



# Claims Made School Board Legal Liability Insurance Application

**New England Excess Exchange, Ltd.**

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- New application  
 Renewal of policy # \_\_\_\_\_

## 1. Applicant Information

1. Legal name of Entity \_\_\_\_\_  
\_\_\_\_\_
2. Address \_\_\_\_\_
3. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_
4. Entity's location is:  rural  urban  suburban
5. Current population of district: \_\_\_\_\_
6. Have you had on-site monitoring visits by state or federal regulatory agencies?  Yes  No  
If yes, provide name of agency and purpose of visit.  
\_\_\_\_\_  
\_\_\_\_\_
- 7 Type of educational entity:  Public  Private  
 Education Service District  
 Other \_\_\_\_\_  
If Private, attach brochure
- 8- Board Members/Trustees are: U Elected  Appointed  
If elected, are they, elected by C) single member districts  
or  at large?
- 9- Number of Board Members: \_\_\_\_\_

10. Term of office: \_\_\_\_\_
11. Terms staggered:  Yes  No
12. Student Enrollment (if a college, the number of students should include the full-time equivalent of part-time students)
- |                                   | Current Year | Last Year | Next Yr. Est. |
|-----------------------------------|--------------|-----------|---------------|
| No. of Students                   | _____        | _____     | _____         |
| Teacher/Student ratio             | _____        | _____     | _____         |
| No. of Disabled Students          | _____        | _____     | _____         |
| Teacher/Disabled Student ratio    | _____        | _____     | _____         |
| No. of Special Ed. Students       | _____        | _____     | _____         |
| Teacher/Special Ed. Student ratio | _____        | _____     | _____         |
| Average Class size                | _____        | _____     | _____         |
13. List the number of each of the following:
- Employees \_\_\_\_\_
- Teaching Faculty \_\_\_\_\_
- Non-Professional \_\_\_\_\_
- Administration \_\_\_\_\_
- Counselors/Psychologists \_\_\_\_\_
- Other \_\_\_\_\_
14. Does this entity operate daycare facilities or services?  Yes  No  
Details of services \_\_\_\_\_
15. Has entity been criticized by the state board of education?  Yes  No
16. Is entity operating under a court's supervision?  Yes  No  
If yes, provide details. \_\_\_\_\_

## U. Financial Bond Information

1. Budget (last three years) - please provide actual amounts from all sources.

2. F year ends on	Year	Actual Revenues	Actual Expenditures	Surplus (+) Deficit (-)	Accumulated Surplus
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- A. If surplus/deficit exists, indicate how it will be eliminated: \_\_\_\_\_
3. How much of the operating budget is State aid? \_\_\_\_\_ Federal aid? \_\_\_\_\_
4. A. Does the entity have the authority to issue bonds?  Yes  No  
B. What is the entity's bond rating? Current \_\_\_\_\_ Previous \_\_\_\_\_  Not rated  
C. Has entity been in default of principal or interest on any bond?  Yes  No If yes, explain: \_\_\_\_\_
5. Has any bond or tax increase been defeated in the past three years?  Yes  No If yes, explain: \_\_\_\_\_
6. Do you expect a budget reduction in the next year?  Yes  No Please give amount and impact of shortfall \_\_\_\_\_

### III. Operational Administrative Information

1. When was your entity established? \_\_\_\_\_
2. In the last 3 years, have you been involved in any school mergers/closings or plan to do so in the next 12 months?  
 Yes  No

3. A. Any school openings in next 18 months:  Yes  No  
 If yes, explain: \_\_\_\_\_

- |                                                              |                          |                          |
|--------------------------------------------------------------|--------------------------|--------------------------|
|                                                              | Yes                      | No                       |
| B. Do you expect a reduction in staff in the next 18 months? | <input type="checkbox"/> | <input type="checkbox"/> |

- |                                                                  |                          |                          |
|------------------------------------------------------------------|--------------------------|--------------------------|
| C. If yes, has your attorney reviewed your staff reduction plan? | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------------------------------------------------|--------------------------|--------------------------|

4. Do you have a Title VII or 504 coordinator?  Yes  No

5. Did any of the following take place in the past 3 years?  
**Explain all "yes" answers on an attached sheet.**

- |                                          |                          |                          |
|------------------------------------------|--------------------------|--------------------------|
| A. Strike, slowdown or other disruption? | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------------------------|--------------------------|--------------------------|

- |                                                              |                          |                          |
|--------------------------------------------------------------|--------------------------|--------------------------|
| B. 1. Lay-off of staff or reduction in service?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you expect a reduction in staff in the next 18 months? | <input type="checkbox"/> | <input type="checkbox"/> |

- |                                                                  |                          |                          |
|------------------------------------------------------------------|--------------------------|--------------------------|
| 3. If yes, has your attorney reviewed your staff reduction plan? | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------------------------------------------------|--------------------------|--------------------------|

- |                                                                                               |                          |                          |
|-----------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| C. Disputes involving integration, segregation, discrimination or violations of civil rights? | <input type="checkbox"/> | <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------|--------------------------|--------------------------|

- |                                                                                                     |                          |                          |
|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| D. Has any employee been suspended, dismissed, demoted, transferred or tenure contract non-renewed? | <input type="checkbox"/> | <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|

- E. **Attach a copy of the log of all Equal Opportunity Employment Commission claims or complaints filed against the entity in the past five years.**

6. For which of the following services does the school district use subcontractors: (Check all that apply)

- |                                               |                                                     |
|-----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Transportation       | <input type="checkbox"/> Medical                    |
| <input type="checkbox"/> Accounting/Financial | <input type="checkbox"/> Specialized Educational    |
| <input type="checkbox"/> Food                 | <input type="checkbox"/> Secretarial/Administrative |
| <input type="checkbox"/> Custodial            | <input type="checkbox"/> Legal                      |
| <input type="checkbox"/> Other Educational    |                                                     |
- Describe in detail \_\_\_\_\_

7. Do you require all subcontractors or independent consultants to carry liability insurance?  Yes  No  
 Do you require to be added as an *additional insured*?  
 Yes  No

8. Has entity/board established written policies/procedures governing teachers/supervisory personnel and non-professional employees in the areas of:

	Yes	No
Suspension	<input type="checkbox"/>	<input type="checkbox"/>
Dismissal	<input type="checkbox"/>	<input type="checkbox"/>
Promotion	<input type="checkbox"/>	<input type="checkbox"/>
Transfer	<input type="checkbox"/>	<input type="checkbox"/>
Demotion	<input type="checkbox"/>	<input type="checkbox"/>
Hiring	<input type="checkbox"/>	<input type="checkbox"/>
Background checks	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>
Drug testing	<input type="checkbox"/>	<input type="checkbox"/>

9. Has entity/board established written policies/procedures governing all students in the areas of:

	Yes	No
Suspension	<input type="checkbox"/>	<input type="checkbox"/>
Dismissal	<input type="checkbox"/>	<input type="checkbox"/>
Promotion	<input type="checkbox"/>	<input type="checkbox"/>
Transfer	<input type="checkbox"/>	<input type="checkbox"/>
Corporal Punishment	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance	<input type="checkbox"/>	<input type="checkbox"/>
Student use of lockers	<input type="checkbox"/>	<input type="checkbox"/>
Parking facilities	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>
Drug testing	<input type="checkbox"/>	<input type="checkbox"/>

10. Has entity/board established written policies/procedures governing "special" students in the areas of:

	Yes	No
Suspension	<input type="checkbox"/>	<input type="checkbox"/>
Dismissal	<input type="checkbox"/>	<input type="checkbox"/>
Promotion	<input type="checkbox"/>	<input type="checkbox"/>
Transfer	<input type="checkbox"/>	<input type="checkbox"/>
Corporal Punishment	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>
Drug testing	<input type="checkbox"/>	<input type="checkbox"/>

11. A. Do you conduct background checks on all:

	Yes	No
Applicants	<input type="checkbox"/>	<input type="checkbox"/>
New hires	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>

- B. Do your background checks on the above include: (check appropriate areas)

	Other		
<u>Type</u>	<u>Teachers</u>	<u>Employees</u>	<u>Volunteers</u>
Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal references	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior employers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal checks: home state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal checks: all states	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal checks: federal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic credentials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- C. Does the school have a written policy that is distributed to employees, volunteers and parents that addresses:

1. Relationships between student and employees?  Yes  No
2. Written definition of what the school considers as harassment or inappropriate sexual behavior between students and employees?  Yes  No
3. Consequences of finding inappropriate sexual behavior?  Yes  No
4. Procedures for reporting and investigating allegations of sexual misconduct?  Yes  No
5. Instructions to avoid situations where an employee's behavior could be open to allegations, such as being alone with a student behind a closed door, having students in their home when no one is present, or being alone with a student in locker rooms or bathrooms, or being on trips with students without another adult always present?  
 Yes  No
6. That these policies are to be communicated yearly to all employees?  Yes  No
7. Employees are encouraged and have a duty to report behavior they may feel is inappropriate?  
 Yes  No
8. A senior administrator of each facility is charged to randomly inquire of personnel and visit all facilities to insure rules are being followed?  Yes  No
9. Students receive age appropriate instruction about acceptable and unacceptable behavior between adults and students?  Yes  No
10. Students are given instructions and appropriate avenues to report any circumstances where they feel threatened or need help?  Yes  No

12. A. Have your policies and procedures been reviewed by counsel?  Yes  No

- B. Have all employment applications and procedures been reviewed by legal counsel and found in compliance with EEOC regulations (including ADA)?  
 Yes  No

- C. Are formal written job descriptions in place for all positions?  Yes  No

### III. Operational Administrative Information (continued)

13. Do you have policies and procedures for mandatory random drug testing of: Students?  Yes  No  
Employees?  Yes  No
14. Do guidelines provide for administrative hearings and appeals?  Yes  No  
A. How many hearings/appeals have taken place in the last 12 months? \_\_\_\_\_  
In what areas? \_\_\_\_\_  
B. How many hearings/appeals from " 1 W are in the area of special education? \_\_\_\_\_  
In what areas? \_\_\_\_\_
15. A. Have all asbestos inspections and tests been made by:  
 Certified Employees  Independent Contractors as required under AHERA?  Yes  No
- B. Have you filed an asbestos abatement plan?  
 Yes  No  
1. If no, why not? \_\_\_\_\_  
2. If yes, are they completed?  Yes  No  
3. If no, when is completion scheduled? \_\_\_\_\_
16. Are lead levels monitored within the school area?  
 Yes  No  
Are students tested for lead poisoning?  Yes  No  
If no, why not? \_\_\_\_\_
17. Explain level of training and/or experience required of special education teachers? \_\_\_\_\_

### IV. Policy/Claims History - Incidents - Insured/Uninsured Losses - Current and Prior Four Years (including insured and uninsured losses). If no losses, check here

1. Please attach copy of current insurance company loss runs.

Year	Policy Number	Premium	Company	No. of Losses	Dollars of Paid Loss	Paid Expenses	Dollars Open Loss Reserve	Dollars Open Expense Reserve	Total Dollars Paid & Open Loss & Expenses
Total									

2. A. Has any claim been made/presented to your current or prior insurers?  Yes  No  
B. Has any claim been made against the entity that was not covered by insurance?  Yes  No  
C. Has any person, former employee or job applicant made claim alleging unfair or improper treatment regarding hiring, salary, advancement, demotion, suspension or termination?  Yes  No  
D. Has entity been formally criticized by the state board of education?  Yes  No  
E. Has any claim been made or is one now pending against any person in his/her official capacity as an official employee or volunteer of the entity?  Yes  No  
F. Does any board member, employee or volunteer have any knowledge of any negligent act, error, omission, or breach of duty which may reasonably be expected to give rise to a claim?  Yes  No  
G. Is the applicant aware of any claims, acts, omissions, incidents or circumstances which might reasonably be expected to be the basis of a claim or suit?  Yes  No  
H. Have any of the claims, acts, omissions, incidents or circumstances identified in response to the preceding question been reported to an insurance carrier?  Yes  No

**Disclosure to the Company is required of any such acts which become known to the applicant between the date of application and the date when coverage becomes effective. These acts shall include EEOC notice.**

**Section IV "yes" answers must be explained fully giving date of incident, complainant's name, cause of action, damages claimed, amount of settlement and legal cost paid and current status of each open incident/claim including open loss reserve, open loss adjustment/defense cost reserve and paid defense costs to date.**

### V. Current Insurance Coverage Information (Please answer for all coverages now in force.)

1. A. Has any such insurance been declined, canceled or not renewed?  Yes  No (Question not applicable to Missouri residents.)  
B. If yes, please explain \_\_\_\_\_
2. A. Has the entity maintained continuous E&O (errors and omissions) coverage for the last five years at the limits requested?  
 Yes  No If no, since when? \_\_\_\_\_  
B. What is the retroactive date on your current E&O coverage? (if none, indicate here  \_\_\_\_\_)

Policy Type	Policy Number	Company Name	Expiration Date	Limits	Deductible	\$ Premium
1. General Liability						
2. Personal Injury						
3. E&O						

Does your current coverage under 1 & 2 above cover sexual abuse/molestation, discrimination and corporal punishment?  Yes  No

## VI. Coverage Requested

1. Limits of liability each claim and policy year aggregate:  \$1,000,000  \$2,000,000  Other \$ \_\_\_\_\_
2. Dollar deductible each claim:  \$1,000  \$2,500  \$5,000  \$10,000  
 \$15,000  \$25,000  Other \$ \_\_\_\_\_

## VII. Authorized Entity Representative

1. The official designated to receive any and all notices from the insurer to the entity concerning any policy issued as a result of this application shall be (please type or print).

Name \_\_\_\_\_

Title \_\_\_\_\_

2. Entities Attestation - The authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true; that no fact, circumstance nor 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 purchase 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.

### STATE NOTICES

Notice to New York 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. (Note: This notice is required by New York insurance regulations, but may also be a crime in other states-)

### FRAUD WARNING - APPLICABLE IN KENTUCKY, MINNESOTA, OHIO AND 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.

NEW JERSEY FRAUD WARNING - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

\_\_\_\_\_  
Authorized signatory of entity

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

## VIII. Agency Information

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Contact

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Address

Will you make the surplus lines filings for this policy?

Yes  No

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Your surplus lines license number \_\_\_\_\_

## IX. Please attach:

Carrier Loss Runs  
Current Budget

Current Year End Financial Statement  
Personnel Practices for questions 8, 11, 14 under Section III.