



**Package Renewal Application**

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|---|-------------------------|---|
| AGENCY NAME:                              |                         | CMR AGENCY CODE # (IF KNOWN):   |
| AGENCY MAILING ADDRESS:                   |                         | AGENCY PHONE:   |
|   |                         | AGENCY CONTACT EMAIL:   |
| AGENCY CONTACT:                           |                         | ARE YOU THE INCUMBENT BROKER?<br><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:       |

*Requests for additional Named Insureds must be included in Application Name and are subject to annual underwriting approval*

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

All **Renewal** submissions should include:

- PA 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)** PLEASE INDICATE ALL VACANT BUILDINGS
- Current Property Appraisal
- Automobile Schedule **PLEASE INDICATE ALL TRACTOR AND TRAILER UNITS**  
(Use Excel format if available)
- Provide 5 year loss runs, valued within 90 days of policy inception (*For carriers other than CMRIC/PSBA*)
- **Has General Liability, Automobile Liability or Crime coverage been cancelled or non-renewed by any carrier in the past 5 years?**  YES  NO  
If 'YES' please explain: \_\_\_\_\_

**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**

- Includes \$100,000 Fraudulent Impersonation Coverage with higher limits available
  - \$250,000  \$500,000

- Liability**
  - \$250,000 Violent Incident Protection (VIP) Coverage Limits automatically included with higher coverage limits available. *If higher limits are desired, please complete the VIP Supplemental Application*

- 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 a Vacant and Unoccupied Building Supplemental Application per vacant property)*
- **Does your school have solar panels and/or other alternative power generating equipment?**  YES  NO  
*(if YES, continue below. Please note the account will need to be reviewed by the Equipment Breakdown underwriter.)*
  - Please indicate if any individual location produces electric power >= 500 kW  YES  NO
  - Is the power generated used solely for emergency back-up purposes?  YES  NO
  - Are the solar panels building mounted or ground mounted? \_\_\_\_\_  
 o If Ground mounted, is the area fenced?  YES  NO
  - Describe all other alternative power generating equipment \_\_\_\_\_
- Does your school have any Battery Energy Storage Systems?  YES  NO
- **Please list any changes in premises, etc. from expiring application:**

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**GENERAL LIABILITY INFORMATION**

- **Number of Full Time Equivalent Students (FTE)** \_\_\_\_\_
- **Please use this area to list any Educational Foundations you are requesting to be listed as Additional Insureds that did not fit on the first page of the application. (Must be approved annually)**

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- **Please list any changes in exposures, programs, athletic activities, etc. from expiring application:**

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- **Do any of your normal operations include, or do you anticipate having, daycare operations for children of employees for the start of the 2021 school term?**  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:* \_\_\_\_\_
  - *Are all trainings and seminars Title IV compliant?*  YES  NO
- **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:** \_\_\_\_\_

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- **Have you suffered any violent acts, threats, attacks or incidents at any of your locations in the last five years? If "YES" please give full details:**  YES  NO

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**AUTOMOBILE INFORMATION**

- **Does the insured run a PennDot Driver Testing Center or CDL Testing Center?**  YES  NO  
*If "YES" how many tests are completed per year? \_\_\_\_\_*
- **Does the insured run a CDL Testing Center?**  YES  NO
- **Please list any changes in exposures, operations, etc. from expiring application:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**LAW ENFORCEMENT LEGAL LIABILITY INFORMATION**

- **Is an LEL Quote Desired?**  YES  NO
- **If A Local Law Enforcement Agency Is Used:**  
*Is there a current Memorandum of Understanding in place?*  YES  NO
- **If Employees Are Used:**
  - **Number of personnel providing security:**

|   |                         |
|---|-------------------------|
| <i>School Police Officer Unarmed:</i> _____   | <i>SPO Armed:</i> _____ |
| <i>School Resource Officer Unarmed:</i> _____ | <i>SRO Armed:</i> _____ |
| <i>School Security Guard Unarmed:</i> _____   | <i>SSG Armed:</i> _____ |
- **If Private Contractors Are Used:**
  - **Number of personnel providing security:**

|   |                         |
|---|-------------------------|
| <i>School Police Officer Unarmed:</i> _____   | <i>SPO Armed:</i> _____ |
| <i>School Resource Officer Unarmed:</i> _____ | <i>SRO Armed:</i> _____ |
| <i>School Security Guard Unarmed:</i> _____   | <i>SSG Armed:</i> _____ |
  - **What are the liability insurance policy limits carried by the contractor?**  
*Commercial General Liability (CGL) Limits: \$ \_\_\_\_\_*  
*Professional Liability (PL) Limits: \$ \_\_\_\_\_*
  - **Are all contractors covered by Workers Compensation policies?**  YES  NO
  - **Is School District added as an additional insured on CGL and PL?**  YES  NO
  - **Is there a hold harmless clause in the School District's favor in the contract?**  YES  NO
- **Do all School Security Personnel meet the definitions and provisions set forth in all applicable school law enforcement state laws?**  YES  NO

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

*(If so, please complete the table below – Please note, this is subject to Underwriting approval and additional detail to see availability of coverage)*

| <i>Destinations</i> | <i>Purpose</i> | <i>Dates</i> | <i># Students Attending</i> | <i># Faculty Attending</i> | <i># Employees Attending</i> | <i># Non-Employees Attending</i> |
|---------------------|----------------|--------------|-----------------------------|----------------------------|------------------------------|----------------------------------|
|                     |                |              |                             |                            |                              |                                  |
|                     |                |              |                             |                            |                              |                                  |
|                     |                |              |                             |                            |                              |                                  |



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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