

Schools - Supplemental Application

Named Insured: _____ Effective Date: _____

Insured Operations and Exposures:

Please check the box(s) which best describe this risk:

- Elementary School Middle School High School Day Care Center
Boarding School Night School Public School Private School College/University
Other: _____

- A. Does the insured have volunteers? Yes No
How many? _____ Describe jobs of the volunteers' _____
How are the volunteers declared by the Board of Directors? _____
- B. Are there intercontinental trips/programs offered? Yes No
Describe the purpose, destination and number attending _____
- C. Does the insured offer camping programs or off-premises sports activities? Yes No
- D. Does the school have protocols in place to address combative students? Yes No
- E. Is there a full time security force on campus? Number of personnel _____ Yes No
- F. Does local law enforcement patrol regularly? Frequency _____ Yes No
- G. Does the school have metal detectors? Yes No
- H. Do employees work in building with known asbestos exposure or asbestos monitoring? Yes No
- I. Do they have athletic teams that travel in excess of 100 miles? Yes No
If yes, describe travel _____
- J. Does the insured work above 6 feet? Yes No
- K. What controls are in place for working at heights? _____
- L. Do you use any pesticides or herbicides that require a license to dispense? Yes No
- M. Have there been any budget deficits or bond defaults in the past 3 years? Yes No

Employee Management:

- A. Employment applications? Yes No
- B. Pre-hire screening? Yes No
- C. Reference checks? Yes No
- D. Pre-employment physicals? Yes No
- E. Pre-employment drug testing? Yes No
- F. Post-accident drug testing? Yes No
- G. For cause drug testing? Yes No
- H. A substance abuse educational program? Yes No

Employee Profile:

Total Number of Employees: _____

- A. Number of: Full time _____ Part time _____ Temporary/seasonal _____
- B. Average number of years experience: Industry _____ With school _____
- C. Number of employees with less than 1 year industry experience: _____
- D. Turnover rate per year: _____

Loss Prevention:

- A. Are subcontractors utilized? Yes No
If yes, are new certs obtained at the expiration dated on the cert? Yes No
- B. Is there a written and documented safety program? Yes No
- C. Is safety training conducted? Yes No
- D. Is there an accident investigation program? Yes No
- E. Is there a self-inspection program? Yes No
- F. Does the applicant have a state approved drug-free workplace certification? Yes No
If yes, enclose the current certificate.
If no, is there a progressive disciplinary program for employees who violate safety procedures? Yes No

Employee Safety Program:

- A. Safety incentive plan? Yes No
- B. Early return to work program? Yes No
- C. Documented physical inspections of premises? Yes No
- D. Formal disciplinary procedure in place? Yes No
- E. Maximum weight lifted manually _____ lbs
- F. List material handling aids _____
- G. Does insured provide employees with personal protective equipment or subsidize purchase? Yes No

Automobile Profile:

- A. Do employees use personal vehicles for business? Yes No
If yes, what is the number of non-owned vehicles? _____
- B. Is there a vehicle maintenance program? Yes No
- C. Number of private passenger: Autos _____ Trucks _____ Buses _____ TOTAL _____
- D. Number of drivers: _____ Radius of operations: _____
- E. Group transportation provided? Yes No
If yes, what is the maximum number of employees in vehicle at any one time? _____
- F. Fleet safety program in place? Yes No
If yes, check the components of the insured's program that apply:
 - 1. MVR's
 - a. Pull notice program (if no, answer the following) Yes No
 - b. MVRs checked? Yes No
 - c. Pre-employment? Yes No
 - d. Post-employment? Yes No
 - 2. Do employees receive defensive driving training? Yes No
 - 3. Is a formal company vehicle maintenance program in place? Yes No
 - 4. Is an accident investigation and accountability program in place? Yes No
 - 5. List the MVR acceptability standards _____

Claims:

Please forward loss runs for the current year and 3 years prior with a current valuation date.

For all claims over \$25,000, please advise the following:

- What was the injury?
- Description of accident
- What corrective action has the insured taken to prevent recurrence?

Current Exp Mod: _____

First prior year Mod: _____

Second prior year Mod: _____

Insured's Website: _____

Additional Information/Comments:

Completed By: _____

Date: _____

Title: _____