, grinding or cutting (cutting, except paper)? Yes No
Do the students wear personal protective equipment? Yes No

67 Do you have electric kilns equipped with automatic high temperature shut-off? Yes No
Flame failure devices? Yes No

68 Do you have gas kilns equipped with automatic high temperature shut-off? Yes No
Flame failure devices? Yes No

69 Are any art projects made by the students sold to the public or classmates? Yes No
If yes, give details _____

Automobile Shop (If you check No, please go to next category) Yes No

70 Give approximate number of vehicles serviced during the year _____
How many vehicles are owned by staff? _____
How many vehicles are owned by students? _____
How many vehicles are owned by the general public? _____

71 What grade levels is this course designed for? _____

72 Is a Hold Harmless Agreement signed by the vehicle owner? **Attach** copy of Hold Harmless Agreement. Yes No

73 Briefly describe type of services performed _____

74 Is Garage Keepers Legal Liability Coverage desired? Yes No
What limit of coverage is needed? _____
What Comprehensive deductible is desired? _____
What Collision deductible is desired? _____

Wood Work Shop (If you check No, please go to next category) Yes No

75 Are guidelines in place and followed for the use, handling, and storage of hazardous materials such as paints, glues, cleaning supplies, etc.? Yes No
All machinery properly guarded according to the original manufacturer? Yes No

76 Do the students do any welding, grinding or cutting (cutting, except paper)? Yes No
Do the students wear personal protective equipment? Yes No

77 Are any projects made by the students sold to the public or classmates? Yes No
If yes, give details _____

Water Activities (If you check No, please go to next category) Yes No

78 Are any watercraft owned, leased, or borrowed for school use? Yes No
If yes, give details _____

79 Check all water activities that apply to your school: Kayaking Skiing Scuba Diving Fishing Boating
 Surfing Jet Ski's Rafting Swim Teams Platform/Board Diving

80 What grade level can students participate in the water activities? _____

Camp Activities (If you check No, please go to next category) Yes No

81 Any overnight camp activities Yes No

82 Give the range of age for student who can participate in the camp _____

83 What is the ratio of counselors to students that camp? _____

84 Average length of camp days? _____

85 Describe range of activities _____

86 Do you have a safety plan for each of the described activities listed above? Yes No

87 Do you contract with others for services for any activities listed above? Yes No

If yes, please explain _____

88 Describe medical care available on site and provision for the evacuation of seriously ill or injured students _____

ROTC/JROTC (If you check No, please go to next category) Yes No

89 Number of students involved in ROTC or JROTC _____

90 Are firearms or any other weapons used? Yes No

Do you use live amunition? Yes No

91 Does the ROTC/JROTC compete in competitions? Yes No

If yes, give number of yearly competitions _____

92 Describe controls in place regarding use and storage of firearms/weapons _____

Physical Education (If you check No, please go to next category) Yes No

93 Do you utilize on-premise swimming facilities? Yes No

94 Is the pool fenced with self-locking gates? Yes No

95 Do you utilize off premise swimming facilities? Yes No

96 If you answered No to question 93 or 94, do you anticipate using swimming facilities in the future? Yes No

97 Minimum age of children allowed in the water: _____

98 Are pool depths marked? Yes No

Is all life safety equipment maintained in the pool area? Yes No

99 Do you have a diving program? List height of each diving board or platform _____ Yes No

100 Do you have a slide? Give height of slide _____ Yes No

101 Number of children participating in Swimming/Diving Program: _____

102 Are the following equipment used at any time in the school:

Trampolines? Yes No

Mini-trampolines? Yes No

Water trampolines? Yes No

Any other type of rebounding device used? Yes No

Ropes Course? Yes No

Sports (If you check No, please go to next category) Yes No

103 Please check all activities and give number of students & coaches for each age group.

Activity		12 & Under	Ages 13-15	Ages 16 & Up	Number of Coaches
Archery	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Baseball	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Basketball	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Boxing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Bowling	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____

Please check all activities and give number of students & coaches for each age group.

Activity		12 & Under	Ages 13-15	Ages 16 & Up	Number of Coaches
Cheerleading	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Diving	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Golf	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Gymnastics	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Handball/Racquet	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Football	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Lacrosse	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Ice Hockey	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Skating	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Snow Skiing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Water Skiing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Soccer	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Softball	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Swimming	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Tennis	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Track	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
CC-Track	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Volleyball	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Wrestling	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
Total		_____	_____	_____	_____

104 Do you participate in any other sports program not listed above? Yes No

If yes, please give details _____

105 Have you carried a Sports Accident Policy in the past? Yes No

106 What limits did you carry for: Accidental Death/Dismemberment \$ _____

Accident Medical Expense \$ _____

Dental \$ _____

Deductible \$ _____

107 If a sports accident program has been carried in the past, please give claim details for the past three years.

Year _____

Total Premium _____

Total Paid Claims _____

Total Open Reserves _____

Total Num. of Claims _____

Name of Prior Carrier _____

Drivers Education (If you check No, please go to next category) Yes No

108 Is driver training contracted out? Yes No

If yes, **attach** copy of Additional Insured Endorsement and certificate of insurance.

109 List which vehicles are used in the driver training program _____

110 How many students are enrolled annually in the driver training program? _____

111 Describe area in which on-the-road driver training takes place _____

- Dormitories** (If you check No, please go to next category) Yes No
- 112 Are students housed in separate buildings by male and female? Yes No
- 113 Are students housed according to age groups? Yes No
If yes, give age group breakdown _____
- 114 How many dormitories does the school operate? _____
- 115 How many students are housed in each dormitory? _____
- 116 Are house parents located in each dormitory? Yes No
- 117 What are curfew hours? _____

General Liability Coverage Information

- 118 Are there any other entities in which the school has agreed to provide insurance coverage? Yes No
If yes, **complete** Other Entity Supplement.
- 119 Are there any entities in which the school has agreed to provide additional insured coverage? Yes No
If yes, list below along with reason for request _____

- 120 Are other groups, entities or individuals allowed to use the school facilities and/or premises? Yes No
If yes, please give details _____

- 121 Is there a contractual agreement with a hold harmless clause in favor of the school for groups/individuals listed in question 120? **Attach** copy of agreement Yes No
- 122 List any premises or space rented/leased to others, including pools. **Attach** copy of Additional Insured Endorsements and Certificates of Insurance from lessees. **Attach** copy of agreement.

- 123 Does the school operate a Summer School Program? Yes No
What are the hours of operation? _____
- 124 Does the school have year-round school? Yes No
If yes, what months are partial school months? _____
- 125 Does the school offer Adult Education Classes? Yes No
What are the hours of operation? _____
What course of study is offered? _____
- 126 Does the school have a medical/health clinic? Yes No
If yes, describe service offered to students _____
- 127 Briefly describe fund-raising activities _____

Automobile Coverage Information

- 128 Does school have any owned autos? Yes No
- 129 Are all vehicles registered to the school? Yes No
If no, give details _____
- 130 Does school provide regular transportation for children? Yes No
- 131 What is the maximum distance for regular transportation of students? _____
- 132 What is the maximum distance for field trips? _____
- 133 What is the maximum distance for sports competition/school events? _____
- 134 Does the school allow employees and volunteers to use their own vehicles on behalf of the school? Yes No
If yes, indicate frequency & details of usage _____
Do you verify automobile insurance coverage? Yes No
What limit of liability do you require? _____
- 135 What is the minimum age of drivers allowed to drive the children? _____

Do you run Motor Vehicle Reports on drivers? How often _____ Yes No

..... Yes No

136 What is the school's criteria to determine who is an acceptable driver? _____

137 Do you have a driver safety program? Yes No

What type recognition/rewards program do you have? _____

138 Do you have a driver safety program? Yes No

What type recognition/rewards program do you have? _____

139 Are any of the vehicles used for other than school activities? Yes No

If yes, please explain _____

140 Are any employees allowed personal use of any school owned automobile? Yes No

What is the percentage of personal use? _____

Are any family members of school personnel allowed vehicle use? Yes No

Are there any youthful drivers of school personnel allowed use? Yes No

141 What is the school's policy regarding replacement of older vehicles? _____

142 Is there a vehicle maintenance plan? Yes No

Does the plan include regularly scheduled maintenance? Yes No

Workers' Compensation Coverage Information

143 Do more than 50% of your employees have college degrees? Yes No

144 Do you have any employees without a high school diploma? Yes No

145 Do you have more than 2 employees being paid an hourly wage less than \$6.00 per hour? Yes No

146 What is the average amount of time your employees have worked for you? _____

147 What was your average employee turnover last year? _____

148 What is your employee turnover this year? _____

149 Do you have formal employee safety program? Yes No

Does the program include:

Proper lifting techniques? Yes No

Proper handling of chemicals, cleaners, paints, glue, etc.? Yes No

Ergonomic program? Yes No

Reward and recognition program? Yes No

Accident investigation program? Yes No

Violence prevention program? Yes No

150 Do you have a return to work program or light duty program? Yes No

Give any comments below that will aid the Company in determining acceptability for the insurance coverage desired.

