

School Insurance Program Package Renewal Application

Name of	Educational Entity:
Are there	e any other Named Insureds in addition to the above that need to be listed? Please list:
Policy Ef	fective Date: QUOTE DUE DATE:
	wal Business submissions should include: Currently valued loss runs (for those years not insured under ram) and any other information indicated on any of the supplemental sections of this questionnaire (as e).
Email co	mplete submissions to Submissions@cmregent.com
Please i	ndicate below the coverage requested
	Property Coverage Property Deductible (Minimum \$2,500): Combined BI & EE Limit: Mobile Equipment Limit: Audio Visual & Communication Equip Limit: Fine Arts Limit: * (Provide schedule if limits are in excess of \$250,000) Equipment Breakdown Crime General Liability aw Enforcement Legal Liability (If LEL Coverage is desired, please complete the LEL Section of the Application) Business Auto Auto Physical Damage Deductible (Comp & Collision carry the same deductible) \$500 \$1,000 \$2,500 \$5,000 \$5,000
□ 6	xcess Liability - Offered ONLY with Program Underlying Coverages
Addition	al information <u>required</u>
	tatement 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, or update attached schedule if provided. Syear loss runs, valued within 90 days of policy inception (For non-program years written)



PROPE	ERTY 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
•	List any changes in premises, inspections processes, etc. from expiring application:		
GENEI	RAL LIABILITY INFORMATION		
•	Number of Full Time Equivalent Students (FTE)		
•	List any changes in exposures, programs, athletic activities or any other area, from	expiring appl	ication:
LAW EI	NFORCEMENT & SECURITY INFORMATION (Complete Only if LEL Coverage is Desired)		
Note: Se etc.).	curity personnel includes any person on school premises that is permitted to carry a firearm or non-l	ethal device (mo	ace, taser,
■	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 Priva	te Security Service Is Used:		
•	Is General & Professional Liability Insurance carried?	☐ YES	□ NO
•	Policy Limits carried by the contractor:		
	GL (including XS): Professional (including XS):		
•	Is School District added as an additional insured?	☐ YES	_
	Is there a hold harmless clause in the School District's favor in the contract? Number of contracted personnel providing security: Unarmed:	☐ YES	
	Number of contracted personner providing security.	annea.	
If Local	Law Enforcement Agency Is Used:		
•	Is there a current Memorandum of Understanding in place?	☐ YES	□ NO
AUTON	MOBILE INFORMATION		
•	If the insured does not operate their own bus fleet:		
	. What are the contractor's Auto Liability Limits?)	
	. Is Insured shown as Additional Insured on the contactor's auto/general liability pol		□ №
	. Does insured have a written contract with the contractor, including a hold harmles		□NO
	in favor of the school entity?		



V0500 INFORMATION						
XCESS INFORMATION						
cess coverage over othe cess Limits Request	-					
nit applies separately to	-		_			y Coverages.
HEDULE OF UNDER	<u>LYING</u>					
Coverage	Insure	Insurer		Lir	Limits	
			Term		into	Exp Premium
General Liability				Occurre	nce PI / AV	
	How does t		Aggregate	Per Loc /	Per Policy	
		apply?			'	
Automobile Liability						
Employers Liability						N/A
CHEDULE OF PROPO	SED UNDERLYII	NG WRIT	TEN ON A CL	AIMS-MADE BA	<u>SIS</u>	
Type of Coverage	Insurer	Retro	Tauma	Lincian	Defense In Limit	Premium
		Date	Term	Limits	Yes/No	Freimum
School Leaders Legal					☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	



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	

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