

## NONPROFIT & RELIGIOUS SCHOOL SUPPLEMENTAL APPLICATION

Named Insured: \_\_\_\_\_

Website Address: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Please attach the following:

ACORD Application (for lines of coverage to be written)  
Statement of Values (for blanket and/or agreed value)  
List of Faculty Members by Position  
Brochure, Handbook, Student Application List

Loss Runs (3 Years Currently Valued)  
Financial Statement  
Schedule of Vehicles  
Drivers List with License # and DOB

This application consists of the following sections:

Section I - General Information  
Section II - Residential (Boarding) Schools  
Section III - Athletics  
Section IV - Field Trips / Special Events

Section V - Camps/Summer Programs  
Section VI - Dormitories  
Section VII - Swimming Pools  
Section VIII - Abuse & Molestation

### Section I - General Information

1. Type of School:

- |   |         |         |
|---|---------|---------|
| <input type="checkbox"/> Private School         | Grades: | Through |
| <input type="checkbox"/> Public School          | Grades: | Through |
| <input type="checkbox"/> Charter School         | Grades: | Through |
| <input type="checkbox"/> Residential / Boarding | Grades: | Through |
| <input type="checkbox"/> College / University   | Grades: | Through |

The School is  For Profit  Non Profit

2. Total number of students enrolled: \_\_\_\_\_

Average daily attendance: \_\_\_\_\_

3. Date School founded or chartered: \_\_\_\_\_

4. Do you have a child care, after school care or a pre-school program?  Yes  No

If Yes, please indicate the staff-to-child ratios:

Less than 18 months:	_____ #Staff	_____ #Children
18 - 30 months:	_____ #Staff	_____ #Children
30 months - 4 years:	_____ #Staff	_____ #Children
Preschool:	_____ #Staff	_____ #Children
After School:	_____ #Staff	_____ #Children

Do you have written procedures for signing children in and out of the facility?  Yes  No

If you have an actual Day Care on premise where children spend the entire day, please complete the Day Care Supplemental Application.

5. Do you have an Athletic Program?  Yes  No  
If Yes, please complete Section III of the application.

6. Do you have a playground on your premises?  Yes  No  
If Yes, please indicate the type of surface underneath the playground equipment:  
 Sand  Mulch  Wood Chips  Gravel  Other: \_\_\_\_\_  
Are there any trampolines?  Yes  No  
Playground equipment properly checked?  Yes  No

7. Do you have dormitories?  Yes  No  
If Yes, please complete Section VI of the application.

8. Do you have a cafeteria or restaurant on premises?  Yes  No  
Do you cook on premises?  Yes  No  
Does cooking protection comply with NFPA 96 requirements?  Yes  No  
Do you ever serve liquor on premises?  Yes  No  
Is the manual pull for extinguishing system readily accessible?  Yes  No  
Are there portable fire extinguishers in the kitchen area?  Yes  No

9. Are there Science Laboratories present in the school?  Yes  No  
Is the laboratory sprinklered?  Yes  No  
Are fire extinguishers present?  Yes  No  
Are chemicals stored in a locked area?  Yes  No  
Is proper safety apparel worn by students (goggles, masks, gloves)?  Yes  No

10. Do you have any bleachers or grandstands on the premises?  Yes  No  
 Indoor  Outdoor  
What is the age of the bleachers/grandstands? \_\_\_\_\_  
How many bleachers/grandstands are on the property? \_\_\_\_\_

11. Is the public ever invited on the premises?  Yes  No  
If Yes, explain how often and for what purpose:  
\_\_\_\_\_

12. Do you use volunteers?  Yes  No  
If Yes, explain how often and for what purpose:  
\_\_\_\_\_

Do all volunteers report directly to a staff member?  Yes  No

Are all tasks to be performed by the volunteer outlined and distributed prior to the work being performed?  Yes  No

13. Do you want Corporal Punishment coverage?  Yes  No  
Does your school's policy encourage or allow the use of corporal punishment?  Yes  No  
Is there a formal, written policy prohibiting the use of corporal punishment?  Yes  No  
Have there been any claims or incidents reported?  Yes  No  
If Yes, please explain the circumstances and details:  
\_\_\_\_\_

14. Do you have a medical facility/infirmiry and/or dispense medication?  Yes  No  
 Does the facility provide only immediate care/first aid?  Yes  No  
 Does the facility only serve students and employees?  Yes  No  
 Are there only over-the-counter drugs stored on premises?  Yes  No  
 Are written instructions from parents required prior to dispensing any medications to minors?  Yes  No  
 Is there any overnight care provided?  Yes  No  
 How many beds are in the infirmiry? \_\_\_\_\_  
 Are there written operational procedures in place?  Yes  No  
 Is there a medical professional on staff?  Yes  No  
 If yes, please indicate which of the following and how many are employed by the insured:  
 RN: \_\_\_\_\_  
 Physician: \_\_\_\_\_  
 Dentist: \_\_\_\_\_  
 Psychologist: \_\_\_\_\_  
 Nurse Practitioner: \_\_\_\_\_  
 Counselor: \_\_\_\_\_  
 Physical Therapist: \_\_\_\_\_  
 Does the professional carry their own malpractice insurance?  Yes  No  
 If Yes, who is the carrier and what limit is carried?  
 Are medical history and care records kept for each patient?  Yes  No
15. Do you accept special needs students?  Yes  No  
 If Yes, please describe the types of students and accommodations made:  
 \_\_\_\_\_
16. Do your students travel on school-sponsored field trips?  Yes  No  
 If Yes, please complete Section IV of the application.
17. Do you sponsor a Summer Camp or Summer Program?  Yes  No  
 If Yes, please complete Section V of the application.
18. Are all visitors to the school required to sign in and out?  Yes  No
19. Are there security guards at the school daily?  Yes  No  
 If Yes, are they armed or have arresting powers?  Yes  No  
 Are they employed by the school or are they subcontracted out?  
 \_\_\_\_\_
20. Are students required to stay on school grounds during lunch hours?  Yes  No
21. Do all doors except the main entrance remain locked during school hours?  Yes  No  
 If Yes, are all doors equipped with panic hardware.  Yes  No
22. Do you offer any vocational- technical programs?  Yes  No  
 If Yes, please list:  
 \_\_\_\_\_
23. Is Abuse & Molestation coverage required?  Yes  No  
 If Yes, please complete Section VIII of the application.
24. Are there any fraternities or sororities on the premises?  Yes  No
25. Do you have any Foreign Travel Exposure within the next 12 months?  Yes  No

Section II - Residential/ Boarding Schools

1. Please indicate which type of residential / Boarding School this is:
- Boarding/Day (Majority of the students board, but some commute locally)
  - Day/Board (Majority of the students commute, but a few live on campus)
  - Five Day (Students go home on the weekends)
  - All Boarding
2. Please indicate which of the following apply:
- All Girls School     All Boys School     Co-Ed School     Religious School     Military School
  - Other
3. Are the following policies in place, written into the student handbook and strictly enforced?
- No Smoking     No Alcohol     No Drugs     No Hazing     Curfews
  - Student Sexual Behavior including Abuse and Awareness
4. Are students allowed to leave the campus without permission?  Yes     No
5. Is someone trained in emergency first aid on campus at all times?  Yes     No

Section III - Athletics

1. Does the school obtain a signed release which includes a hold harmless agreement from the parents/guardians of all participants?  Yes     No
2. Are instructors/coaches trained in physical education?  Yes     No
3. Are medical exams required for all participants in extra-curricular sports?  Yes     No
4. Is someone who is trained in first aid always present during practices or games?  Yes     No
5. Is Student Accident Insurance carried?  Yes     No  
If Yes, what limit is carried?  Yes     No  
If No, is evidence of personal medical insurance for each participant obtained?  Yes     No
6. Please check all sports played and indicate whether they are interscholastic (O) or Intramural (I):
- |  |   |
|--|---|
| <input type="checkbox"/> Archery _____                           | <input type="checkbox"/> La Crosse _____    |
| <input type="checkbox"/> Baseball _____                          | <input type="checkbox"/> Polo _____         |
| <input type="checkbox"/> Basketball _____                        | <input type="checkbox"/> Rugby _____        |
| <input type="checkbox"/> Bungee Jumping _____                    | <input type="checkbox"/> Scuba Diving _____ |
| <input type="checkbox"/> Cheerleading _____                      | <input type="checkbox"/> Snow Skiing _____  |
| <input type="checkbox"/> Climbing (Mountain, Rock or Wall) _____ | <input type="checkbox"/> Sky Diving _____   |
| <input type="checkbox"/> Cross Country Track _____               | <input type="checkbox"/> Soccer _____       |
| <input type="checkbox"/> Diving _____                            | <input type="checkbox"/> Softball _____     |
| <input type="checkbox"/> Equestrian _____                        | <input type="checkbox"/> Swimming _____     |
| <input type="checkbox"/> Field Hockey _____                      | <input type="checkbox"/> Tennis _____       |
| <input type="checkbox"/> Football _____                          | <input type="checkbox"/> Trampoline _____   |
| <input type="checkbox"/> Golf _____                              | <input type="checkbox"/> Volleyball _____   |
| <input type="checkbox"/> Gymnastics _____                        | <input type="checkbox"/> Water Skiing _____ |
| <input type="checkbox"/> Ice Hockey _____                        | <input type="checkbox"/> Wrestling _____    |
| <input type="checkbox"/> Other: _____                            |   |

Section IV - Field Trips/Special Events

1. Approximately how many field trips are sponsored each year?

\_\_\_\_\_

2. Are all trips within the United States?  Yes  No  
If No, please list locations outside of the United States:

\_\_\_\_\_

3. Describe the types of trips that are taken:

\_\_\_\_\_

4. What is the ratio of chaperones to students?

\_\_\_\_\_

5. Is written permission/waiver obtained for each child's parent or guardian?  Yes  No

6. Are buses hired to transport the children to and from the location?  Yes  No

7. If parents/volunteers or staff vehicles are used, do you obtain proof of Liability coverage?  Yes  No

8. Do all parents receive detailed information about the trip in advance?  Yes  No

9. What is the youngest age allowed for attending field trips?

\_\_\_\_\_

Section V - Camp/Summer Program

1. Is the camp operated at the school premises?  Yes  No  
If No, please fill out the Camps Application.

2. Date camp begins: \_\_\_\_\_ Date camp ends: \_\_\_\_\_

3. Average number of campers per day \_\_\_\_\_ Number of days camp operates \_\_\_\_\_ Camper Days \_\_\_\_\_

4. Total number of staff members: \_\_\_\_\_

5. Total number of volunteers: \_\_\_\_\_

6. Please list the types of activities that are offered:

\_\_\_\_\_

7. Is written permission obtained from every child's parent or guardian?  Yes  No

8. What is the age range of the children attending? \_\_\_\_\_

9. Is the summer program open to the public?  Yes  No

10. Are criminal background checks performed on:  
Staff  Yes  No  
Volunteers  Yes  No

11. If field trips are taken, please fill out Section IV of the application.

**Section VI – Dormitories**

1. How many dormitory buildings are owned by your institution?

\_\_\_\_\_

2. What is the maximum number of stories?

\_\_\_\_\_

3. Are the dormitories sprinklered in all areas?  Yes  No

4. Is each room equipped with hard-wired smoke detectors?  Yes  No

5. Are any of the following allowed in dorm rooms:

- Incense Burners       Space Heaters       Hot Plates  
 Candles               Toasters or Toaster Ovens

6. Does the dorm have a no smoking policy?  Yes  No

7. How many means of egress does each building have?

\_\_\_\_\_

8. Are there emergency procedures in place including evacuation?  Yes  No

9. Are there scheduled fire drill and regular testing of fire alarms?  Yes  No

10. Is emergency lighting provided in the stairwells and hallways?  Yes  No

11. Are staff members present in the dorms on all nights when occupied by students?  Yes  No

12. Is there a scheduled security patrol for each building?  Yes  No

**Section VII - Pools**

1. Do you utilize swimming facilities?  Yes  No  
 On Premises       Off Premises

2. Are pool depths marked?  Yes  No  
Maximum depth of water (in feet) \_\_\_\_\_  
Are depth markings confirmed and documented to be accurate?  Yes  No

3. Is the staff trained in water safety including CPR?  Yes  No

4. Are there lifeguards present at all times?  Yes  No

5. Is there adequate supervision at all times?  Yes  No

6. Is the pool area completely fenced in?  Yes  No  
Is there a locked gate when the pool is not in use?  Yes  No

7. Is there a slip resistant deck?  Yes  No

8. Are there any slides or diving boards?  Yes  No  
 If Yes, is diving only allowed when there is proper supervision?  Yes  No
9. Are pool chemicals kept in a locked storage area?  Yes  No
10. Is the pool ever open to the public?  Yes  No  
 If Yes, please explain:
- 

**Section VIII - Abuse & Molestation**

1. Does your 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
2. Does your state permit you to do criminal background investigations?  Yes  No  
 If Yes, do you routinely request and receive such background Investigations?  Yes  No  
 Are Federal and State Criminal Background checks performed on:  
 Staff  Yes  No  
 Volunteers  Yes  No
3. Do you verify employment related references?  Yes  No
4. Do you conduct personal interviews?  Yes  No
5. Do you have written procedures dealing with sexual abuse?  Yes  No  
 If Yes, please attach a copy.
6. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises?  Yes  No
7. Does the school have a Sexual Awareness Program for students?  Yes  No
8. Does the school have a specific training for the faculty on identifying and reporting incidents of sexual abuse and molestation?  Yes  No
9. Has your organization ever had an incident which resulted in an allegation of sexual abuse?  Yes  No  
 If Yes, please describe the incident:

- 
- 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?

- 
10. Regarding coverage for Abuse & Molestation, does your current insurance program:  
 exclude coverage?  Yes  No  
 limit coverage (please indicate limit of liability)?  Yes  No  
 neither excludes nor limits coverage?  Yes  No

The Applicant warrants that all answers to the questions on this application are true and correct. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

---

Applicant's Signature

---

Date: