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|-----|---|-----|----|
| 23. | Is Umbrella coverage being requested?
<i>If in business less than 3 years, maximum available limit is \$1,000,000</i>
If yes, what limit is needed? | Yes | No |
| | \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000 | | |

SECTION II – ABUSE & MOLESTATION

PLEASE NOTE: Standard Abuse and Molestation limits provided with proper controls in place are \$100,000/\$300,000

Optional Limits available: \$500,000/\$500,000 \$1,000,000/\$1,000,000

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|-----|--|-----|----|
| 1. | Do the Applicant's contracts require a specific abuse limit?
If yes, what are the required abuse limits? (Please provide a copy of the contract.) \$ | Yes | No |
| 2. | Does the Applicant's staff (paid or volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child abuse related offenses? | Yes | No |
| 3. | Does the Applicant's state permit you to do criminal background investigations?
If yes, does the Applicant routinely request and receive such background investigations? | Yes | No |
| 4. | Are federal and state criminal background checks performed on Staff?
Volunteers? | Yes | No |
| 5. | Do any independent contractors have access to students or perform operations where they will be physically touching another person?
If yes, please explain: | Yes | No |
| 6. | Does the Applicant perform background checks on hired independent contractors? | Yes | No |
| 7. | Is there a new employee and volunteer orientation that includes training in abuse awareness? | Yes | No |
| 8. | Does the Applicant verify employment-related references? | Yes | No |
| 9. | Does the Applicant conduct personal interviews? | Yes | No |
| 10. | Does the Applicant have written procedures dealing with sexual abuse?
If yes, please attach a copy. | Yes | No |
| 11. | Does the Applicant have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? | Yes | No |
| 12. | Does the tutoring center have specific training for the faculty on identifying and reporting incidents of sexual abuse and molestation? | Yes | No |
| 13. | Has the Applicant ever had an incident which resulted in an allegation of sexual abuse?
If yes, please describe the incident: | Yes | No |
| | Was a claim made against the organization? | Yes | No |
| | Was the case settled? | Yes | No |
| | Was the case taken to trial? | Yes | No |
| | How much money was paid in damages to the victim: \$ | | |
| 14. | Regarding coverage for Abuse & Molestation, does your current insurance program:
exclude coverage? | Yes | No |
| | limit coverage? | Yes | No |
| | If yes, please indicate limit of liability: \$ | | |
| | neither excludes nor limits coverage? | Yes | No |

SECTION III - PROPERTY

PLEASE NOTE: If coverage is needed for more than one location, Property ACORD applications are required.

1. Address:
2. Square footage of your center:
3. Construction of the building the center is in in:

Frame	Joisted Masonry	Masonry Noncombustible	Fire Resistive
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4. Number of stories in this building:
5. Year this building was built:
6. Is this tutoring center the sole occupant of this building? Yes No
7. Does this tutoring center have a central station burglary alarm? Yes No
8. Replacement cost of the tutoring center's improvement and betterments: \$
9. Replacement cost of the tutoring center's contents: \$
10. Property deductible desired: \$1,000 \$2,500 \$5,000
11. Do you have a plan to relocate in the event of a total loss to your Center? Yes No
12. Landlord's name and address if to be added as an Additional Insured:

13. Loss Payee name and address if to be added for leased or financed property:

Optional Coverages (check if desired.):

Automobile Non-Owned and Hired Car (this coverage is not available for in-home tutoring).

Crime – Employee Dishonesty: \$10,000; Money and Securities In & Out: \$10,000; Deductible \$500

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 Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

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, 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 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 is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)