



**School Leaders Legal Liability New Business Application**

AGENCY NAME:			CMR AGENCY CODE # (IF KNOWN):
AGENCY MAILING ADDRESS:			AGENCY PHONE:
AGENCY CONTACT:			AGENCY CONTACT EMAIL:
AGENCY CONTACT:			ARE YOU THE INCUMBENT BROKER? <input type="checkbox"/> YES <input type="checkbox"/> NO
POLICY EFFECTIVE DATE:	POLICY EXPIRATION DATE:	RETRO DATE: *	QUOTE DUE DATE:
PAY PLAN: ANNUAL <input type="checkbox"/>			
* If you are requesting a Retroactive Date prior to the effective date of this policy, please provide a copy of the current School Leaders or E&O Declarations Page Identifying the Current Expiring Retro Date			

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 \_\_\_\_\_

• **CURRENT STUDENT ENROLLMENT or FTEs:** \_\_\_\_\_

PRIOR CARRIER INFORMATION (Do not complete for years insured with CMRIC/PSBA)					
YEAR	CARRIER/POLICY #	ANNUAL PREMIUM	LIMIT	SIRS/DEDUCTIBLES	STUDENT ENROLLMENT
2018					
2017					
2016					
2015					
2014					

Attach 5 Years of Currently Valued Loss Runs For Carriers Other Than CMRIC/PSBA



<b>COVERAGES REQUESTED</b>
<input type="checkbox"/> <b>\$1,000,000 Limit of Liability Each Claim and Policy Year Aggregate</b> <i>Additional SLL Limits up to \$20 Million are available through the CMRIC Excess product *</i>
<b>Self-Insured Retention Each Monetary Claim*:</b> <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other: \$ _____

<input type="checkbox"/> <b>Non-Monetary Defense Costs</b>
<b>Self-Insured Retention Each Non-Monetary Claim*:</b> <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other: \$ _____

\* Subject to underwriting review and approval

<b>ADDITIONAL REQUESTED COVERAGES:</b>
<input type="checkbox"/> <b>Loss Redefined (Punitive Damages Exclusion Removed)</b>
<input type="checkbox"/> <b>Corporal Punishment Coverage</b>
<input type="checkbox"/> <b>Per Diem Coverage</b>
<input type="checkbox"/> <b>Additional Insured(s) - Provide name(s), title and describe relationship to the insured</b>          

**Please provide the following Underwriting Information:**

- **Number of Schools in District:** Elementary: \_\_\_\_\_ Secondary: \_\_\_\_\_ Other: \_\_\_\_\_
- **Number of members on Board of Education:** \_\_\_\_\_ Term of Office: \_\_\_\_\_  
 Indicate if board members are:  *Elected*    *Appointed*
- **Indicate number of:** *Teachers:* \_\_\_\_\_ *Student Teachers:* \_\_\_\_\_ *Volunteers:* \_\_\_\_\_  
*Non-Instructional Personnel:* \_\_\_\_\_ *Administrative Personnel:* \_\_\_\_\_
- **If Intermediate Unit, number of students provided direct service:** \_\_\_\_\_
- **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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- **Does the Insured:**
  - Use an employment application for all applicants for hire?  YES  NO
  - Use any tests to screen applicants for employment or to promote employees?  YES  NO
  - Have a formal orientation program for all employees?  YES  NO
  - Provide regular, written performance evaluations for all employees?  YES  NO
  - Comply with Family Medical Leave Act?  YES  NO
  - Require all employee terminations to be reviewed by:
    - Human Resource Department"  YES  NO
    - Legal Department?  YES  NO
    - Outside Counsel?  YES  NO

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

- **Does the Insured anticipate a reduction in personnel staff within the next 12 months?**  YES  NO  
 If "YES", please explain: \_\_\_\_\_  
 \_\_\_\_\_

- **Are any school openings or closings anticipated within the next 12 months?**  YES  NO  
 If "YES", please explain: \_\_\_\_\_  
 \_\_\_\_\_

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

- **Does the Insured use a "step" salary program for new hires?**  YES  NO  
 If "NO", how are salaries determined?: \_\_\_\_\_  
 \_\_\_\_\_

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

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

▪ **Has the Insured established written policies/procedures/guidelines governing the following?:**

• **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

• **Students:**

- Suspension  YES  NO
- Dismissal  YES  NO
- Transfer  YES  NO
- Corporal Punishment  YES  NO

▪ **Has the Insured instituted written guidelines for identifying and reporting the following?:**

- Sexual Harassment  YES  NO
- Sexual Molestation  YES  NO
- Anti-Discrimination  YES  NO
- Suspected Child Abuse  YES  NO
- Bullying  YES  NO

▪ **Does the Insured conduct training or hold seminars for all employees on:**

- 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 School offer the following programs:**

- Cyber Education Classes  YES  NO
- Adult Education Classes  YES  NO
- Non-Public School Services  YES  NO
- On-Site Prison/Detention Education Classes  YES  NO
- Are any parts of these programs contracted?  YES  NO

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

- **Name of Current General Liability Carrier:** \_\_\_\_\_
- **Does the GL Policy provide primary Corporal Punishment coverage?**  YES  NO
- **Is there a Head Start Program?**  YES  NO  
 If "YES", Please Complete the Following:
  - Number of Head Start students: \_\_\_\_\_
  - Are the Head Start staff employees of your school?  YES  NO
  - Are there multiple school districts in the program?  YES  NO
  - Where is the program held? \_\_\_\_\_
- **Does the School District have Special Education Programs and/or Facilities for the developmentally, mentally, emotionally or physically disabled?**  YES  NO  
 If "NO", please describe where and/or by whom these programs/facilities are managed: \_\_\_\_\_  
 \_\_\_\_\_
- **Number of students served in Special Education Programs. By Insured:** \_\_\_\_\_ **By I.U.:** \_\_\_\_\_  
 Name of Servicing Intermediate Unit: \_\_\_\_\_
- **How often are students evaluated for:**
  - Placement: \_\_\_\_\_
  - Adjustment to "IEP" based on progress: \_\_\_\_\_
  - Mainstreaming: \_\_\_\_\_
- **How often during the course of a school year has the School District conducted a Due Process Hearing regarding an IEP ("IEP Hearing")?:** \_\_\_\_\_
- **Have any decisions of any IEP Hearing Officer been appealed in the past 12 months?**  YES  NO  
 If "YES", how many were: *Appealed?*: \_\_\_\_\_ *Overtured?*: \_\_\_\_\_
- **What Counsel does the School District utilize for the initial IEP Hearing?**  *In House*  *Outside*
- **What Counsel does the School District utilize for the appeals process?**  *In House*  *Outside*

<b>CLAIMS INFORMATION</b>
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- **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  
 Please provide details: \_\_\_\_\_  
 \_\_\_\_\_
- **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  
 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.

**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.

*(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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