



**Package Renewal Application**

AGENCY NAME:		CMR AGENCY CODE # (IF KNOWN):
AGENCY MAILING ADDRESS:		AGENCY PHONE:
		AGENCY CONTACT EMAIL:
AGENCY CONTACT:		ARE YOU THE INCUMBENT BROKER? <input type="checkbox"/> YES <input type="checkbox"/> NO
POLICY EFFECTIVE DATE:	POLICY EXPIRATION DATE:	QUOTE DUE DATE:
PAY PLAN: ANNUAL <input type="checkbox"/>		

APPLICANT NAME:
APPLICANT MAILING ADDRESS:
CONTACT NAME:
CONTACT EMAIL/PHONE:

TYPE OF ENTITY:     Public School District             Community College             Intermediate Unit  
                           Vocational/Technical School     Educational Service             Other \_\_\_\_\_

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

All **Renewal** submissions should include:

- School Insurance Program Package Renewal Application (Fully completed and signed)
- 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*)
- Provide 5 year loss runs, valued within 90 days of policy inception (*For carriers other than CMRIC/PSBA*)

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



**Please indicate the coverages 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**
- Law Enforcement Legal Liability**  
*(If LEL Coverage is desired, please complete the LEL Supplemental Application)*
- Business Auto**
  - 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**

**PROPERTY INFORMATION**

- **Are there any vacant or unoccupied buildings that are not on the expiring schedule?**  YES  NO  
*(If YES, please complete the Vacant and Unoccupied Building Supplemental Application)*
- **Please list any changes in premises, etc. from expiring application:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL LIABILITY INFORMATION**

- **Number of Full Time Equivalent Students (FTE)** \_\_\_\_\_
- **Please list any changes in exposures, programs, athletic activities, etc. from expiring application:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- **Does the Insured conduct training or hold seminars for all employees on the following?**
  - **Sexual Harassment**       YES    NO      *Is training mandatory?*    YES    NO
    - *Date of last seminar:* \_\_\_\_\_
  - **Sexual Molestation**       YES    NO      *Is training mandatory?*    YES    NO
    - *Date of last seminar:* \_\_\_\_\_
  - **Anti-Discrimination**       YES    NO      *Is training mandatory?*    YES    NO
    - *Date of last seminar:* \_\_\_\_\_
  - **Suspected Child Abuse**       YES    NO      *Is training mandatory?*    YES    NO
    - *Date of last seminar:* \_\_\_\_\_
  - **Anti-Bullying Procedures**       YES    NO      *Is training mandatory?*    YES    NO
    - *Date of last seminar:* \_\_\_\_\_

**Please Explain ALL "NO" answers:** \_\_\_\_\_  
\_\_\_\_\_

- **Does the insured utilize drones in any capacity?**       YES    NO  
*If "YES", please complete the Drone Supplemental Application*
- **Does the school conduct overseas trips?**       YES    NO  
*If "YES", # of trips: \_\_\_\_\_ # of student: \_\_\_\_\_ Locations: \_\_\_\_\_*
- **Has the insured received a School Risk and Vulnerability Assessment Team (RVAT) inspection via the PA State Police? (If YES, please provide a copy of the RVAT report)**       YES    NO
- **Is a "Student Accident Insurance Program" currently in effect?**       YES    NO

**AUTOMOBILE INFORMATION**

- **Please list any changes in exposures, operations, etc. from expiring application:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXCESS INFORMATION**

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

*Limit applies separately to Automobile Liability, Commercial General Liability and School Leaders' Legal Liability Coverages. Excess coverage over other carrier's Law Enforcement Legal policies are not eligible for this program.*

**SCHEDULE OF UNDERLYING**



Coverage	Insurer	Term	Limits	Exp Premium
General Liability				
	How does the General Aggregate apply?		\$ _____ Per Location \$ _____ 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 Liability					<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

*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.*

**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.*

**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.

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

**Insured Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Broker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**CM REGENT INSURANCE COMPANY**  
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Mechanicsburg, PA 17050-2937  
[submissions@cmregent.com](mailto:submissions@cmregent.com)

