



# Supplemental Application - Schools

**The ACORD 125 – Commercial Insurance Application must be completed in addition to this Supplement.**

1. Named Insured: \_\_\_\_\_

2. Named Insured Mailing Address: \_\_\_\_\_

3. Premises Address: \_\_\_\_\_

4. Type of school to be insured and number of students licensed to attend:

Vocational / Technical? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, # of enrolled students \_\_\_\_\_

Private Grade School? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, # of enrolled students \_\_\_\_\_

Private Middle School? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, # of enrolled students \_\_\_\_\_

Private High School? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, # of enrolled students \_\_\_\_\_

College Prep School? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, # of enrolled students \_\_\_\_\_

Other type of school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe and provide # of enrolled students \_\_\_\_\_

5. Months of operation: \_\_\_\_\_

6. Do you teach challenged students or those with special needs? Y \_\_\_ N \_\_\_ If yes, please be specific: \_\_\_\_\_

7. Please check the applicable equipment / facilities / activities:

Swimming Pool? Yes \_\_\_\_\_ No \_\_\_\_\_

Trampoline? Yes \_\_\_\_\_ No \_\_\_\_\_

Basketball? Yes \_\_\_\_\_ No \_\_\_\_\_

Martial Arts? Yes \_\_\_\_\_ No \_\_\_\_\_

Baseball? Yes \_\_\_\_\_ No \_\_\_\_\_

Soccer? Yes \_\_\_\_\_ No \_\_\_\_\_

Boxing? Yes \_\_\_\_\_ No \_\_\_\_\_

Softball? Yes \_\_\_\_\_ No \_\_\_\_\_

Cheerleading/Gymnastics? Yes \_\_\_\_\_ No \_\_\_\_\_

Tennis? Yes \_\_\_\_\_ No \_\_\_\_\_

Football? Yes \_\_\_\_\_ No \_\_\_\_\_

Wrestling? Yes \_\_\_\_\_ No \_\_\_\_\_

Jungle Gym / Swings? Yes \_\_\_\_\_ No \_\_\_\_\_

Hockey – ice? Yes \_\_\_\_\_ No \_\_\_\_\_

Hockey – field? Yes \_\_\_\_\_ No \_\_\_\_\_

Lacrosse? Yes \_\_\_\_\_ No \_\_\_\_\_

Other: \_\_\_\_\_

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8. Are signed waivers required from parents of participants in activities? Yes \_\_\_\_ No \_\_\_\_
9. Are any off-campus activities held? Yes \_\_\_\_ No \_\_\_\_ If yes, please describe: \_\_\_\_\_

10. Are any outside groups allowed to use the campus or any part of it? Y \_\_\_\_ N \_\_\_\_ If yes, please explain: \_\_\_\_\_

11. Number and Description of Building(s):

Building #	Construction	Height	Total Area (square feet)	Year Built	Occupancy

12. Are there any dormitory facilities? \_\_\_\_\_
13. Is there currently any existing fire, water, collapse or any other prior loss damage? Y \_\_\_\_ N \_\_\_\_ If yes, please provide details: \_\_\_\_\_
14. Is an adequate # of operational fire extinguishers on premises according to local code? Yes \_\_\_\_ No \_\_\_\_
15. Are there operational heat and smoke detectors as required by local code? Yes \_\_\_\_ No \_\_\_\_
16. Is an automatic sprinkler system in place and operational? Yes \_\_\_\_ No \_\_\_\_
17. Is there a central station fire alarm? Yes \_\_\_\_ No \_\_\_\_
18. Are there any outstanding municipal code violations? Y \_\_\_\_ N \_\_\_\_ If yes, please explain. \_\_\_\_\_
19. Have there been any assault and battery claims or physical abuse or sexual abuse claims in the last five years? Y \_\_\_\_ N \_\_\_\_ If yes, please explain in detail: \_\_\_\_\_
20. Indicate security provided on campus:  
Surveillance cameras? Yes \_\_\_\_ No \_\_\_\_ ID checks / key cards to enter buildings? Y \_\_\_\_ N \_\_\_\_  
Security personnel? Yes \_\_\_\_ No \_\_\_\_ Panic buttons or alarms? Yes \_\_\_\_ No \_\_\_\_  
Armed personnel? Yes \_\_\_\_ No \_\_\_\_ Other security measures? Yes \_\_\_\_ No \_\_\_\_
21. Are exits accessible, unlocked and illuminated? Yes \_\_\_\_ No \_\_\_\_

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22. Are the parking lots / facilities lit? Y \_\_\_ N \_\_\_ Are there exterior security patrols? Yes \_\_\_ No \_\_\_
23. Are security guards provided? Yes \_\_\_ No \_\_\_ If yes, are they armed? Yes \_\_\_ No \_\_\_  
Are they contractors or employees? \_\_\_\_\_ If contractors, are certificates of insurance on file naming applicant as additional insured? Yes \_\_\_ No \_\_\_
24. Is there a maintenance worker(s) on premises? Y \_\_\_ N \_\_\_ Is the worker (s) an employee? Y \_\_\_ N \_\_\_  
If contractor, are certificates of insurance on file w/ the applicant named as Additional Insured? Y \_\_\_ N \_\_\_
25. For properties with swimming pools:
- a. Are pools fenced with self-latching gate? Yes \_\_\_ No \_\_\_
  - b. Are warning signs and rules posted? Yes \_\_\_ No \_\_\_ Is the pool depth marked? Yes \_\_\_ No \_\_\_
  - c. What life-saving equipment is available? \_\_\_\_\_
  - d. Does the pool area have non-slip surfaces? Yes \_\_\_ No \_\_\_
  - e. Any slides? Yes \_\_\_ No \_\_\_ Diving boards over 3 feet? Yes \_\_\_ No \_\_\_
  - f. Is a life-guard on duty? Yes \_\_\_ No \_\_\_ Employee or contractor? \_\_\_\_\_
  - g. Are all pools and spas in compliance with the Virginia Graeme Baker Pool and Spa Safety Act? Y \_\_\_ N \_\_\_
26. Is there a fitness center on premises? Yes \_\_\_ No \_\_\_ If yes, is an employee in attendance during operating hours?? Y \_\_\_ N \_\_\_
27. Are there daycare operations on the premises? Yes \_\_\_ No \_\_\_ Is there a current license? Y \_\_\_ N \_\_\_
28. Is there cooking on the campus? Yes \_\_\_ No \_\_\_ If yes, then the following information is needed:
- Automatic extinguishing system over cooking surfaces? \_\_\_\_\_
  - Last inspected by state or municipality? \_\_\_\_\_
  - Maintenance /cleaning contract in place? \_\_\_\_\_
  - What is the schedule for cleaning hoods and ducts? \_\_\_\_\_
  - Proper distance between cooking surfaces and flammables? \_\_\_\_\_
  - Automatic shut-off over cooking surfaces? \_\_\_\_\_
29. Are background checks made prior to hiring on **all** employees? Yes \_\_\_ No \_\_\_
30. Are employees hired with background checks indicating criminal history? Yes \_\_\_ No \_\_\_
31. Is a written code of ethics given to every employee, which must be adhered to at all times? Y \_\_\_ N \_\_\_

Named Insured Signature: \_\_\_\_\_

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

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### FRAUD WARNINGS

**To All Prospective Insureds:** 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

**To Prospective Insureds in:**

**Colorado:** 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:** "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."

**Florida and Oklahoma:** 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.

**New York:** 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 \$5,000 and the stated value of the claim for each such violation.

**New York (Fire insurance applications):** 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. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

**New York (Automobile):** 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 \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

**Pennsylvania (Automobile):** 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 (7) years and the payment of a fine of up to \$15,000.