



## School Leaders Legal Liability Renewal Application

AGENCY NAME:			CMR AGENCY CODE # (IF KNOWN):
AGENCY MAILING ADDRESS:			AGENCY PHONE:
AGENCY CONTACT:			AGENCY CONTACT EMAIL:
POLICY EFFECTIVE DATE:			ARE YOU THE INCUMBENT BROKER? <input type="checkbox"/> YES <input type="checkbox"/> NO
POLICY EXPIRATION DATE:	RETRO 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 \_\_\_\_\_

- **CURRENT STUDENT ENROLLMENT or FTEs:** \_\_\_\_\_
- **CURRENT NUMBER OF TEACHERS:** \_\_\_\_\_

PRIOR CARRIER INFORMATION (Do not complete for years insured with CMRIC/PSBA)					
YEAR	CARRIER/POLICY #	ANNUAL PREMIUM	LIMIT	SIRS/DEDUCTIBLES	STUDENT ENROLLMENT
<i>2020</i>					
<i>2019</i>					
<i>2018</i>					
<i>2017</i>					
<i>2016</i>					

**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:**

- **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 conduct training or hold seminars for all employees on:**
  - 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: \_\_\_\_\_

- **Name of Current General Liability Carrier:** \_\_\_\_\_
- **Does the GL Policy provide primary Corporal Punishment coverage?**  YES  NO
- **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?*: \_\_\_\_\_
- **Please list any changes in operations or procedures and policies that have occurred since the School Leaders Liability New Business Application was last completed:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CLAIMS INFORMATION**

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

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