



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 (all Named Insureds must be listed in order to provide coverage):
APPLICANT MAILING ADDRESS:
CONTACT NAME:
CONTACT EMAIL/PHONE:

Requests for additional Named Insureds must be included on this application under the Applicant 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 **New Business** submissions should include:

- PA 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) 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

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
- **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 _____

- **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
 - If YES, please identify locations on the SOV
- **Are there any underground storage tanks on the premises?** YES NO

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)**

- **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:* _____
 - *Are all trainings and seminars Title IX 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: _____

- **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

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

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: \$* _____

- **Do you anticipate having a Daycare operation for children of employees considering COVID closures?** YES NO

- **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 or have educational programs in any of the following areas :**

<u>Position</u>	_____	<u>Position</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 student athletes?** YES NO
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

▪ **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?

Inflatable attractions (bounce houses, etc.) YES NO

Dunk tanks YES NO

Mechanical rides (Ferris Wheels, merry-go-rounds, etc.) YES NO

Rock-climbing walls YES 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 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:**

School Police Officer Unarmed: _____ *SPO Armed:* _____

School Resource Officer Unarmed: _____ *SRO Armed:* _____

School Security Guard Unarmed: _____ *SSG Armed:* _____

▪ **If Private Contractors Are Used:**

○ **Number of personnel providing security:**

School Police Officer Unarmed: _____ *SPO Armed:* _____

School Resource Officer Unarmed: _____ *SRO Armed:* _____

School Security Guard Unarmed: _____ *SSG Armed:* _____

○ **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

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 the insured run a PennDot Driver Testing Center or CDL Testing Center?** YES NO
 If "YES" how many tests are completed per year? _____

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)

Destinations	Purpose	Dates	# Students Attending	# Faculty Attending	# Employees Attending	# Non-Employees Attending



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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