



NON-PROFIT ORGANIZATION DIRECTORS AND OFFICERS LIABILITY SCHOOL SUPPLEMENTAL APPLICATION

GENERAL INFORMATION

1. Name of Applicant: _____

ORGANIZATION INFORMATION

1. Type of school:
Independent School Private college or university Other (describe) _____

2. IRS tax status: 501(c)(3) Public entity Other (describe) _____

3. Complete the table below providing the number of Full Time and Part Time Students currently enrolled:

Full Time Students	Part Time Students

4. Complete the table below providing the number of Full Time, Part Time, Tenured, and Tenure-Track Faculty currently employed:

Full Time Faculty	Part Time Faculty	Tenured Faculty	Tenure-Track Faculty

5. Complete the table below providing the Unionized Faculty and Non-Faculty currently employed:

Unionized Faculty	Unionized Non-Faculty

6. Are all degree programs accredited or certified? Yes No

If Yes, who provides accreditation or certification?

If No, please attach an explanation. _____

7. Within the last 24 months and with respect to the Insured Organization:

a. Has an accrediting organization threatened or taken disciplinary action? Yes No

b. Has an athletic organization threatened or taken disciplinary action? Yes No

If either of these questions above were answered Yes, please attach an explanation.

8. Within the last 24 months has any degree program:

a. Sought accreditation? Yes No

b. Lost accreditation? Yes No

- c. Been unable to attain accreditation? Yes No
- d. Become provisionally accredited? Yes No
- e. Been placed on probationary status by an accreditation body? Yes No

If any of the questions above were answered Yes, please attach an explanation.

9. Have any degree or certification programs been created or eliminated in the past 2 years, or are any such changes under consideration or planned within the next 12 months? Yes No
- If Yes, please complete the table below:*

Degree or Certification Program	Created or Eliminated	Number of Students Enrolled
	Created <input type="checkbox"/> Eliminated <input type="checkbox"/>	
	Created <input type="checkbox"/> Eliminated <input type="checkbox"/>	
	Created <input type="checkbox"/> Eliminated <input type="checkbox"/>	
	Created <input type="checkbox"/> Eliminated <input type="checkbox"/>	
	Created <input type="checkbox"/> Eliminated <input type="checkbox"/>	
	Created <input type="checkbox"/> Eliminated <input type="checkbox"/>	

10. Does the Applicant:
- a. Have a written policy for employee/faculty fraternization with students? Yes No
- b. Is this policy circulated periodically as a reminder? Yes No
- c. Have a written procedure for handling student harassment complaints? Yes No
- d. Have an appeal procedure for admissions? Yes No
- e. Who is responsible for overseeing this appeal procedure? Yes No
- f. Have a written procedure for student disciplinary issues? Yes No
- g. Have a criminal background check completed on all new employees? Yes No

REQUIRED ATTACHMENTS

As part of this Application, please submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- Most recent annual financial statement
- List of Directors and Officers and outside affiliations
- Publications if unavailable on website

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could void my protection.

Signature of Applicant/Title/Date

(Must be signed by a Principal, Partner or Officer of the Firm)

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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 in many states.

NOTICE TO COLORADO APPLICANTS: 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 policy holder 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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 civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____