



**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 Property Appraisal (*If Duff & Phelps is not utilized*)
- 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 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*
- Is a "Student Accident Insurance Program" currently in effect?  YES  NO

**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:  

<i>Employed Unarmed:</i> _____	<i>Employed Armed:</i> _____
<i>Volunteer Unarmed:</i> _____	<i>Volunteer Armed:</i> _____
- **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**

- 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.*

- **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

<i>Destinations</i>	<i>Purpose</i>	<i>Length of Trip in Days</i>	<i># Students Attending</i>	<i># Faculty Attending</i>	<i># Employees Attending</i>	<i># Non-Employees Attending</i>

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

