



EDUCATORS PROFESSIONAL SELECT APPLICATION

**THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY.
PLEASE CONSULT WITH YOUR AGENT FOR ANY QUESTIONS.**

SUBMISSION REQUIREMENTS

- Currently valued insurance company loss runs for the current policy period plus four prior years
- Latest annual audited financial statement

This application must be signed and dated by the executive officer of the Educational Institution or by a member of its governing board.

SECTION I – GENERAL INFORMATION

Educational Institution:

Mailing Address:

City:

State:

Zip Code:

Website Address: www.

Effective Date:

1. Risk Management Contact: Risk Management Phone:
Risk Management's Email:
2. Date Educational Institution was founded:
3. Are all entities requesting coverage recognized as 501(c)(3), tax exempt organizations by the Internal Revenue Service? Yes No
4. Please describe the Educational Institution:

Public	Private	For-Profit	Not For-Profit
Charter	2 or 4 year College or University	Special Needs / Behavioral	Professional / Graduate (e.g. Law, Dental, Medical)

Other:

5. Student Enrollment Profile

	Prior Year Full Time / Part Time	Current Enrollment Full Time / Part Time	Expected Next Full Time / Part Time
K - 8	/	/	/
9 - 12	/	/	/
2 or 4 year undergraduate	/	/	/
Graduate	/	/	/
Other:	/	/	/
Total	/	/	/

6. Financials

	Year	Revenues	Expenditures	Surplus (+) Deficit (-)
Current Year		\$	\$	
Prior Year		\$	\$	
Previous Year		\$	\$	

7. If a deficit, provide details about the reason(s) for the deficit and the Educational Institution's plans to fund the deficit:

8. Was this deficit projected in the Educational Institution's plan last year? Yes No
9. Is the Educational Institution projecting a budget deficit for the coming fiscal year? Yes No

10. Coverage desired: Combined limits Separate limits

Type of Insurance	Requested Limit	Requested Retention	Proposed Effective Date	Requested Retroactive Date	Optional
Educators Legal Liability	\$	\$			
Employment Practices Liability	\$	\$			Wage and Hour \$100,000 \$250,000
Nonmonetary Defense Expense Limit	\$ 10,000 / \$ 30,000 \$ 25,000 / \$ 75,000 \$ 50,000 / \$150,000 \$100,000 / \$300,000	\$ 1,000 \$ 2,500 \$ 5,000 \$10,000 \$25,000			
Fiduciary Duty Defense Sublimit	\$ 50,000 \$ 75,000 \$100,000 \$250,000	\$			

11. Describe below the Educational Institution's current insurance, or "none" as applicable.

Are limits: combined or separate

Type of Insurance	Insurer	Limit	Policy Term	Retroactive / Prior Acts Date	Deductible / Retention	Expiring Premium
Directors & Officers Liability		\$			\$	\$
Educators Errors & Omissions Liability		\$			\$	\$
Employment Practices Liability		\$			\$	\$
Cyber Liability		\$			\$	\$

12. Has any of the above lines of coverage been declined, refused, canceled or non-renewed within the past five (5) years? (Missouri applicants need not respond to this question.) Yes No
If yes, please provide details:

13. Has each coverage listed above been continuously in place since its retroactive date? Yes No
 If no, please explain gaps or lapses:

SECTION II – EDUCATORS LEGAL LIABILITY

For all Yes answers provide explanation on page 7 of this application.

14. Number of members comprising the governing board of the institution:
15. Does the Educational Institution publish any magazines, periodicals or newsletters? Yes No
16. Have there been any acquisitions, mergers, or new entities created in the past year? Yes No
17. Are any planned within the next 12 months? Yes No
18. Provide a list of all direct & indirect subsidiaries or any other entity or organization the Educational Institution controls.

Name / Type of Business	Percent the Educational Institution Owns / Controls	Date Created / Acquired	For Profit / Non-Profit
<i>For example: ABC Foundation / Charitable Foundation</i>	100%	01/01/2000	Non-Profit
	%		
	%		
	%		

Additional entities listed by attachment

19. Does the Board have "conflict of interest" guidelines for business dealings between the Educational Institution and board members or firms in which the board members have a significant financial interest? Yes No
20. Does the Educational Institution direct or request any individual to serve as Director, Officer, or Governor or trustee of any other entity? Yes No
If yes, please provide details on page 7.
21. In the past 24 months, has any officer or director or member of the governing board resigned, for reasons other than health, promotion, retirement or expiration of term of office? Yes No
If yes, please provide details on page 7.
22. Does the Educational Institution's board have written bylaws or an operating agreement? Yes No
If yes, please provide a copy.
23. Is the Educational Institution accredited? Yes No
If yes, list accrediting organization(s):
Middle States Commission on Higher Education
New England Association of Schools and Colleges Commission on Institutions of Higher Education
North Central Association of Colleges and Schools The Higher Learning Commission
Northwest Commission on Colleges and Universities
Southern Association of Colleges and Schools Commission on Colleges
Western Association of Schools and Colleges Accrediting Commission for Community and Junior Colleges
WASC Senior College and University Commission
New York State Board of Regents
Accrediting Council for Independent Colleges and Schools
Distance Education and Training Council Accrediting Commission
Association for Biblical Higher Education Commission on Accreditation
Association of Advanced Rabbinical and Talmudic Schools Accreditation Commission
The Association of Theological Schools in the United States and Canada Commission on Accrediting
Transnational Association of Christian Colleges and Schools Accreditation Commission
Other:
Date of most recent review:
24. Have any programs or degrees been accredited by additional specialist agencies? Yes No
If yes, please attach a listing of the program or degrees and the specialist agency.
25. Has the Educational Institution or any of the Educational Institution's academic programs ever lost accreditation, been placed on probation or become unable to gain accreditation? Yes No
26. In the last 12 months, has the Educational Institution eliminated or closed any academic programs, including music, arts or athletic programs? Yes No
27. In the next 12 months, does the Educational Institution anticipate eliminating or closing any academic programs? Yes No
28. Other than educational services for students, does the Educational Institution provide any additional services to the public (e.g., legal or other clinics, student teaching programs, community outreach services)? Yes No
29. Does the Educational Institution have a written anti-discrimination policy regarding admissions and access to academic and extracurricular programs with regard to students of all backgrounds? Yes No
If no, please explain:
30. Has the Educational Institution designated a Title IX compliance officer? Yes No
31. Is there an intern Program? Yes No
32. Indicate which of the following internship programs are offered by the Educational Institution: NA
Architectural
Athletic training
Audiology
Dental hygienists/assistants (dentists ineligible)
Paramedics, EMTs (emergency medical services)
Engineering (aerospace, nuclear, petroleum, and mining ineligible)
Law
Nurse practitioners (midwives and anesthetists ineligible)
Nursing (other than nurse practitioners; midwives and anesthetists ineligible)
Optometry

- Pharmacy
- Physical therapy
- Physicians' assistants (midwives and anesthetists ineligible) work and sociology)
- Psychology (not including social work and sociology)
- Social work (including but not limited to child therapy, marriage therapy, counseling)
- Speech/language therapy
- Veterinarian
- None of the above

33. Do interns receive monetary compensation? Yes No
34. Who is legally liable for the actions of the interns:
35. Has entity / board established policies/procedures governing all students in the area of:

	Yes	No	In Writing
Acceptance/Admittance			
Corporal Punishment			
Disciplinary actions, including suspension, expulsion/dismissal and appeals of any disciplinary action			
Harassment / Bullying (social media)			
Harassment / Bullying (In person)			
Use of Alcohol			
Academic Achievement and Grade Promotion			
Transfer (to or from the school)			
Threats of Violence			

36. Have the Educational Institution's policies and procedures been reviewed by counsel? Yes No
37. Is the Educational Institution's attorney: an employee of the entity or on retainer Yes No
38. Does the Educational Institution's attorney regularly participate in all grievances or administrative hearings? Yes No

CHARTER SCHOOLS COMPLETE QUESTIONS 39 – 42	N/A
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39. Does the Educational Institution have direct control over its own finances? Yes No
If no, please explain:
40. What is the percentage of students in the Educational Institution that have IEP's (Individualized Education Plans): %
41. How many IEP due process hearings has the Educational Institution had in the past two years:
42. Is the Educational Institution responsible for evaluations, adjustments to IEPs and mainstreaming? Yes No
If no, please explain who is responsible:

SECTION III – EMPLOYMENT PRACTICES LIABILITY

For all Yes answers provide explanation on page 7 of this application.

43. Please indicate the number of employees in the following categories:

a.	Certified Teaching Faculty	
b.	Non-certified Teaching Faculty	
c.	Administration	
d.	Counselors / Psychologists	
e.	Volunteers	
f.	Security / Law Enforcement	
g.	Other:	
h.	Total Number of Employees	

44. Does the Educational Institution have a Personnel or Human Resources department? Yes No
 If no, how does the Educational Institution handle this function?
45. Are federal and state criminal background checks conducted on all employees? Yes No
- a. If yes, is an offer of employment contingent upon such checks, and is the Educational Institution aware of this requirement? Yes No
- b. If no, what employees are not subject to criminal background checks:
46. Are exit interviews mandatory for professional positions? (e.g. faculty and administration) Yes No

47. Has the Educational Institution had any school closings, layoffs or restructuring resulting in workforce reduction in the past 24 months? Yes No
If yes, please provide details on Page 7
48. Does the Educational Institution anticipate any school closings, layoffs or restructuring resulting in workforce reduction in the next 24 months? Yes No
49. Does the Educational Institution offer tenure? Yes No
 a. If yes, what percentage of employees are tenured or on a "tenure track"? %
 b. If the Educational Institution offers tenure, are there clear written guidelines regarding awarding of tenure? Yes No
 c. Is policy training conducted annually for all individuals involved in tenure decisions? Yes No
50. Does the Educational Institution require that all cancellations of contracts or employment terminations of professional, teaching or management positions be reviewed prior to discharge by a qualified employment lawyer? Yes No
 a. For those not employed under a contract, is a written employment application used for all of the applicants? Yes No
 b. Does each employee not employed under a contract sign an "at will" statement? Yes No
51. Over the last 2 years, how many teaching, professional and senior administration individuals have left the Educational Institution's employ due to the following:
- | | Current Year | Prior Year |
|--------------------------------------|--------------|------------|
| Involuntary terminations | | |
| Resignations (other than retirement) | | |
| Layoffs / downsizing | | |
52. Does the Educational Institution have an employee handbook with written policies and procedures regarding the following? Yes No
 a. Americans with Disabilities Act Yes No
 b. Employee Discipline Yes No
 c. Employment Related complaints or disputes Yes No
 d. Sexual Harassment Yes No
 e. Terminations Yes No
 f. Performance Evaluations Yes No
 g. Equal Employment Opportunity Yes No
 h. Family Medical Leave Act (FMLA) Yes No
 i. Third Party (e.g. vendors or customers) harassment and discrimination Yes No
53. If coverage is desired for **Wage and Hour Defense Costs Sublimit**, please complete questions 54-61: NA
54. Does the Educational Institution consult with an attorney regarding how overtime is calculated and how they define "Exempt" employees for each location? Yes No
55. Does the Educational Institution have established procedures for maintaining job descriptions for each employee at each location? Yes No
56. Does the Educational Institution periodically have job description reviewed and / or updated? Yes No
 If yes, are they performed with assistance of an attorney? Yes No
57. Does the Educational Institution periodically have each job description reviewed and compared to the employee's actual job duties? Yes No
58. Does the Educational Institution keep records of employee's hours? Yes No
59. Does the Educational Institution restrict employees to non-overtime hours where possible? Yes No
60. Does the Educational Institution use an overtime authority form? Yes No
61. What percentage of the Educational Institution's employees are exempt: %

SECTION IV – PRIOR KNOWLEDGE AND LOSS INFORMATION

For all Yes answers provide explanation on page 7 of this application.

62. Have any of the following situations occurred during the past 5 years: Yes No
 a. Allegations of unfair or improper treatment regarding employee hiring, tenure decisions, remuneration, advancement or termination of employment? Yes No
 b. Disputes involving integration, segregation, discrimination or violation of civil rights? Yes No
 c. Allegations of sexual molestation, abuse or harassment against any: Yes No
 i. Students? Yes No
 ii. Current or Former Employee? Yes No
 iii. Other? Yes No

- d. Complaints filed with the EEOC, Office of Civil Rights, Human Rights Commission, United States Department of Education, State or Federal Court, or any similar State or Federal agency by any person, current or former employee or job applicant? Yes No
 - e. Layoff of employees or reduction in services? Yes No
 - f. Strike, slowdown or other disruption by employees? Yes No
63. Does the Educational Institution, its board and/or trustees, "Reporting Manager" or its employees have any knowledge of any pending claims, suits, incidents, settlements, demands, complaints, charges, or proceedings related to actual or alleged acts, errors or omissions, which might reasonably be expected to give rise to a claim against the Educational Institution, the board and/or its trustees, or any of its employees? "Reporting Manager" means any natural person serving as President/CEO, Chancellor, Provost, Chief Financial Officer, Head of School, Principal, Superintendent, General Counsel, Chief Risk Officer, Director of Human Resources or any position equivalent to the foregoing, of the educational entity(ies) requesting insurance? Yes No
- a. If yes, has the current E&O carrier been placed on notice of such pending injury, claim, suit, error or omission? Yes No
 - b. **If yes, please provide claimant name(s), claim details, claim number and date of notice:**

The Educational Institution acknowledges that the insurance policy for which it is applying does not afford coverage with respect to any claim which could reasonably have been expected to arise from facts, circumstances, situations or wrongful acts known to the Educational Institution prior to the inception date of a policy issued as a result of this application process.

SECTION V – NOTICES

The information requested in this application is for underwriting purposes only and does not constitute notice to the Company under any policy of a claim or potential claim. All such notices must be submitted to the Company pursuant to the terms of the policy.

Material Change

This application does not create a binding contract as to the Educational Institution or the Company. If there is any material change in the answers to the questions in this application prior to the policy inception date, the Educational Institution shall notify the Company in writing. The undersigned acknowledges and agrees that the Company's receipt of such written report, prior to inception date of the proposed coverage, is a condition precedent to any offer of coverage.

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on the application. Please identify the question number to which you are referring. Please refer to the question number in your response.

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Tokio Marine Specialty Insurance Company.

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE 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 CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: 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 A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN 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.

APPLICABLE IN 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)