



11. Number of students

AGE GROUP	DAY	NIGHT	NO. OF TEACHERS
5 Thru 12 Years	_____	_____	_____
13 Thru 18 Years	_____	_____	_____
Over 18 Years	_____	_____	_____

12. Do you accept handicapped students?  Yes  No  
 If yes, state the number and degree of handicap # \_\_\_\_\_ Degree \_\_\_\_\_  
 Certification/Training of Teachers/Staff \_\_\_\_\_

13. Please check the applicable equipment/activities:

<input type="checkbox"/> Pool	Size: _____ X _____ FT.	Depth: From _____ FT. to _____ FT.
<input type="checkbox"/> Diving Board	Height: _____ FT.	<input type="checkbox"/> Slide(s) Pool
<input type="checkbox"/> Tennis Courts	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Sandbox
<input type="checkbox"/> Basketball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Hockey	<input type="checkbox"/> Boxing	<input type="checkbox"/> Football
<input type="checkbox"/> Dive Team	<input type="checkbox"/> Other (List) _____	<input type="checkbox"/> Slides
		<input type="checkbox"/> Fencing
		<input type="checkbox"/> Swings
		<input type="checkbox"/> Trampoline
		<input type="checkbox"/> Gymnastics
		<input type="checkbox"/> Softball
		<input type="checkbox"/> Jungle Gym

Do you carry a Student Accident Policy?  Yes  No If yes, for all sports?  Yes  No  
 Carrier \_\_\_\_\_  
 Limits \_\_\_\_\_

14. Do you have an extended day program?  Yes  No Number of Students \_\_\_\_\_  
 Hours of operation? From \_\_\_\_\_ to \_\_\_\_\_

15. Describe hiring procedures for **all** employees, including aides, attendants, custodial, etc. \_\_\_\_\_  
 \_\_\_\_\_

16. Describe all "on the job" or off premises training/activities.\*  
 \_\_\_\_\_

\*Attach copies of all contractual agreements including those involved in off-premises training.

17. Any dormitory facilities, fraternities and/or sororities?  Yes  No

18. Will students work under the direction of someone other than the insured?  Yes  No

19. Do you allow outside groups to use your premises?  Yes  No  
 If so, are certificates of insurance obtained/required?  Yes  No

20. Are bus services provided?  Yes  No By the insured or independent contractors?  
 If independent contractors, are certificates of insurance requested?  
 \_\_\_\_\_

21. Property information (if applicable):  
 Building: Construction type \_\_\_\_\_ Protection class \_\_\_\_\_  
 Year built \_\_\_\_\_  
 Year of update: Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Roof \_\_\_\_\_

Protective Safeguards: Sprinklers \_\_\_\_\_ %  
 Fire Alarms  Yes  No  
 Burglar Alarm  Yes  No  
 Smoke detectors:  Yes  No  
 If yes, central station \_\_\_\_\_ or local gong \_\_\_\_\_?  
 If yes, central station \_\_\_\_\_ or local gong \_\_\_\_\_?

SUBJECT OF INSURANCE	AMOUNT	COINS%	VALUATION	CAUSES OF LOSS	DEDUCTIBLE
Building					
Business Personal Property					
Tool Floater*					

\*Any one floater item valued over \$1,000 must be scheduled.

22. LIMITS OF INSURANCE REQUESTED:
- General Aggregate Limit (Other than Products – Completed Operations) \$ \_\_\_\_\_
- Products – Completed Operations Aggregate Limit \$ \_\_\_\_\_
- Personal and Advertising Injury Limit \$ \_\_\_\_\_
- Each Occurrence Limit \$ \_\_\_\_\_
- Damage to Premise rented to you \$ \_\_\_\_\_ any one fire
- Medical Expense Limit \$ \_\_\_\_\_ any one person
- Each Professional Incident Limit (if applicable) \$ \_\_\_\_\_

Effective Dates Desired: From \_\_\_\_\_ To \_\_\_\_\_

23. Has applicant had previous insurance for this school? If yes, please complete the following.  Yes  No

Insurance Company	Policy Period	Limits of Liability	Premium	Type of Coverage	Occurrence or Claims Made

24. During the past **five years**, have any claims been presented to your current or prior insurance carrier(s)? If yes, please provide full details. Include description of claim, amounts paid, and reserves. (Attach page if more space is needed) \_\_\_\_\_  Yes  No

25. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? If yes, please provide full details. \_\_\_\_\_  Yes  No

26. Has applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or non-renewed in the past three years? If yes, please provide full details. \_\_\_\_\_  Yes  No

27. If sexual molestation coverage desired, please complete Sexual Molestation Supplemental Application, A-71

Applicant's Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_