



**EDUCATORS LEGAL LIABILITY AND
EMPLOYMENT PRACTICES LIABILITY
INSURANCE APPLICATION**

Rockwood Programs, Inc.
3001 Philadelphia Pike Claymont, DE 19703
Tel: 800-558-8808 Fax: 302-764-5477
Website: www.rockwoodinsurance.com

I. GENERAL INFORMATION

1. Name of educational entity to be insured: _____
2. Physical address: _____
City: _____ State: _____ ZIP: _____
Mailing address (if different): _____
3. Contact Name: _____ Title: _____ Phone: _____
4. Does the applicant have a full-time HR/Risk Manager? Yes No; Name: _____
5. Type of school system:

Public	Private/Profit	Private/Nonprofit	Parochial
Charter	Junior College	Vocational/Technical	College/University
Other: _____			
6. Service population: _____
7. Does the applicant have a Security Department, Resource Officers or Law Enforcement?..... Yes No
If Yes, how many? _____
8. Does the applicant contract out Security to an outside agency? Yes No
If yes, please name the agency _____
9. Total number of board members: Elected: _____ Appointed: _____
If appointed, who appoints? _____
10. Are Board Members trained prior to taking office?..... Yes No
11. Name of applicant's General Counsel: _____
12. Is the school district or any school within the school district operating under court supervision?..... Yes No
13. List all subsidiary organizations: _____

II. FINANCIAL / BOND INFORMATION

1. Please complete the following chart using budget figures for the previous three years:

Year	Revenue	Expenditures	Surplus/Deficit	Accumulated (+/-)

2. What is the amount of your outstanding bonds? _____
3. What is your latest bond rating? (Moody's or Standard Poor's) _____ No Current Rating
4. What was your previous bond rating? _____
5. Has any bond issue been defeated within the past three years?..... Yes No
If yes, has the proposal been resubmitted, or is it expected to be resubmitted?..... Yes No
6. Has the applicant been in default on the principal or interest on any bond?..... Yes No
7. If yes to any of questions 4, 5 or 6, please give details: _____

III. SCHOOL OPERATIONS

1. What is the applicant's enrollment?	Current Year	Last Year	Estimated Next Year
a. Full-time Students			
b. Part-time Students			
c. Special Education			
d. Disabled Students			
e. Adult Education Students			
f. Other: _____			

2. How many campuses does the applicant have? _____

3. Are any new campuses expected in the next 24 months?..... Yes No
4. Have there been any campuses closed in the last 12 months?..... Yes No
5. Are any campus closings expected in the next 12 months?..... Yes No
6. Has there been a reduction in staff in the last 12 months?..... Yes No
7. Is any reduction in staff expected in the next 12 months?..... Yes No
8. Does a representative of Administration randomly inspect all premises?..... Yes No

9. If you answered "Yes" to any of questions 3 through 7, please attach a brief explanation.

10. Number of employees by type:

Certified Instructors		Nurses/Medical Personnel	
Non-Certified Instructors		Secretarial	
Administrative Personnel		Maintenance	
Counselors/Psychologists		Security	

11. Average class size: _____

12. What services does the applicant contract with independent contractors?

	Transportation		Accounting/Financial
	Food Service		Specialized Education
	Medical/Health Care		Clerical Administrative
	Custodial/Janitorial		Extracurricular Activities/ Sports
	Security		Other (Describe)

13. Does the applicant require all subcontractors to carry their own liability coverage?..... Yes No
14. Does the applicant require all subcontractors to include you as an additional insured?..... Yes No
15. Does the applicant supervise outside contractors while on campus or around students?..... Yes No
16. Is the applicant's security staff authorized to carry a firearm while on school grounds?..... Yes No
17. Is the applicant's security staff uniformed?..... Yes No
18. Does the applicant's security staff have law enforcement authority to detain and arrest?..... Yes No
19. Does the applicant's security staff maintain a log of all incidents?..... Yes No
20. If yes, is it reviewed by local law enforcement?..... Yes No

IV. STUDENT ADMINISTRATION

1. Do you have written student policies and procedures addressing the following?

Behavior	Yes/No	Updated	Behavior	Yes/No	Updated
Suspension			Locker Searches		
Expulsion			Internet Usage		
Corporal Punishment			Dress Code		
Detention			Students with Disabilities		
Possession of Weapons			Illness notice		
Drug Testing			Public Displays of Affection		
Required Counseling			Student Bullying, Harassment		
Unauthorized persons			Gang Activity		
Medication administration			Possession of Contraband		
Student cars			Unauthorized leaving		

2. Do all students receive a Student Handbook addressing these issues?..... Yes No

3. Do you have written teacher & staff policies and procedures addressing the following?

Behavior	Yes/No	Updated	Behavior	Yes/No	Updated
Suspension			Teacher/Student relationship		
Expulsion			Non School Contact with student		
Corporal Punishment			Sexual Molestation/Harassment		
Detention			Students with Disabilities		
Disciplinary Actions			Dress Code		
Drug Testing			Reporting physical abuse		
Required Counseling			Student Bullying, Harassment		
Unauthorized persons			Gang Activity		
Medication administration			Possession of Contraband		
Minimum standards testing			Unauthorized leaving		

4. Does the applicant conduct background investigations on all employees before employment?..... Yes No
5. Does the applicant provide special education programs for students?..... Yes No
6. Do other districts have access to the applicant's special educations programs?..... Yes No
7. How many students have an Individual Education Plan (IEP)? _____
8. Does the applicant create their own IEP?..... Yes No
9. If not, who does? _____
10. Is the applicant's IEP reviewed by an attorney with experience in the Individuals with Disabilities Education Act?..... Yes No
11. Are the hearings for IEP disputes held on school premises?..... Yes No
12. Did the applicant have any IEP disputes last year?..... Yes No
13. If yes, how many? _____

V. EMPLOYMENT PRACTICES AND PROCEDURES

1. Does the applicant have a full-time human resources coordinator?..... Yes No
If so, what is his/her name? _____
2. Does the applicant have a written employment manual including all policies and procedures?..... Yes No
3. Do all the applicant's management/supervisory employees maintain a copy?..... Yes No
4. Is the employment manual distributed to/reviewed with/signed by all employees at time of hiring?..... Yes No
5. Does the applicant periodically review updates with all employees?..... Yes No
6. When was this manual last updated? _____
7. Is this manual reviewed by counsel experienced and qualified in employment law?..... Yes No
8. Does the applicant have a written policy with respect to both sexual and non-sexual harassment?..... Yes No
9. Does the applicant follow a formal written procedure for employee disputes/complaints?..... Yes No
10. Are all actions to dismiss or demote employees reviewed in advance by legal counsel?..... Yes No
11. Are all probationary or disciplinary actions recorded in writing and signed by the employee?..... Yes No
12. Does the applicant require that due process be served and documented for all proceedings involving dismissal, demotion or suspension?..... Yes No
13. Has there been a layoff of employees or reductions in service in the last three years?..... Yes No
14. Has the applicant had a strike, slowdown, or other employee disruption in the last three years?..... Yes No
15. Has any person, former employee or job applicant filed a complaint or claim alleging unfair or improper treatment regarding employee hiring, remuneration, advancement, or termination of employment?..... Yes No
16. Has the applicant had any disputes involving integration, segregation, discrimination or violation of civil rights?..... Yes No
17. Have any complaints been filed with the EEOC within the last three years?..... Yes No
18. Have all disputes, complaints, and claims been reported to the applicant's current or prior Public Officials carriers?..... Yes No

VI. LOSS HISTORY

1. Has any claim been made against the entity, or any person in their capacity as an official or employee of the entity, in the last four years?..... Yes No
If yes, please attach a narrative summary with details and status.
2. Does any official or employee have any knowledge of any fact, circumstance or situation which might reasonably be expected to give rise to a claim?..... Yes No
If yes, please attach a narrative summary with details.
3. With respect to your Educators Legal Liability coverage, please complete the following table using the total dollars expended for both the settlements of claims and the expenses associated with defending those claims. "Reserves" refers to the estimated future expenses to resolve or dispose of the claims and includes both settlement and defense expenses.

POLICY YEAR	PREMIUM	TOTAL LOSSES AND RESERVES	CLAIM EXPENSES	NUMBER OF CLAIMS

VII. INSURANCE INFORMATION

1. Please complete the following based on coverage currently in force. Please indicate where coverage is not in force.

	Policy Type	Company Name	Expiration	Limits	Deductible	Premium
a.	Educators Legal					
b.	Employment					
c.	Campus Police					
d.	General Liability					
e.	Workers Compensation					

6. What is the Retroactive Date of your current Educators Legal Liability policy? _____

7. Have you ever been denied coverage for Educators Legal Liability?..... Yes No

VIII. SUPPLEMENTAL UNDERWRITING INFORMATION

In order to fully underwrite and properly determine the premium, please attach the following additional information:

1. *The most recent current (within the past 3 months) loss runs from all insurers for the past five (5) years.*
2. *A copy of the applicant's current employment manual including policies and procedures pertaining to sexual harassment, discrimination and employee grievances.*
3. *A copy of the applicant's current EEOC log or a statement verifying no EEOC complaints in the past two years.*
4. *A copy of the student handbook*
5. *Any additional insured requests to be considered or any additional explanations to questions.*

IX. SIGNATURE AND ATTESTATION

Signed

(Must be signed by the Chairman, President, Superintendent or Presiding Official on behalf of all Insureds)

Title

Date

The signer of this application, authorized and acting on behalf of all Insureds, declares that all statements and information provided by the Insured is true, complete and accurate. It is agreed that this application is the basis of and becomes a part of the policy, should a policy be issued.

The signing of this application does not require the signer to purchase insurance, nor does the review of this application require the Insurer to issue a policy.

If a quotation is provided by the Insurer, the terms and conditions may not meet bid specifications.

ANTIFRAUD WARNING NOTICE TO ALL APPLICANTS: Any person who knowingly 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 also punishable by civil penalties in certain jurisdictions.

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 or a 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 five thousand dollars and the stated value of the claim for each violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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 PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

X. PRODUCER INFORMATION

1. Producer's Name: _____
2. Agency: _____
3. Mailing Address: _____
4. City: _____ State: _____ Zip: _____
5. Phone Number: _____ Fax Number: _____
6. Are you the incumbent agent? Yes No
7. Are you a licensed Surplus Lines Agent? Yes No License Number: _____
8. State Tax ID Number: _____