

Hudson Insurance Group
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.