



SCHOOL LEADERS' LEGAL LIABILITY RENEWAL APPLICATION

I. INSURED INFORMATION

Name of Educational Entity: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Proposed Effective Date: _____ Quote Need By Date: _____

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 anticipate a reduction in personnel staff within the next 12 months? Yes No
If YES, please explain: _____
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- H. Are any school openings or closings anticipated within the next 12 months? Yes No
If YES, please explain: _____
- I. Has any employee been suspended, demoted, dismissed, transferred or had an employment contract non-renewed within the last 12 months? Yes No
If YES, please explain: _____
-
- J. Did any of the following take place in the past three years?
- | | |
|--|--|
| 1. Strike, slowdown, or other disruptions? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Lay-off of staff or reduction in service? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Disputes involving integration, segregation, discrimination or violations of civil rights? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Has any employee been suspended, dismissed, demoted, transferred or tenure contract non-renewed? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Has the district been a party to a grievance procedure filed by an employee that reached arbitration? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
- Please explain all YES answers:** _____
-
-



K. 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: _____

III. SPECIAL EDUCATION

- A. 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: _____
- B. What Counsel does the School District utilize for the initial IEP Hearing? In House Outside
- C. What Counsel does the School District utilize for the appeals process? In House Outside
- D. How many or what percentage of the School District's total student enrollment currently participates in a Special Education Program? _____

IV. 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.



V. 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

VI. 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: _____

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