



**Package New Business 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 **New Business** submissions should include:

- School Insurance Program Package New Business 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 Property Appraisal
- Automobile Schedule (*Excel format if available*)
- 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 Coverage is automatically included**

- Optional Fraudulent Impersonation Limits available:  \$250,000  \$500,000  
(*\$100,000 limits included automatically*)

**General Liability**

- Optional Violence Expense Coverage Limits available:  \$250,000  \$500,000  \$1,000,000  
(*\$100,000 limits included automatically*)

**Law Enforcement Legal Liability**

**Business Auto**

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

**Excess Liability**

**PROPERTY INFORMATION**

- **Are there any vacant or unoccupied buildings?**  YES  NO  
*(If YES, please complete the Vacant and Unoccupied Building Supplemental Application)*
- **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 \_\_\_\_\_*

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- **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 \_\_\_\_\_*

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

- **Are there any latch-key, daycare, nursery or child development programs on school premises?**  YES  NO  
**Type(s):** \_\_\_\_\_

*If "YES", are they operated by the Insured?*  YES  NO

- *If not operated by the insured, what are the policy limits carried by the contractor?*

*General Liability:* \$ \_\_\_\_\_ *Abuse & Molestation:* \$ \_\_\_\_\_

- **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", please list Services*

\_\_\_\_\_  
\_\_\_\_\_

- Does the school conduct overnight trips?  YES  NO

If "YES", # of trips: \_\_\_\_\_ # students: \_\_\_\_\_ # chaperones: \_\_\_\_\_  
Location(s)/Purpose of trip(s) \_\_\_\_\_

- Does your school employ, contract or have volunteer physicians, dentists, psychiatrists?  YES  NO

If "YES": # 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
- Does your school utilize the Centers for Disease Control & Prevention "Heads Up" program?  YES  NO
- Does your school conduct pre-season baseline testing (neurocognitive tests) for all  YES  NO

student athletes?

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 Insured sponsor or conduct classes or events relating to:**

- |                 |  |                         |  |                          |  |
|-----------------|--|-------------------------|--|--------------------------|--|
| <i>Bonfires</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | <i>Scuba Diving</i>     | <input type="checkbox"/> YES <input type="checkbox"/> NO | <i>Mountain Climbing</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <i>Boating</i>  | <input type="checkbox"/> YES <input type="checkbox"/> NO | <i>Diving Team</i>      | <input type="checkbox"/> YES <input type="checkbox"/> NO | <i>Gymnastic Program</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <i>Firearms</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | <i>Carnivals</i>        | <input type="checkbox"/> YES <input type="checkbox"/> NO | <i>Car Smashes</i>       | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <i>Archery</i>  | <input type="checkbox"/> YES <input type="checkbox"/> NO | <i>Horseback Riding</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | <i>Fireworks Display</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If "YES" to Carnivals, what equipment is being utilized?

- |  |  |
|--|--|
| <i>Inflatable attractions (bounce houses, etc.)</i>            | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <i>Dunk tanks</i>  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <i>Mechanical rides (Ferris Wheels, merry-go-rounds, etc.)</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <i>Rock-climbing walls</i>                                     | <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?* \_\_\_\_\_

If "YES" to bonfires, is the fire department present at site during Bonfire Events?  YES  NO

*Estimated number of spectators?* \_\_\_\_\_

*Describe crowd controls:* \_\_\_\_\_

▪ **Any other unusual activities?**  YES  NO

If "YES", please explain: \_\_\_\_\_

**LAW ENFORCEMENT LEGAL LIABILITY INFORMATION**

• **Is an LEL Quote Desired?**  YES  NO

▪ **If Employees Are Used:**

• **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 Is Used:**

• **Are General and Professional Liability Insurance carried?**  YES  NO

• **What are the policy limits carried by the contractor?:**

*GL (including XS):* \$ \_\_\_\_\_

*Professional (including XS):* \$ \_\_\_\_\_

• **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 A 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?**  YES  NO

*If "YES", please complete the following:*

  - *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", please complete the section below:*

  - *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 contractor'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 autos?**  YES  NO
  
- **Does insured offer a driver training program?**  YES  NO

*If "YES", are driver training services contracted?*  YES  NO

*(If "YES", please attach certificate of insurance from contractor)*

**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.*
  
- **If drones are utilized, would you like a quote for Excess over Drones?**  YES  NO
  
- **Does the school have a Foreign Liability Policy?**  YES  NO

  - *If "YES", would you like a quote for Excess over Foreign Liability? (If so, please complete the table below)*  YES  NO

Destinations	Purpose	Length of Trip in Days	# Students Attending	# Faculty Attending	# Employees Attending	# Non-Employees Attending



**SCHEDULE OF COVERAGES UNDERLYING EXCESS** *(if not placed with CM Regent Insurance)*

<b>Coverage</b>	<b>Insurer</b>	<b>Term</b>	<b>Limits</b>
<b>General Liability</b>			\$ _____
	How does the General Aggregate apply?		\$ _____ Per Location \$ _____ Per Policy
<b>Automobile Liability</b>			\$ _____
<b>Employers Liability</b>			\$ _____
<b>School Leaders Legal Liability</b> Retro Date: _____			\$ _____ Defense Costs included in Limit? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Directors &amp; Officers</b> Retro Date: _____			\$ _____ Defense Costs included in Limit? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Foreign Liability</b>			

*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**  
300 Sterling Parkway, Suite 100  
Mechanicsburg, PA 17050-2937  
[submissions@cmregent.com](mailto:submissions@cmregent.com)

