



## SCHOOL LEADERS' LEGAL LIABILITY NEW BUSINESS APPLICATION

### I. INSURED INFORMATION

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_ Quote Need By Date: \_\_\_\_\_

Type of Entity:       Public School District               Community College               Intermediate Unit  
                                   Vocational/Technical School               Educational Service               Other Public School

### II. OPERATIONAL / ADMINISTRATIVE INFORMATION

A. Number of Schools in District:    Elementary: \_\_\_\_\_ Secondary: \_\_\_\_\_ Other: \_\_\_\_\_

B. Number of members on Board of Education: \_\_\_\_\_ Term of Office: \_\_\_\_\_  
 Number of Board Members with a term less than 12 months: \_\_\_\_\_  
 Indicate if board members are:    Elected  Appointed

C. Indicate number of:    Administrative Personnel: \_\_\_\_\_ Teachers: \_\_\_\_\_ Volunteers: \_\_\_\_\_  
 Non-Instructional Personnel: \_\_\_\_\_ Student Teachers: \_\_\_\_\_ Others: \_\_\_\_\_

D. Current student enrollment (excluding Head Start): \_\_\_\_\_ Projected student enrollment: \_\_\_\_\_

E. If Intermediate Unit, number of students provided direct service: \_\_\_\_\_

F. Number of students served in Special Education Programs.    By Insured: \_\_\_\_\_ By I.U.: \_\_\_\_\_  
 Name of Servicing Intermediate Unit: \_\_\_\_\_

G. Does the Insured have a Human Resources Department?    Yes  No   
 If "YES", provide number of employees in the HR Department: \_\_\_\_\_  
**If "NO", please explain how this function is handled:** \_\_\_\_\_  
 \_\_\_\_\_

H. Does the Insured:

1. Use an employment application for all applicants for hire?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Use any tests to screen applicants for employment or to promote employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have a formal orientation program for all employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Provide regular, written performance evaluations for all employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Comply with Family Medical Leave Act?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Require all employee terminations to be reviewed by:		
a. Human Resource Department"	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Legal Department?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Outside Counsel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Please explain any "NO" answers:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I. Does the Insured anticipate a reduction in personnel staff within the next 12 months? **If YES, please explain:** \_\_\_\_\_ Yes  No

J. Are any school openings or closings anticipated within the next 12 months? **If YES, please explain:** \_\_\_\_\_ Yes  No

K. Has any employee been suspended, demoted, dismissed, transferred or had an employment contract non-renewed within the last 12 months? **If YES, please explain:** \_\_\_\_\_ Yes  No

Does the school use a "step" salary program for new hires. **If "NO", how are salaries determined:** \_\_\_\_\_ Yes  No

- L. Did any of the following take place in the past three years?
- 1. Strike, slowdown, or other disruptions? Yes  No
  - 2. Lay-off of staff or reduction in service? Yes  No
  - 3. Disputes involving integration, segregation, discrimination or violations of civil rights? Yes  No
  - 4. Has any employee been suspended, dismissed, demoted, transferred or tenure contract non-renewed? Yes  No
  - 5. Has the district been a party to a grievance procedure filed by an employee that reached arbitration? Yes  No

**Please explain all YES answers:** \_\_\_\_\_

M. Has the Insured/Board established written policies/procedures/guidelines governing the following?

- 1. Teachers/Administrators/Other Employees:
  - Suspension Yes  No
  - Dismissal Yes  No
  - Promotion Yes  No
  - Transfer Yes  No
  - Demotion Yes  No
  - Hiring Yes  No
  - Background checks Yes  No
  - Employee Termination Yes  No
  - Published Employee Handbook Yes  No
- 2. Students:
  - Suspension Yes  No
  - Dismissal Yes  No
  - Transfer Yes  No
  - Corporal Punishment Yes  No

N. Has the Board instituted written guidelines for identifying and reporting:

- Sexual Harassment Yes  No
- Sexual Molestation Yes  No
- Anti-Discrimination Yes  No
- Suspected Child Abuse Yes  No

- O. Does the School conduct training or hold seminars for all employees on:
- |                       |                              |                             |   |                             |                             |
|-----------------------|------------------------------|-----------------------------|---|-----------------------------|-----------------------------|
| Sexual Harassment     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Mandatory: Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date of last seminar: _____ |
| Sexual Molestation    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Mandatory: Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date of last seminar: _____ |
| Anti-Discrimination   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Mandatory: Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date of last seminar: _____ |
| Suspected Child Abuse | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Mandatory: Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date of last seminar: _____ |

Explain ALL "NO" answers from Sections M, N and O: \_\_\_\_\_

- P. Is there a Head Start Program? Yes  No

If YES:

- Number of head start students only: \_\_\_\_\_
- Is your school district the grantee for the program? Yes  No
- Where is the program held? \_\_\_\_\_
- Are the Head Start staff employees of your school? Yes  No
- Are the board members separate from the school board members? Yes  No
- Are there multiple school districts in the program? Yes  No

- Q. Does the School offer the following types of programs:
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Cyber Education Classes   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. On-Site Prison/Detention Education Classes                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Special Education   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| i. If YES, is any part of the program contracted?                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Non-Public School Services  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Provide annual average number enrolled for adult education classes: _____ |                              |                             |

Please explain any YES answers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. SPECIAL EDUCATION**

- A. Does the School District have Special Education Programs and/or Facilities for the developmentally, mentally, emotionally or physically disabled? Yes  No

If NO, describe where and/or who manages these programs/facilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- B. How often are students evaluated for:  
**Placement:** \_\_\_\_\_
- \_\_\_\_\_

**Adjustment to "IEP" based on progress:** \_\_\_\_\_

\_\_\_\_\_

**Mainstreaming:** \_\_\_\_\_

\_\_\_\_\_

- C. How often during the course of a school year has the School District conducted a Due Process Hearing regarding an IEP ("IEP Hearing")? \_\_\_\_\_
- \_\_\_\_\_



- D. Have any decisions of any IEP Hearing Officer been appealed in the past twelve (12) months? Yes  No   
**If YES, how many were:** Appealed: \_\_\_\_\_ Overturned: \_\_\_\_\_
- E. What Counsel does the School District utilize for the initial IEP Hearing? In House  Outside
- F. What Counsel does the School District utilize for the appeals process? In House  Outside
- G. How many or what percentage of the School District's total student enrollment currently participates in a Special Education Program? \_\_\_\_\_

**IV. INSURANCE COVERAGE INFORMATION**

A. Please provide School Leaders' Legal Liability current & prior policy information (as well as currently valued loss history) if not with current program:

Carrier	Term	Student Enrollment	Limit	Deductible	Premium

- B. Name of Current General Liability Carrier: \_\_\_\_\_
- C. Does the G.L. policy provide primary Corporal Punishment coverage? Yes  No

**V. CLAIMS INFORMATION**

A. Is the Education Entity, its Board, or its administrative employees aware of any claims or acts, errors, misstatements, misleading statements or omissions which might reasonably be expected by any of them to result in a claim? A "claim" is a suit or written notification requesting money damages. Yes  No   
**If YES, has this incident been reported to the prior carrier, other than CMRIC** Yes  No   
**If reported, please provide claim/file number:** \_\_\_\_\_  
**Please provide details:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. Has any person, former employee, or job applicant made a claim alleging unfair or improper treatment to the EEOC or Human Rights Commission or any similar state or federal agency? Yes  No   
**If YES, has this incident been reported to the prior carrier, other than CMRIC?** Yes  No   
**If reported, please provide claim/file number:** \_\_\_\_\_  
**Please provide details:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Applicant acknowledges that any and all claims and acts, errors, misstatements, misleading statements or omissions, of which the Education Entity, its Board, or its administrative employees, are aware, and which might reasonably be expected by such entity, person or persons to result in a claim under the coverage requested in connection with this Application, have been or will be disclosed to the Applicant's prior insurer or insurers, other than School Boards Insurance Company of Pennsylvania, Inc. Applicant acknowledges that any claims or claims resulting from any such acts, errors, misstatements, misleading statements or omissions, whether or not disclosed to the Applicant's prior insurer or insurers, are specifically excluded from coverage under any policy issued by insurer.*



**VI. COVERAGE REQUESTED**

A. Limits of Liability each claim and policy year aggregate:  
 \$1,000,000 \* Excess SLL Limits up to \$20 Million are available through the PSBA Excess product.

B. Requested Endorsements:  
 Loss Redefined (Punitive Damages Removed)       Corporal Punishment  
 Non-Monetary Defense Cost       Per Diem  
 Additional Insured – Provide name, title and function related to the School:

\_\_\_\_\_

\_\_\_\_\_

C. Self Insured Retention each claim \* :       \$10,000     \$15,000     \$25,000    Other:\$ \_\_\_\_\_  
Self Insured Retention for Non-Monetary each claim \* :  \$10,000     \$15,000     \$25,000    Other:\$ \_\_\_\_\_

\* Subject to underwriting review and approval

**VII. INSURED ATTESTATION**

***Applicant hereby represents that the information provided by Applicant in this Application is true and correct to the best of the Applicant's knowledge and provided only after a reasonable inquiry by the Applicant into the truth thereof. Applicant further represents that the person signing this Application is authorized to do so on behalf of the entity seeking insurance coverage.***

***Applicant warrants that Applicant will notify Insurer of any material change in the information provided by Applicant in this Application prior to the desired effective date of coverage, and Applicant acknowledges that Insurer may modify or withdraw any outstanding quotation of coverage based on such new information.***

***Applicant agrees and understands that all representations made by the Applicant in this Application, including but not limited to the representations and warranties made in this section VII, will be relied upon by Insurer and are material to Insurer's ultimate underwriting decision, including the decision to maintain coverage under any policy issued by Insurer.***

***Claims information contained in this Application shall not be considered notice to insurer of any loss, and it is the Educational Entity's obligation to report all claims to insurer as required by the policy.***

***Approved Counsel Agreement:* When the insurer defends a suit it shall be with a law firm on the Approved Counsel List made available to you at the time of this application. The insured will have the right to select any law firm from the Approved Counsel List that is located within its geographic area, subject to the law firm's right to decline the representation. The insurer has negotiated favorable rates with the law firms on the Approved Counsel List. These rates will be charged by the law firm, to the insured, for purposes of its obligation within its self insured retention.**



**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.

**Insured Signature:**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

*(Must be signed by the Chief School Administrator or Chief School Business Administrator for the District.)*

Producer: \_\_\_\_\_ Are you the incumbent: Yes  No

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

**CM REGENT INSURANCE COMPANY**  
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