**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the insured work above 6 feet? Yes  No
2. What controls are in place for working at heights? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you use any pesticides or herbicides that require a license to dispense? Yes  No
4. Have there been any budget deficits or bond defaults in the past 3 years? Yes  No

**Employee Management:**

1. Employment applications? Yes  No
2. Pre-hire screening? Yes  No
3. Reference checks? Yes  No
4. Pre-employment physicals? Yes  No
5. Pre-employment drug testing? Yes  No
6. Post-accident drug testing? Yes  No
7. For cause drug testing? Yes  No
8. A substance abuse educational program? Yes  No

**Employee Profile:**

Total Number of Employees: \_\_\_\_\_\_

1. Number of: Full time \_\_\_\_\_\_ Part time \_\_\_\_\_\_ Temporary/seasonal \_\_\_\_\_\_
2. Average number of years experience: Industry \_\_\_\_\_\_ With school \_\_\_\_\_\_
3. Number of employees with less than 1 year industry experience: \_\_\_\_\_\_
4. Turnover rate per year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Loss Prevention:**

1. Are subcontractors utilized? Yes  No

If yes, are new certs obtained at the expiration dated on the cert? Yes  No

1. Is there a written and documented safety program? Yes  No
2. Is safety training conducted? Yes  No
3. Is there an accident investigation program? Yes  No
4. Is there a self-inspection program? Yes  No
5. 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:**

1. Safety incentive plan? Yes  No
2. Early return to work program? Yes  No
3. Documented physical inspections of premises? Yes  No
4. Formal disciplinary procedure in place? Yes  No
5. Maximum weight lifted manually \_\_\_\_\_\_ lbs
6. List material handling aids \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Does insured provide employees with personal protective equipment or subsidize purchase? Yes  No

**Automobile Profile:**

1. Do employees use personal vehicles for business? Yes  No

If yes, what is the number of non-owned vehicles? \_\_\_\_\_\_

1. Is there a vehicle maintenance program? Yes  No
2. Number of private passenger: Autos \_\_\_\_\_\_ Trucks \_\_\_\_\_\_ Buses \_\_\_\_\_\_ TOTAL \_\_\_\_\_\_
3. Number of drivers: \_\_\_\_\_\_ Radius of operations: \_\_\_\_\_\_
4. Group transportation provided? Yes  No

If yes, what is the maximum number of employees in vehicle at any one time? \_\_\_\_\_\_

1. Fleet safety program in place? Yes  No

If yes, check the components of the insured’s program that apply:

1. MVR’s
   1. Pull notice program (if no, answer the following) Yes  No
   2. MVRs checked? Yes  No
   3. Pre-employment? Yes  No
   4. 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:**

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**Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**