



- Markel Insurance Company
- Markel American Insurance Company



EDUCATORS LEGAL LIABILITY APPLICATION - FOR PRIVATE SCHOOLS, COLLEGES AND UNIVERSITIES

THIS IS AN APPLICATION FOR A CLAIMS-MADE AND REPORTED POLICY. THE POLICY REQUIRES THAT A CLAIM BE MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD AND REPORTED TO THE INSURER AS SOON AS PRACTICABLE, BUT NO LATER THAN 60 DAYS AFTER THE DATE OF EXPIRATION OF THE POLICY PERIOD, OR DURING THE EXTENDED REPORTING PERIOD, IF APPLICABLE.

Educational Organization Information

Name of Educational Organization:		Date:
Insurance Contact Name/Title:		Phone:
Address:		
City:	State:	Zip Code:
Email Address:	Fax Number:	

Broker Information

Name of Broker:		
Broker Contact Name:		Phone:
Address:		
City:	State:	Zip Code:
Email Address:	Fax Number:	

PLEASE ATTACH THE FOLLOWING INFORMATION TO THIS APPLICATION:

- Current employee handbook including procedures on sexual harassment, discrimination, employee grievances and employment termination
- Most Recent Audited Financial Statement, Auditor's Management Letter, and Management Response Letter
- Currently Valued Loss Runs (Previous 5 Years & Current Year)

General Educational Organization Information

Educational Organization Type (Check all that apply)

- Community College / Technical College (2 year) College / University (4 Year) Graduate School
- Private / Independent School Other: _____

Organizational Structure

- Does the Educational Organization have Subsidiaries to be covered under the policy? Yes No
If yes please provide a list of the Subsidiaries along with the percentage of ownership by the Educational Organization, nature of operations and year of creation.
- Is the Educational Organization: Not-for Profit Entity For-Profit Entity
- Is the Educational Organization accredited? Yes No

- a. If yes, please provide the name of the accreditation association(s): _____
- b. If yes, please provide:
- (1) The date of accreditation: _____
- (2) The date of last review: _____
- c. Has the Educational Organization or any programs offered by the Educational Organization been placed on probation or lost accreditation in the past 5 years? Yes No
- If yes, please list the program(s), the action taken by the accreditation agency, and the date of the action.
- _____

Enrollment Information

Please provide the following information regarding student enrollment:

Category	Current Year	Prior Year	Projected Next Year
Full-Time Students			
Part-Time Students			
Preschool Students*			
Daycare Students			

*If enrollment includes daycare or preschool, please provide the range of ages: _____

Employee Count

1. Please provide the number of Employees for each of the following categories:

Category	Number Of Employees
Full Time Faculty / Instructors	
Part Time Faculty / Instructors	
Administrative / Management Personnel	
Student Teachers / Aids / Interns	
Volunteers	
Elected / Appointed Board Members	
Independent Contractors	
Other Employees (seasonal, temporary, etc.)	
Total:	

2. Does the Educational Organization have any Employed Lawyers on staff? Yes No
 If yes, what is the total number of Employed Lawyers? _____
3. Have any faculty members been denied tenure in the past 5 years? Yes No
 If yes, how many faculty members have been denied tenure? _____

Financial Information

1. Please provide the Educational Organization's budget for the current and immediate past 2 fiscal years:

Type	Current Year	Prior Year	2 nd Prior Year
Revenues			
Expenditures			
Outstanding Bond Issues			
Budget Surplus (Deficit)*			

*If a budget deficit has occurred in the past 3 years, please provide details on a separate attachment.

2. Has any state or federal funding been eliminated in the past year? Yes No

3. Has the Educational Organization been in default on principal or interest on any bond? Yes No
4. Does the Educational Organization anticipate any special projects which will result in a substantial budget increase or decrease in the next 3 years? Yes No
If yes please provide details: _____
5. Does the Educational Organization have a bond rating? Yes No
If yes, please provide: Rating Agency: _____
Bond Rating: _____

Operations

1. Do any of the Educational Organization's directors, trustees, governors, or senior management sit on any outside boards at the request or direction of the Educational Organization? Yes No
If yes, please provide details regarding these boards: _____
2. Does the Educational Organization have established procedures for:
- a. Suspension / dismissal of students? Yes No Written Policy
- b. Reporting and investigation of allegations of sexual harassment? Yes No Written Policy
3. Has there been any turnover in any of the following leadership positions over the past 3 years: President, Provost, CFO, Deans, Department Chairperson, Human Resource Manager, Risk Manager, or General Counsel? Yes No
If yes, please list the position(s), when the change occurred, and the reason for the change:

Position	When Change Occurred	Reason For Change

4. Have there been any acquisitions, mergers or new entities created in the past 3 years or are any planned within the next 12 months? Yes No
If yes, please provide details: _____
5. Does the Educational Organization plan to close any departments, divisions or Subsidiaries within the next 12 months? Yes No
If yes, please provide details: _____
6. Have there been any reductions to the Educational Organization's workforce in the past 3 years or are any planned within the next 12 months? Yes No
If yes, please provide details: _____

Employment Practices

1. Does the Educational Organization:
- a. Have a Human Resources or Personnel Department? Yes No
- b. Use a uniform employment application for all applicants at all locations? Yes No
- c. Conduct background checks on all prospective Employees? Yes No
If yes:
- (1) Is an offer of employment contingent on the outcome of the background check? Yes No
- (2) Are the checks conducted by Employees of the Educational Organizations? Yes No
- d. Have a formal orientation program for all new Employees? Yes No
- e. Regularly conduct sensitivity training or other discrimination or sexual harassment education? Yes No
If yes:
- (1) How many faculty or staff members participated in the training? _____

- (2) How often does this training occur? _____
- f. Provide regular written performance evaluations for all Employees? Yes No
- g. Use a centralized method of reporting allegations of employment practices violations, such as a toll-free number, internet or similar reporting method? Yes No
- h. Have a formal outplacement program which assists terminated or laid off Employees in finding other employment? Yes No
- i. Require mandatory arbitration of employment and labor related claims? Yes No
- j. Require terminations to be reviewed by the following:
- (1) Human Resources Department? Yes No
- (2) Legal Department? Yes No
- (3) Outside Counsel? Yes No
- k. Distribute a uniform employee handbook? Yes No
2. Has the Educational Organization adopted the following policies?

Policy	Adopted	In Employee Handbook
Equal Employment Opportunity Statement	<input type="checkbox"/>	<input type="checkbox"/>
At-will Statement	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Harassment policy and procedures	<input type="checkbox"/>	<input type="checkbox"/>
Progressive discipline	<input type="checkbox"/>	<input type="checkbox"/>
Family Medical Leave Act policy	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy leave policy	<input type="checkbox"/>	<input type="checkbox"/>
Grievance procedures	<input type="checkbox"/>	<input type="checkbox"/>
Americans With Disabilities Act policy requiring reasonable accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Minority hiring policy	<input type="checkbox"/>	<input type="checkbox"/>
Union hiring policy	<input type="checkbox"/>	<input type="checkbox"/>
Email and voicemail use policy	<input type="checkbox"/>	<input type="checkbox"/>
Retention of computer data and voicemail policy	<input type="checkbox"/>	<input type="checkbox"/>

3. Does the Educational Organization provide supervisory Employees with classroom or other interactive training and education regarding sexual harassment at least once every 2 years? Yes No

Third Party Liability Exposures

1. Does the Educational Organization:
- a. Have policies or procedures outlining Employee conduct when interactive with students, parents, vendors, clients and the general public or other third parties? Yes No
- b. Have policies or procedures for dealing with complaints from students, parents, vendors, clients, the general public or other third parties? Yes No
- c. Provide formal diversity or cultural sensitivity training for Employees who interact with students, parents, vendors, clients, the general public or other third parties? Yes No
2. Has a student, parent, vendor, client, the general public or other third party ever submitted a written complaint or brought a civil proceeding against the Educational Organization alleging harassment, discrimination or civil rights violations? Yes No
- If yes, please provide details:
- _____

Claims Information

1. Have any of the following situations occurred in the past 5 years?
 - a. Allegations of unfair or improper treatment regarding Employee hiring, tenure decisions, remuneration, advancement or termination of employment? Yes No
 - b. Disputes involving integration, segregation, discrimination or violation of civil rights? Yes No
 - c. Allegations of harassment against any:
 - (1) Student? Yes No
 - (2) Current or former Employee? Yes No
 - (3) Other? _____ Yes No
 - d. Complaints filed with the Equal Employment Opportunity Commission (EEOC), Office of Civil Rights, Human Rights Commission, United States Department of Education, state or federal court, or any similar state or federal agency by any person, current or former employee or job applicant? Yes No
 - e. Layoff of Employees or reduction in services? Yes No
 - f. Strike, slowdown or other disruption by Employees? Yes No

If yes to any of the above questions, please attach a separate document providing details.
2. Does the Educational Organization, its board and/or trustees or its Employees have any knowledge of any pending injury, any potential claim or suit, or any error or omission which might reasonably be expected to give rise to a claim against the Educational Organization, the board and/or its trustees, or any of its Employees? Yes No
 - a. If yes, has the current insurance carrier been placed on notice of such pending injury, claim, suit, error or omission? Yes No
 - b. If yes, please provide details of the claim including the claim number and date of notice.

Fraud Warnings

Notice to Alabama, Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island and West Virginia applicants: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in Maryland only.

Notice to Colorado applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to Florida and Oklahoma applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in Florida only.

Notice to Kansas applicants: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Notice to Kentucky, New York, Ohio and Pennsylvania applicants: 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* (not to exceed five thousand dollars and the stated value of the claim for each such violation). *Applies in New York only.

Notice to Maine, Tennessee, Virginia and Washington applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in Maine only.

Notice to Minnesota applicants: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Notice to New Jersey applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Oregon applicants: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Notice to applicants of all other states: 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 the person to criminal and civil penalties.

Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

Name of applicant _____

Title _____

Signature of applicant _____

Date _____

(Florida only) Agent license number: _____