



Independent School Programs
P.O. Box 440549, Kennesaw, GA 30160
Telephone: (678) 290-2100 Fax: (678) 290-2200
Email applications to: news@markelcorp.com
Website: markelinsurance.com



**Independent
School Programs**

NAMED INSURED: _____

Insured's E-mail address: _____

Insured's Website address: _____

Please attach the following:

- | | |
|--|--|
| ACORD Applications (For all lines of coverage to be written) | Brochure, Handbook, Student Application |
| Statement of Values (For blanket &/or agreed amount property coverage) | Other Applicable Supplemental Questionnaires |
| Loss Runs | |
| Financial Statement (Mandatory for Vocational, Boarding & Charter schools, schools with athletic programs or any time Educator's Liability is requested) | |

This application consists of the following sections:

Section I – General Information

Section II – Trade/Vocational Schools

Section III – Charter Schools

Section IV – Residential (Boarding) Schools

Section V – Athletics

Section VI – Student Travel

Section VII – Educator's Liability

Section VIII – Student Accident Coverage

Section I - General Information

1. Type of school:

- Pre-K
- Private Elementary (Grades: ____ through ____)
- Private Secondary (Grades: ____ through ____)
- Trade or Vocational (Also complete Section II)
- Charter (Grades: ____ through ____) (Also complete Section III)
- Correspondence (Curriculum: _____)
- Residential/Boarding (Also complete Section IV)
- Camp Exposure
- Other (Describe & list grades: _____)

2. Maximum student capacity in school: _____

Current Enrollment: _____ Prior Year Enrollment: _____

Student: Pre-K: _____ K-8: _____ 9-12: _____

3. Date school founded or chartered: _____

4. What are your annual receipts: From tuition? \$ _____ From sale of merchandise? \$ _____

(Describe merchandise sold : _____)

From services you or your students provide to outside customers? \$ _____ Other sources? \$ _____

(Describe: _____)

5. Age range of students: _____

6. Do you have child care, after school care or a preschool program? Yes No

If yes, please indicate the staff to child ratios here:

| | | |
|------------------------|--------------------|--------------------|
| Infants, ages 0-1 | _____ # Staff | _____ # Children |
| Toddlers, ages 1-2 | _____ # Staff | _____ # Children |
| Toddlers, ages 2-3 | _____ # Staff | _____ # Children |
| Preschoolers, ages 3-5 | _____ # Staff | _____ # Children |
| School age children | _____ # Staff | _____ # Children |
| | _____ Total | _____ Total |

7. Do you have vocational education or classes? Yes No

If yes, also complete Section II.

8. Do you have an athletics program? Yes No

If yes, also complete Section V.

9. Do you provide driver training classes? Yes No

If yes, explain who teaches and how many students take the course annually: _____

10. Describe the director or principal's background and qualifications: _____

11. Do you have your own playground? Yes No

If yes, indicate the type of surface under the play equipment and depth in inches: Coarse Sand: _____"

Double Shredded Mulch: _____" Engineered Wood Fibers: _____" Fine Gravel: _____"

Fine Sand: _____" Medium Gravel: _____" Shredded Tires: _____" Wood Chips: _____"

Other (type & depth): _____

Do you have playground equipment with a primary platform higher than 6 feet? Yes No

Is any play apparatus higher than 8 feet? If yes, please describe Yes No

Do you have any jumping pillows? Yes No

12. Do you have a swimming pool? Yes No

If yes, please complete a Markel Insurance Company Aquatics Supplement.

13. Do you have dormitories? (Please complete Section IV) Yes No

14. Do you have a cafeteria or restaurant on premises? Yes No

If yes, do you cook on premises? Yes No

If yes, is there a deep fat fryer? Yes No

Describe fire protection in cafeteria: _____

If yes, do you ever serve liquor on premises? Yes No

If you do serve liquor, please explain how often, for what purpose and if a charge is made: _____

15. Is the public ever invited on the premises? Yes No

If yes, explain how often, and for what purposes: _____

16. Do you use volunteers? Yes No

If yes, explain how often and for what purpose _____

17. Do you hire subcontractors for any reason? Yes No
 If yes, explain how often and for what purpose: _____

 If yes, are certificates of insurance required from subcontractors with limits equal to or greater than your own liability limits? Yes No
18. Do you perform criminal background checks on all employees & volunteers? Yes No
 If yes, which of the following do you use to perform the checks? County criminal record search
 State criminal record search National criminal index search State prison search
 Federal prison search Sex offender search Criminal index search Nationwide U.S. Wants & Warrants search Teacher license Education verification FBI
 If no, please explain why not: _____

19. Do you want Abuse or Molestation coverage? Yes No
 If yes: Do you have a formal, written policy regarding abuse? Yes No
 Is the staff trained to recognize signs of abuse? Yes No
 Is there a formal policy requiring incident reporting? Yes No
 Is there a procedure in place that helps mitigate situations that could lead to abuse allegations?
 Yes No
 Have there ever been any abuse claims or incidents reported? Yes No
 If yes, explain circumstances and details: _____

20. Do you want Corporal Punishment coverage? Yes No
 If yes: Is there a formal, written policy regarding corporal punishment? Yes No
 If yes, explain the policy: _____
 Have there ever been any abuse claims or incidents reported? Yes No
 If yes, explain circumstances and details: _____

 Is Corporal Punishment administered? Yes No
21. Do you have a medical facility/infirmary and/or dispense medication? Yes No
 If yes: Do you serve only students and employees? Yes No
 Are there only over the counter drugs stored on premises? Yes No
 Are written instructions from parents required prior to administering any medications to minors?
 Yes No
 Is all medication stored in its original containers and inaccessible to children? Yes No
 Is there a medical professional on staff, i.e., an M.D., P.A., R.N. or L.P.N.? Yes No
 If yes, does the professional carry their own malpractice insurance? Yes No
 If yes, do you request a certificate of insurance as proof? Yes No
 Is a log kept to record each time a medication is administered? Yes No
 Describe any other procedures in place for dispensing medication _____

22. Do you accept special needs students? Yes No
 If yes, describe types of students and accommodations that have been made for them: _____

23. Do your students travel on school-sponsored trips? Yes No
 If yes, complete Section VI.
24. Do you rent or lease your facility to outside entities? Yes No
 If yes, are certificates of insurance required showing you as an additional insured? Yes No
 Describe who rents your facility, for what purpose, and estimated receipts? _____

25. Do you sponsor student exchange programs, either sending students out or taking students in? Yes No
 If yes, attach a detailed description of the program and describe safety measures.
26. Is your school primarily focused on one major type of student or theme, such as discipline problems, gifted, fine arts, math, science, etc.? Yes No
 If yes, explain the focus and curriculum: _____

27. Are all visitors to the school required to sign in and sign out? Yes No
28. Does the school have metal detectors at all entrances? Yes No
29. Are there security guards and/or police officers in the school daily? Yes No
30. Are students required to stay on school grounds during lunch? Yes No
31. Does the school perform random metal detector checks on students? Yes No
32. Does the school perform random sweeps of lockers, backpacks, etc.? Yes No
33. Do all doors except the main entrance remain locked or attended during school hours? Yes No
34. Are all students encouraged to anonymously report rules violations and threats of violence? Yes No

Section II – Vocational/Trade Schools and Vocational Education Classes

1. Programs/Classes/Degrees offered (list or attach): _____

2. Do students work with power equipment of any type (mobile, stationary, machinery, etc.)? Yes No
 If yes, describe safety measures and supervision: _____

3. Any woodworking, welding or spray painting of any type? Yes No
 If yes, describe dust control, spraying safeguards, machine guards, ventilation, protection & supervision: _____

4. Any use of chemicals? Yes No
 If yes, describe types, quantities & how stored: _____

5. Do your students serve time as interns/externs at outside companies/businesses? Yes No
 If yes, are the students paid? Yes No
 If they're paid, do you verify that the employer carries workers' compensation insurance to cover your students? Yes No
 If not paid, does the outside company ask to be an additional insured on your liability insurance? Yes No

Attach copies of any internship/externship contracts you sign with outside businesses.

6. Do you sign any hold-harmless agreements with anyone? Yes No
 If yes, explain with whom and for what reason _____
7. Do you provide services for outside customers? (Example: Students perform auto body repair for customers who pay less than a professional body shop would charge.) Yes No
 If yes: What service do you provide? _____
 How are students supervised? _____
 What quality control measures are in place? _____
 Are customers required to sign an agreement acknowledging they're using student labor? Yes No
8. Does the school offer job placement services for students? Yes No
 If yes, is there a disclaimer signed by students acknowledging there are no job placement guarantees? Yes No

Section III - Charter Schools

1. Explain the school's curriculum and focus: _____

2. Does the school allow students to take classes from remote locations? Yes No
 If yes, what percent of total students learn from a remote location? _____
3. Has charter ever been revoked or pending investigation? Yes No

Section IV – Residential Schools

1. Please indicate which type of boarding school this is:
 Boarding/Day (Majority of students board but some commute locally)
 Day/Boarding (Majority of students commute, a few live on campus)
 Five Day (students go home on week-ends)
 All boarding
2. Please mark all of the following that apply:
 All girls school All boys school Co-ed school
 Specialized arts school Religious school Military school
 Boot camp school Therapeutic school (describe: _____)
3. Please complete the following about the dormitories:
 a. Maximum number of stories _____
 b. Sprinklered in all areas? Yes No
 c. Smoke detectors are all hard-wired? Yes No

- d. Are any of the following allowed in dorm rooms: Incense burners Space heaters
 Candles Hot plates Hot pots Microwaves Toasters or toaster-ovens
 Other cooking or devices that generate heat or flame (list)_____

Is this written into the student handbook? Yes No

- e. Are staff members present in dorms every night students are there? Yes No

- f. If dorms are co-ed, are boys and girls housed on the same floors? Yes No

- g. Regardless of the age of the building, does the dorm meet local life safety codes for NEW building construction? Yes No

- h. Are there any dead-end halls without access to exits? Yes No

- i. Describe security measures that are in place to prevent unauthorized access to dorms:

- j. Are there campus patrols around dorms at night? Yes No

- k. Describe security measures to prevent students from leaving the dorms without permission during the night:_____

4. Are the following policies in place, written into the student handbook and strictly enforced? If no, explain in the comments section.

- No smoking No alcohol No drugs Use of student cars No hazing Curfews
 Student sexual behavior, including abuse and awareness Valuable possessions & cash

5. Are students allowed to leave the campus without parental permission or without either staff or parental supervision? Yes No

6. What do students do on week-ends?_____

7. Are all medications locked and inaccessible to students when not being administered? Yes No

8. Is someone trained in emergency first aid on campus and available at all times? Yes No
 If yes, what are the person's medical qualifications?_____

9. Are students allowed to access gyms, pools, athletic equipment or participate in any athletic activities without staff supervision? Yes No

10. Is there an ATM machine on campus? Yes No

If yes, is it situated in a well lit area? Yes No

Are concave mirrors placed so the user can see behind & around them? Yes No

Section V – Athletics

1. Do you require all participants to carry Student Accident Insurance? Yes No

2. Are your coaches and instructors trained in physical education? Yes No
 If no, what qualifications do they have to coach or instruct sports?_____

3. Are all participants in extra-curricular sports required to have a medical exam? Yes No

4. Is someone trained in first aid always present during practices, games &/or events? Yes No

5. Please check all sports played & indicate whether they're interscholastic (I) or intramural (A):
- | | |
|---|--|
| <input type="checkbox"/> Archery_____ | <input type="checkbox"/> Polo, Other_____ |
| <input type="checkbox"/> Baseball_____ | <input type="checkbox"/> Polo, Water_____ |
| <input type="checkbox"/> Basketball_____ | <input type="checkbox"/> Racing_____ |
| <input type="checkbox"/> Bungee Jumping_____ | <input type="checkbox"/> Rugby_____ |
| <input type="checkbox"/> Cheerleading_____ | <input type="checkbox"/> Scuba Diving_____ |
| <input type="checkbox"/> Climbing (Mountain, Rock or Wall)_____ | <input type="checkbox"/> Shooting_____ |
| <input type="checkbox"/> Cross Country Track_____ | <input type="checkbox"/> Skiing, Snow_____ |
| <input type="checkbox"/> Diving_____ | <input type="checkbox"/> Skiing, Water_____ |
| <input type="checkbox"/> Equestrian_____ | <input type="checkbox"/> Sky Diving_____ |
| <input type="checkbox"/> Field Hockey_____ | <input type="checkbox"/> Soccer_____ |
| <input type="checkbox"/> Football (tackle)_____ (See #6 below) | <input type="checkbox"/> Softball_____ |
| <input type="checkbox"/> Football (touch or flag)_____ | <input type="checkbox"/> Swimming_____ |
| <input type="checkbox"/> Golf_____ | <input type="checkbox"/> Tennis_____ |
| <input type="checkbox"/> Gymnastics_____ | <input type="checkbox"/> Trampoline_____ |
| <input type="checkbox"/> Ice Hockey_____ | <input type="checkbox"/> Volleyball_____ |
| <input type="checkbox"/> La Crosse_____ | <input type="checkbox"/> Wrestling_____ |
| <input type="checkbox"/> Pole Vaulting_____ | <input type="checkbox"/> Other_____ (Describe):_____ |
6. For football programs, are there written guidelines for safety & training requirements, rules of play and use of proper equipment? Yes No
- Please describe protocol for concussion and heat/cold exposures:_____
- _____

Section VI – Student Travel

1. How many trips are sponsored each year?_____
2. Are all trips within the United States, U.S. Territories and/or Canada? Yes No
If no, where are trips taken?_____
3. Describe types of trips taken, destination(s) and purpose:_____
4. What is the ratio of chaperones to students by age group?_____
5. Are separate permission and waiver agreements required from both parents for each trip a student takes? Yes No
If no, explain your procedure for permissions and waivers:_____
6. Do all parents receive detailed information about the trip (place, transportation, supervision, times), objectives, necessary provisions and instructions prior to the trip? Yes No
7. Do you hire an outside firm to arrange the trips? Yes No
8. Are students allowed to drive their own cars on trips? Yes No
If yes, are they allowed to transport other students? Yes No
9. Is proof of insurance required for anyone who drives their own vehicle on a school trip? Yes No

10. Is there a formal policy regarding emergencies and trained personnel on all trips? Yes No

Section VII – Educators’ Liability

Indicate retroactive date requested: _____ Limit: _____ Deductible: _____

1. What is the school’s annual operating budget? _____
2. List the number of staff members by categories as follows:

| Professional | Full Time | Part Time | Independent Contractor | Volunteer |
|---------------------------------------|-----------|-----------|------------------------|-----------|
| Counselors | | | | |
| Directors and/or Officers | | | | |
| Emergency Medical Technicians (EMT’s) | | | | |
| Nurse Practitioners | | | | |
| Physical Therapists | | | | |
| Psychologists – Academic | | | | |
| Psychologists – Non-academic | | | | |
| Registered Nurses (RN) | | | | |
| Teachers with degrees | | | | |
| Teachers without degrees | | | | |
| Others (specify): | | | | |

3. Is the school autonomous or part of another system (parochial, public, etc.)? _____
If part of another system, please indicate to whom the school’s board must report: _____

4. Is there an annual outside financial audit performed by a CPA? Yes No

5. What are your sources of funding other than tuition? _____

6. Is there a formal, written procedure for evaluating teachers’ performance? Yes No
If yes, to whom are the results rendered? _____

7. Are standardized learning skills tests administered to your students? Yes No

8. Has the school’s board established written policies and/or procedures regarding students in the following areas (check Yes or No for each):

- | | | | |
|------------------------|--|------------------------|--|
| Suspension | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dismissal | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Promotion | <input type="checkbox"/> Yes <input type="checkbox"/> No | Transfer | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Retention | <input type="checkbox"/> Yes <input type="checkbox"/> No | Acceptance | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Corporal Punishment | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parking Facilities | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Student use of Lockers | <input type="checkbox"/> Yes <input type="checkbox"/> No | Drug Testing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sexual Harassment | <input type="checkbox"/> Yes <input type="checkbox"/> No | Special Needs Students | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bullying/Hazing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Weapons | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pregnancy | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Is there a formal appeals process for student disciplinary actions? Yes No

10. Are parents/students informed of all applicable policies, procedures and rules prior to enrollment? Yes No

Is a signature acknowledging receipt required? Yes No

11. Have there been any Educator's Liability claims made against you in the past? Yes No
 If yes, please describe claim and reserve or amount paid: _____

12. Do you know of any incidents that have occurred that could arise in a claim or suit? Yes No
 If yes, please describe the situation: _____

Section VIII – Employment Practices Liability Exposures

1. Indicate below the number of full time and part time employees you have:
 Full Time: _____ Part Time: _____ Independent Contractors: _____
2. Have any of your staff resigned, retired, or been terminated (with or without cause) in the past 36 months?
 Yes No
 If yes, how many? _____
3. Do you have a Human Resource department? Yes No
 If not, how does your school handle this function/ _____
4. Do you have written policies or procedures that address each of the following human resource functions?
- | | | | |
|--------------------------|--|-------------------------|--|
| Interviewing & Hiring | <input type="checkbox"/> Yes <input type="checkbox"/> No | Salary Administration | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Qualification for Tenure | <input type="checkbox"/> Yes <input type="checkbox"/> No | Discipline | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Discharge or Termination | <input type="checkbox"/> Yes <input type="checkbox"/> No | Performance Evaluations | <input type="checkbox"/> Yes <input type="checkbox"/> No |
5. Are all of the above policies and procedures reviewed and approved by an outside council with expertise in employment law? Yes No
6. Do you require all job applications to complete a written employment application that questions criminal record? Yes No
 If yes, does it contain any questions referencing race, color, natural origin, age, religion, marital status, disability or health problems? Yes No
7. Does your employment application include an employment-at-will statement or do you otherwise obtain a signed employment-at-will statement? Yes No
 If no, please explain why: _____
8. Do you provide an employee orientation for all new employees? Yes No
 If no, please explain why: _____
9. Do you have an employee handbook that is routinely distributed to all employees including new hires?
 Yes No
 If no, please explain why: _____
10. Do you have written anti-discrimination policies & procedures regarding the selection of employees for hiring, promotion, layoff, tenure, and other employment areas? Yes No
11. Do you have written anti-sexual harassment policies and procedures? Yes No
 If either of the above are answered nom please explain how you sensitize employees on issues of harassment and discrimination: _____

12. Do you offer employee out-placement services which assist terminated or laid-off employees in finding other jobs? Yes No
13. Do you conduct exit interviews? Yes No
 If yes, what do you do with the information obtained? _____

Section IX – Directors and Officers Wrongful Acts Exposures

1. Advise the number of directors, Officers, Board Members and Trustees you have: _____
2. Does your school promote, sponsor or provide any insurance? Yes No
 If yes, provide details: _____
3. Does your school provide any certification or accreditation activities? Yes No
 If yes, provide details: _____
4. Does your school publish any materials other than promotional brochures, student yearbook or newspapers? Yes No
 If yes, provide details: _____
5. Does your school conduct any collective bargaining activities? Yes No
 If yes, provide details: _____
6. Does your school formulate any type of peer review group or committee for assessing the qualifications or performance of others? Yes No
 If yes, provide details: _____
7. Does your school take any disciplinary actions or recommend any disciplinary actions as a result of peer review? Yes No
 If yes, provide details: _____

The coverage applied for is solely as stated in the policy, which provides coverage on a "claims-made and reported" basis for only those claims that are first made against the insured and reported during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. The coverage applied for provides no coverage for claims which took place prior to the retroactive date stated in the policy and all coverage ceases upon termination of the policy except for the automatic extended reporting period, unless you purchase additional extended reporting period coverage.

Section X – Excess Student Accident Coverage

Note: All sports are automatically included EXCEPT tackle football and ice hockey which are excluded. Please contact your underwriter for a quote including tackle football.

1. Numbers of students by grades: Full time daycare students _____ K – 8 _____ 9 – 12 _____
2. Current Accident Medical carrier: _____
3. Prior Accident Medical premiums and losses:
- | | | | |
|--------------|----------|----------|----------|
| Policy year: | _____ | _____ | _____ |
| Premium: | \$ _____ | \$ _____ | \$ _____ |
| Losses: | \$ _____ | \$ _____ | \$ _____ |
4. Plan Desired:
- Plan A \$10,000 Accident Medical Expense/\$10,000 Accidental Death & Dismemberment, \$0 Deductible
- Plan B \$25,000 Accident Medical Expense/\$25,000 Accidental Death & Dismemberment, \$0 Deductible

Additional coverage for the following is available. If you would like a quote on any of the following, please check the box.

***Please contact your underwriter for more information on Tuition Refund Programs and Workers' Compensation**

- Food Contamination and Communicable Disease (*Can only be purchased with Business Income coverage*)
 Child Abduction Key Employee Replacement Coverage Umbrella Liability

Additional Comments: _____

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: An investigative consumer report may be requested by the insurer to which this application is assigned as to the consumer's character, general reputation, personal characteristics and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance for which this application is made. The applicant will be informed of the name and address of the consumer-reporting agency that furnished the report.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 the person to criminal and [NY residents: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____ City/State/Zip _____