



**School Insurance Program Package New Business Application**

Name of Educational Entity: \_\_\_\_\_

Are there any other Named Insureds in addition to the above that need to be listed? Please list: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_

QUOTE DUE DATE: \_\_\_\_\_

All **New Business** submissions should include: School Insurance Program New Business Application, five (5) year currently valued loss runs (for those years not insured under this program) and any other information indicated on any of the supplemental sections of this questionnaire (as applicable).

**Email complete submissions to [submissions@cmregent.com](mailto:submissions@cmregent.com)**

**Please indicate below the coverage requested**

- Property Coverage**
  - o Property Deductible (*Minimum \$2,500*): \_\_\_\_\_
  - o Combined BI & EE Limit: \_\_\_\_\_
  - o Mobile Equipment Limit: \_\_\_\_\_\*
  - o Audio Visual & Communication Equip Limit: \_\_\_\_\_\*
  - o Fine Arts Limit: \_\_\_\_\_\*

*\* (Provide schedule if limits are in excess of \$250,000)*

- Equipment Breakdown**
- Crime**
- General Liability**
- Law Enforcement Legal Liability**  
*(If LEL Coverage is desired, please complete the LEL Section of the Application)*

- Business Auto**
  - o Auto Physical Damage Deductible (*Comp & Collision carry the same deductible*)  
 \$500  \$1,000  \$2,500  \$5,000  \$10,000

- Excess Liability - Offered ONLY with Program Underlying Coverages**

**Additional information required**

- Statement of Values, including **FULL** COPE information (*Construction, Occupancy, Protection, Exposure*)  
*(100% of replacement cost values must be reported)*
- Current Appraisal
- ACORD or similar Automobile Schedule (*if coverage is being quoted*)
- 5 year loss runs, valued within 90 days of policy inception (*For non-program years written*)

**PROPERTY INFORMATION**

- Are there any vacant or unoccupied buildings that are not on the expiring schedule? *(If yes, please completed the Vacant and Unoccupied Building Supplemental Application)*  YES  NO
- Does the school have a regular program for inspection of the premises and equipment including roofs?  YES  NO  
If YES, please describe the inspection process \_\_\_\_\_
- Are ventilation systems inspected regularly?  YES  NO
- Do any of your buildings have Univents?  YES  NO  
If YES, are they inspected regularly?  YES  NO
- Has asbestos been found in any school building currently in use?  YES  NO
- Are there any underground storage tanks on the premises?  YES  NO
- Does the school provide Laptops/Tablets or other similar devices for students?  YES  NO  
If YES, provide the number and type(s) of devices \_\_\_\_\_

**GENERAL LIABILITY INFORMATION**

- Number of Full Time Equivalent Students (FTE) \_\_\_\_\_
- Do you perform criminal background checks on all employees & volunteers?  YES  NO
- Does the Insured conduct training or hold seminars for all employees on/is training mandatory?  
Sexual Molestation:  YES  NO Mandatory:  YES  NO Date of last seminar: \_\_\_\_\_  
Suspected Child Abuse:  YES  NO Mandatory:  YES  NO Date of last Seminar: \_\_\_\_\_  
Explain ALL "NO" answers: \_\_\_\_\_
- Has the Insured instituted written guidelines for identifying and reporting:  
Sexual Molestation  YES  NO  
Suspected Child Abuse  YES  NO
- Are there any latch-key, daycare, nursery or child development programs on school premises?  YES  NO  
Type(s): \_\_\_\_\_  
Operated by school district?  YES  NO  
If No, what are the policy limits carried by the contractor (Primary & Excess)?:  
**General Liability:** \_\_\_\_\_ **Abuse & Molestation:** \_\_\_\_\_  
*If NO, then you are required to obtain insurance certificates from the vendor showing GL and Abuse and Molestation coverage and a copy of the vendor's license. Appropriate risk transfer wording should be included in your contract including additional insured status, hold harmless and waiver of subrogation in favor of the school district.*
- Does the insured utilize drones in any capacity?  YES  NO  
*(If YES, please complete the Drone Supplemental Application)*
- Has the insured entered into a gas drilling/fracturing lease contract?  YES  NO
- Does the school require all outside contractors/organizations using school premises to provide copies of certificates of insurance evidencing minimum \$1,000,000 limits?  YES  NO
- Does the school require all outside contractors/organizations using school premises to sign hold harmless agreements?  YES  NO

- Does the school sign hold harmless agreements with anyone?  YES  NO  
If YES, please explain \_\_\_\_\_
  - Do you provide services for outside customers? (*Auto repair, fabrication, catering, etc*)  YES  NO  
If YES, List Services \_\_\_\_\_
  - Does the school conduct overnight class trips?  YES  NO  
# of trips \_\_\_\_\_ # of students \_\_\_\_\_ Locations \_\_\_\_\_
  - Does the school conduct overseas trips?  YES  NO  
# of trips \_\_\_\_\_ # of students \_\_\_\_\_ Locations \_\_\_\_\_
  - Does your school employ, contract or have volunteer physicians, dentists, psychiatrists?  YES  NO  
# Physicians \_\_\_\_\_ # Dentists \_\_\_\_\_ # Psychiatrists \_\_\_\_\_
    - . Are they required to carry their own malpractice insurance?  YES  NO
    - . What limits of Malpractice Insurance do they carry? \_\_\_\_\_
    - . Do they provide certificates of insurance?  YES  NO
- NOTE: Coverage for Physicians, Dentists and Psychiatrists provided on an Excess Basis Only. Minimum limits of \$1,000,000 required to be carried by these individuals.**

- Does your school employ any of the following:

<u>Position</u>	<u>#</u>	<u>Position</u>	<u>#</u>
Athletic Trainers	_____	Medical Technicians	_____
Cosmetology Instructors	_____	Occupational Therapists	_____
Cosmetology Students	_____	Social Workers	_____
Nurses	_____	Speech Therapists	_____
Nurses Aides	_____	Veterinarian Assistant	_____
Nursing Students	_____	Other (describe)	_____
Nursing Instructors	_____		

- Does the school require all visitors required to sign in and out?  YES  NO
- Are metal detectors at school entrances?  YES  NO
- Are students required to stay on school grounds during lunch?  YES  NO
- Does the school perform random checks of lockers or backpacks?  YES  NO
- Do all doors except the main entrance remain locked or attended during school hours?  YES  NO
- Does the school have an anonymous tip line to report violations or threats of violence?  YES  NO
- Has the insured received a School Risk and Vulnerability Assessment Team (RVAT) inspection via the PA State Police?  YES  NO  
*(If YES, please provide a copy of the RVAT report)*

Athletic Programs

- Does your school utilize the Centers for Disease Control & Prevention “Heads Up” program?  YES  NO
- Does your school conduct preseason baseline testing (neurocognitive tests) for all student athletes?  YES  NO

If NO, which athletes in which sports do not receive testing? \_\_\_\_\_

- Does your school require signed waivers for all student-athletes prior to participating in school-sanctioned sports teams?  YES  NO
- Do you have medical personnel trained in concussion injuries at all sporting events?  YES  NO
- Is a "Student Accident Insurance Program" currently in effect?  YES  NO
- Does the school sponsor or conduct classes or events relating to:
 

Bonfires	<input type="checkbox"/> YES <input type="checkbox"/> NO	Scuba Diving	<input type="checkbox"/> YES <input type="checkbox"/> NO	Mountain Climbing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Boating	<input type="checkbox"/> YES <input type="checkbox"/> NO	Diving Team	<input type="checkbox"/> YES <input type="checkbox"/> NO	Gymnastic Program	<input type="checkbox"/> YES <input type="checkbox"/> NO
Firearms	<input type="checkbox"/> YES <input type="checkbox"/> NO	Carnivals	<input type="checkbox"/> YES <input type="checkbox"/> NO	Car Smashes	<input type="checkbox"/> YES <input type="checkbox"/> NO
Archery	<input type="checkbox"/> YES <input type="checkbox"/> NO	Horseback Riding	<input type="checkbox"/> YES <input type="checkbox"/> NO	Fireworks Display	<input type="checkbox"/> YES <input type="checkbox"/> NO
- If YES to Carnivals, what equipment is being utilized?
 

Inflatable attractions (bounce houses, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dunk tanks	<input type="checkbox"/> YES <input type="checkbox"/> NO
Mechanical rides (Ferris Wheels, merry-go-rounds, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Rock-climbing walls	<input type="checkbox"/> YES <input type="checkbox"/> NO
Who is responsible for equipment set-up?	_____
Who is responsible for equipment inspection?	_____
Who is responsible for equipment operation?	_____
- Is the fire department present at site during Bonfire Events?  YES  NO
 

Estimated number of spectators?	_____
Is there any crowd control?	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Any other unusual activities?  YES  NO  
 If YES, please explain: \_\_\_\_\_

**LAW ENFORCEMENT & SECURITY INFORMATION (Complete Only if LEL Coverage is Desired)**

*Note: Security personnel includes any person on school premises that is permitted to carry a firearm or non-lethal device (mace, taser, etc.).*

- Do armed personnel have current PA Act 120 or PA Act 235 Certifications?  YES  NO
- Number of personnel providing security:
 

Employed Unarmed: _____	Employed Armed: _____
Volunteer Unarmed: _____	Volunteer Armed: _____

**If Private Security Service Is Used:**

- Is General & Professional Liability Insurance carried?  YES  NO
- Policy Limits carried by the contractor:
 

GL (including XS): _____	Professional (including XS): _____
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- Is School District added as an additional insured?  YES  NO
- Is there a hold harmless clause in the School District's favor in the contract?  YES  NO
- Number of contracted personnel providing security: Unarmed: \_\_\_\_\_ Armed: \_\_\_\_\_

**If Local Law Enforcement Agency Is Used:**

Is there a current Memorandum of Understanding in place?  YES  NO

**AUTOMOBILE INFORMATION**

- Does the insured operate their own bus fleet?
 N/A  YES  NO
  
- If YES:** Does insured have a vehicle maintenance program?
 YES  NO
  - . Are MVRs reviewed annually on all drivers?
 YES  NO
  - . If NO, how often are they reviewed? \_\_\_\_\_
  - . Describe the criteria used to determine an acceptable MVR: \_\_\_\_\_
  
- If NO:** What are the contractor's Auto Liability Limits? \_\_\_\_\_
   
**(Minimum required - \$1,000,000 Primary and Excess; \$5,000,000 recommended)**
  - . Is Insured shown as Additional Insured on the contactor's auto/general liability policies?  YES  NO
  - . Does insured have a written contract with the contractor, including a hold harmless in favor of the school entity?  YES  NO
  
- Does the insured review MVRs on all employee and volunteer drivers who use school-owned auto(s)?
 YES  NO
  
- Does insured offer driver training program?  YES  NO
   
Are driver training services contracted? (If YES, please attach certificate of insurance from contractor)  YES  NO

**EXCESS INFORMATION**

*Excess coverage over other carrier's Law Enforcement Legal policies are not eligible for this program.*

**Excess Limits Requested (Limits available to \$20,000,000) :** \_\_\_\_\_

*Limit applies separately to Automobile Liability, Commercial General Liability and School Leaders' Legal Liability Coverages.*

**SCHEDULE OF UNDERLYING**

Coverage	Insurer	Term	Limits	Exp Premium
General Liability			Occurrence PI / AV	
	How does the General Aggregate apply?		___ Per Loc / ___ Per Policy	
Automobile Liability				
Employers Liability				N/A



**SCHEDULE OF PROPOSED UNDERLYING WRITTEN ON A CLAIMS-MADE BASIS**

Type of Coverage	Insurer	Retro Date	Term	Limits	Defense In Limit Yes/No	Premium
School Leaders Legal					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

- Is the coverage provided on a:  School Leaders Legal Liability Form  D&O Form

**Pennsylvania Fraud Warning** – 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.

**The undersigned authorized representative of the school district declares that the statements set forth herein are true.** The undersigned agrees that if the information on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance.

\_\_\_\_\_ *Insured's Signature* \_\_\_\_\_ *Insured's Title* \_\_\_\_\_ *Date*

\_\_\_\_\_ *Producer's Signature* \_\_\_\_\_ *Date*

**CM REGENT INSURANCE COMPANY**  
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