



## Education Application - K-12

### Educational Institution Information

Name of Educational Institution

Insurance Contact/Title

Email Address

Address

Phone Number

City, State, Zip

### Broker Information

Broker

Broker Contact

Email Address

Address

Phone Number

City, State, Zip

PLEASE ATTACH THE FOLLOWING INFORMATION TO THIS APPLICATION:

- Acord Applications
- Statement of Values (Including Construction Type, Year built, Square Footage, Building Updates, Occupancy, Percentage Occupied, Sprinkler Percentage, & Central Alarm Destination.)
- Schedule of Vehicles (Including Vehicle Cost New, Bus Seating Capacity, & Class Code)
- Drivers list including date of birth
- Inland Marine Schedule
- Most Recent Audited Financial Statement, Auditor's Management Letter, and Management Response Letter
- Previous five year currently valued loss runs including details on any loss over \$50,000 and all sexual misconduct claims.

Effective Date of Coverage

Quote Need by Date\*

\*We require a minimum of 30 days between the receipt of a complete application (including supplemental information) in order to provide a quote. Additional time may be needed if the expiring premium exceeds \$250,000.

Please submit electronically to: [Submissions@wrightinsurance.com](mailto:Submissions@wrightinsurance.com)

**I. Summary of Current Insurance Information**

Coverage	Carrier	Limit	Premium	Deductible
Property				All Peril: \$ W/H: \$
Equipment Breakdown				
Flood				
Earthquake				
Inland Marine				
General Liability				
Sexual Misconduct Liability				
Law Enforcement Liability				
Crime				
Auto Liability				
Auto Physical Damage				
Educator Legal Liability				
Educators Legal Liability – Non-Monetary Expense				
Umbrella/Excess Liability				
Crime				
Foreign				
Other*:				
Other*:				

\*Please include all other Property & Casualty Insurance Policies the Institution has in place. This may include Liquor Liability, Pollution Liability, Aviation Liability, Fiduciary Liability, etc.

**II. Supplemental Applications**

Please note if that is any exposure is marked “yes”, a separate corresponding supplement will be required.

Exposure Based Supplemental Applications			
Exposures	Yes	No	Comments
Own or Operate a Pool	<input type="checkbox"/>	<input type="checkbox"/>	
Dormitories/Residential	<input type="checkbox"/>	<input type="checkbox"/>	
Protection Class 9/10 Locations	<input type="checkbox"/>	<input type="checkbox"/>	
15 Passenger Vans	<input type="checkbox"/>	<input type="checkbox"/>	
Vacant/Unoccupied Buildings	<input type="checkbox"/>	<input type="checkbox"/>	
Drones/Unmanned aircraft	<input type="checkbox"/>	<input type="checkbox"/>	
Liquor Liability	<input type="checkbox"/>	<input type="checkbox"/>	
Rifle Range	<input type="checkbox"/>	<input type="checkbox"/>	
Day Care	<input type="checkbox"/>	<input type="checkbox"/>	
Foreign Travel	<input type="checkbox"/>	<input type="checkbox"/>	

**All Applications can be found on our website at the WSI Resource Center**  
[Click Here](#)

### III. K-12 Education Institution

1. What is the educational institution's:
  - a. K – 8 average daily attendance \_\_\_\_\_
  - b. 9 – 12 average daily attendance \_\_\_\_\_
  - c. Technical or vocational students \_\_\_\_\_
2. What is the total number of:
  - a. Full-Time employees? \_\_\_\_\_
  - b. Part-Time employees? \_\_\_\_\_

#### Policies & Procedures

3. Are there anti-bullying policies in place that are distributed to all staff, students, and parents? Yes  No
4. Are there anti-hazing policies in place that are distributed to all staff, students, and parents? Yes  No
5. Are the policies listed above reviewed annually and updated when needed? Yes  No
6. Do the educational institution's written policies prohibit corporal punishment? Yes  No
7. Is there a crisis management plan in place? Yes  No
8. Are there written response guidelines for students who pose a risk to others or themselves? Yes  No
9. Does the educational institution follow state law for lab safety procedures? Yes  No
10. Please use the space below to list any special events the educational institution is planning, hosting, or sponsoring involving more than 2,500 participants and/or spectators (held on or off premises) that is not related to classroom instruction, graduation, performing arts, or regularly scheduled sporting events that are part of the institution's athletic program over the course of the renewal term.

#### Playgrounds

11. Identify what type of surface materials are used for all playgrounds \_\_\_\_\_
12. Does the facility share a playground with any other entity? Yes  No
13. Are all playing areas completely enclosed to preclude outsiders from entering? Yes  No
14. Does the playground equipment have platforms over 6ft high or have any apparatus above 8ft? Yes  No
15. Are playgrounds inspected by a certified playground safety inspector (CPSI)? Yes  No 
  - a. What was the last date of inspection? \_\_\_\_/\_\_\_\_/\_\_\_\_
  - b. What is the frequency of inspections? \_\_\_\_\_
  - c. Are there any outstanding recommendations from prior inspections? Yes  No

#### Contractual Risk Transfer

16. Are all contracts over \$25,000 (other than purchase orders) reviewed by an attorney prior to signing? Yes  No
- For all contracts entered by the educational institution, please answer the following questions**
17. Do you require an indemnification clause in favor of your institution? Yes  No
18. Is the educational institution named as an additional insured on the other party's GL policy? Yes  No
19. Do you require at least \$1,000,000 limit of liability from the other party issued by insurance company with an A.M. Best rating of A- or better? Yes  No
20. Do you require that the other party's general liability policy contain an affirmative grant of sexual misconduct and abuse coverage when contractor interacts with minors? Yes  No
21. Do you retain a certificate of insurance of the other party's general liability and/or professional liability insurance prior to contract inception, which is updated annually and maintained during the entire term of the contract? Yes  No
22. Do you require evidence of workers compensation insurance prior to contract inception? Yes  No

## Sexual Misconduct

23. Is the education institution aware of any allegations, incidents, or ongoing investigations in the last five years that may lead to an abuse or molestation claim? Yes  No
24. Does your employment and volunteer application include clear questions about whether candidates have ever been convicted of any crime including sex-related acts or child-abuse? Yes  No
25. Does the educational institution perform background checks (including multi-state, criminal, and federal sex registry) on all employees, volunteers/chaperones at the time of hire and periodically thereafter? Yes  No
26. Does the education institution provide sexual misconduct training to staff and volunteers? Yes  No
27. Are written policies, specific to sexual misconduct and abuse, in place and distributed to all staff? Yes  No
28. Do all employees confirm by signature that they have received and understand policies? Yes  No
29. Do the educational institution's sexual misconduct policies include the following information?
- a. Acceptable and unacceptable use of electronic devices/social media to communicate with students during and outside of normal school hours Yes  No
  - b. Recognizing the signs of inappropriate sexual behavior Yes  No
  - c. Responsibilities of all employees and volunteers in observing and reporting (including how to and failure to report) potential sexual misconduct by other employees, volunteers or students Yes  No
30. Is there a specific person(s) designated to receive, document, and handle all sexual misconduct complaints? Yes  No
31. Are there policies and procedures that prohibit and ensure that no one-on-one situation will occur unless the student and adult are directly visible to others? Yes  No

## IV. School Security

1. Does the educational institution currently have or plan on implementing within the next 12 months a policy allowing staff (outside of security personnel) or others to carry concealed weapons on school premises? Yes  No
2. Please provide the total number of security \_\_\_\_\_ Armed \_\_\_\_\_ Unarmed \_\_\_\_\_
3. Has a school security and safety plan been developed for all facilities? Yes  No
4. Does each school building have access control (i.e., locked entrances, limited entry doors with visitor vetting, or electronic key card entry)? Yes  No
5. Does the educational institution use metal detectors at front entrances? Yes  No
6. Security camera coverage (check all that apply):
- Main entrance(s)  Parking lot(s)  Playground(s)  Hallways and Stairwells  Additional building entry/exists
- Other, describe: \_\_\_\_\_
7. Does the student body and staff receive training in responding to active threats, e.g., ALICE or similar training? Yes  No
8. Are all visitors required to sign in at the main location and wear a visitor's identification badge? Yes  No
9. Are all unmonitored doors locked? Yes  No
10. Are class room doors lockable from inside? Yes  No
11. Is there a communication system between the main office and the class rooms? Yes  No
12. Are policies and procedures in place for dismissal and parent/guardian pick up? Yes  No

## V. Medical

1. Is the educational institution's infirmary/clinic utilized by the public? Yes  No
2. Identify the number of employed or contracted staff who are:
- Total \_\_\_\_\_
- Physicians \_\_\_\_\_
- Physician Assistants or Nurse Practitioners \_\_\_\_\_
- Nurses, other health personnel \_\_\_\_\_

## VI. Property

1. Are there any plans in place for new construction over the next 12 months? Yes  No   
a. Describe: \_\_\_\_\_
2. Are there any buildings listed/registered on the National Register of Historic Sites or Structures or on a state specific Historic Register? Yes  No   
a. If "yes" please provide the building \_\_\_\_\_
3. Does the educational institution generate its own power through solar panels, geo-thermal technology, wind turbines, etc.? Yes  No
4. For any roofs over 20 years old or in poor condition please describe (or attach) the repair/replacement plan:  
\_\_\_\_\_
5. Please provide the frequency of inspections for the following systems:  
a. **Electrical** (breaker panels, switches and fixtures to assure operating normally)  
 annual  semiannual  monthly  quarterly  other (describe) \_\_\_\_\_  
b. **Plumbing** (check fixtures and drains for evidence of leakage)  
 annual  semiannual  monthly  quarterly  other (describe) \_\_\_\_\_  
c. **General roof inspections** (including drainage and cleanings)  
 annual  semiannual  monthly  quarterly  other (describe) \_\_\_\_\_
6. Are annual heating inspections maintained and proper maintenance performed by a service technician? Yes  No

## Emergency Water Response

7. Are any locations equipped with an automatic fire sprinkler system? Yes  No   
a. Is flow testing & inspection performed by a qualified contractor completed along with winterization review? Yes  No   
b. Are the alarms tied to a 24-hour monitoring company? Yes  No
8. Are water shutoff valves accessible and clearly marked? Yes  No
9. How often are water shutoff valves exercised? \_\_\_\_\_
10. Are staff members qualified to shut off the water main? Yes  No
11. Are all water lines (including automatic sprinklers) located in areas that maintain a temperature of at least 45°F? Yes  No
12. Please describe any measures taken to prevent pipe freezing: \_\_\_\_\_

## Facilities Management

13. How often does the local fire department/code enforcement inspect your locations?  
a. Have there been any fire code violations? Yes  No   
b. If "yes", have **all** violations been corrected? Yes  No
14. Does the educational institution have a facilities management plan in place? Yes  No

## VII. Crime

1. How many employees have access to money or securities? \_\_\_\_\_
2. What is the maximum amount of cash at any one location? \$ \_\_\_\_\_
3. Is countersignature of checks required? Yes  No
4. Are passwords and access codes changed at regular intervals? Yes  No
5. What is the average daily dollar amount of electronic funds transfer? \$ \_\_\_\_\_
6. Are duties segregated for inventory management, vendor approval, purchase orders, cash receipts, etc.? Yes  No
7. Does the educational institution verify all vendor or supplier bank accounts by a direct call to the receiving bank prior to sending an electronic funds transfer over \$10,000? Yes  No
8. Does someone other than the person responsible for reconciling banks accounts:

Make deposits? Yes  No

Make withdrawals? Yes  No

Sign Checks Yes  No

**VIII. Automobile**

**All autos including hired/non-owned**

1. What is the approximate number of times per year the institution rents vehicles? \_\_\_\_\_
2. Does the educational institution allow employees to use their personal vehicles to transport students for school related purposes? Yes  No
3. Does the educational institution, its broker or a third party currently order MVRs on all individuals who may drive vehicles for a school related purpose? Yes  No
4. Are MVRs run at hire on all individuals who may drive vehicles for a school related purpose? Yes  No 
  - a. Provide the frequency of MVRs after hire \_\_\_\_\_
5. Does the educational institution have written MVR guidelines in place? Yes  No
6. Do you require that all drivers be licensed for a minimum of two years? Yes  No
7. Does the educational institution have a written accident investigation program in place? Yes  No
8. Does the educational institution have a routine preventive maintenance program? Yes  No
9. What is the educational institutions fleet manager position? Full time  Part time  NA
10. Does the educational institution perform drug testing on non CDL drivers? Yes  No
11. Is there a plan in place to protect vehicles from storm damage including relocating vehicles away from flooding? Yes  No
12. If the institution parks more than 25 vehicles overnight at any single location, please indicate if the lot is:  
 Secured/locked  Fully illuminated  Under 24-hour surveillance

**Student transportation**

13. Does the education institution utilize GPS fleet telematics devices? Yes  No
14. Does the educational institution have a policy for maintaining working video equipment on buses? Yes  No
15. Are drivers required to perform and document pre-trip and post-trip vehicle safety inspections? Yes  No
16. Does the educational institution establish routes reducing left turns? Yes  No
17. What is the educational institution's average annual employment turnover for bus drivers? \_\_\_\_\_%
18. Does the educational institution insure that all drivers maintain the proper state licenses by law? Yes  No
19. Does the educational institution provide the following for drivers transporting students?  
 New driver route familiarization  Annual Refresher training  "Ride along" evaluations
20. Does the education institution allow any newly hired drivers to operate vehicles without going through documented training? Yes  No
21. Are post trip walk through inspections performed by bus drivers to ensure no passengers were left behind? Yes  No
22. Are perimeter checks made at bus stops by drivers to ensure the area is clear of students? Yes  No
23. Are buses with drivers used for any purpose other than regularly scheduled bus routes for student transportation? Yes  No
24. Do any buses haul goods or passengers for hire? Yes  No
25. Does the educational institution utilize trained bus monitors? Yes  No

**Contracted student transportation**

26. If the bus fleet is operated by an independent contractor, complete the following:
  - a. Contractor name \_\_\_\_\_
  - b. Limit carried \$ \_\_\_\_\_
  - c. Insurance company \_\_\_\_\_
  - d. Total cost of hire \$ \_\_\_\_\_

27. Does the educational institution require certificates of insurance from the contractor showing automobile liability, general liability and workers compensation coverage, including limits? Yes  No
28. Are the contracting company's automobile and general liability policies primary for the district, its board, employees and volunteers? Yes  No
29. Is there a written contract in place between the school and the bus contracting company which includes an indemnification agreement in favor of the educational institution? Yes  No
30. Does the educational institution review that contracted company's driver guidelines and ensure that such guidelines meet or exceed the institutions? Yes  No

**IX. Athletics**

1. Identify any of the following activities or sports that take place at the educational institution:
- |                                                   |                                        |                                           |                                         |                                       |
|---------------------------------------------------|----------------------------------------|-------------------------------------------|-----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Baseball                 | <input type="checkbox"/> Basketball    | <input type="checkbox"/> Boys Ice Hockey  | <input type="checkbox"/> Boys lacrosse  | <input type="checkbox"/> Boys Soccer  |
| <input type="checkbox"/> Competitive Cheerleading | <input type="checkbox"/> Equestrian    | <input type="checkbox"/> Girls Ice Hockey | <input type="checkbox"/> Girls Lacrosse | <input type="checkbox"/> Girls Soccer |
| <input type="checkbox"/> Tackle Football          | <input type="checkbox"/> Track & Field | <input type="checkbox"/> Softball         | <input type="checkbox"/> Water Polo     | <input type="checkbox"/> Wrestling    |
| <input type="checkbox"/> Martial Arts             | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Rodeo            | <input type="checkbox"/> Rugby          | <input type="checkbox"/> Swimming     |
- Other non-traditional athletics: \_\_\_\_\_
2. Does the educational institution require that all participants and their parents/legal guardians sign a consent and assumption of risk for (or similar legal liability waiver) preceding athletic practice or competition? Yes  No
3. Are annual physicals required prior to participating in any sport? Yes  No
4. Is accident insurance in the amount of \$25,000 or more mandatory for student athletics? Yes  No
5. Does the educational institution document inspections of all facilities and equipment at least annually? Yes  No
6. Is a written emergency medical plan distributed to all coaches, trainers, and assistants for athletic injuries (including emergency responses to head injury/concussions) at the beginning of each season? Yes  No
7. Are all coaches, assistant coaches, and trainers trained in the basic principles of first aid and prepared to administer first aid at all sporting events? Yes  No

**Concussion/Traumatic Brain Injury**

8. Is there a documented concussion management plan in place which is compliant with state law? Yes  No
9. Is concussion baseline testing performed on all students participating in football, soccer, hockey, wrestling, or other contact sports? Yes  No
10. Do parents complete and sign a concussion history form prior to the start of practice or competition each playing season? Yes  No
11. Do coaches, assistants, and trainers receive awareness training and information on concussion policy and procedures and recognizing symptoms prior to the season? Yes  No
12. Is it mandatory that athletes be removed from practice or competition, and evaluated by a health care professional trained in concussion evaluation, immediately following any suspect of head injury? Yes  No
13. Is written medical clearance given by a physician, a physicians' assistant, or nurse practitioner, prior the athlete's return to practice or competition after a diagnosed concussion? Yes  No
14. After removal from play because of head injury are parents notified in writing of suspected concussion and given information regarding symptoms? Yes  No
15. Does all headgear and protective wear meet the certified approval of a recognized authority? Yes  No
16. Is there a limited full contact practice policy in place for football? Yes  No
17. If athletes practice and compete on synthetic playing surfaces, please answer the following:
- a. Does a third party perform impact testing (commonly referred to as G-Max testing) validating shock absorption performance of each playing surface at least once every 2 years? Yes  No
- b. What is the age of the playing surface(s)? \_\_\_\_\_ years



**X. Camps**

1. Use the grid below to describe the specific nature and scope of each camp(s): (please attach additional sheets if necessary)

<b>Camp description</b>			
<b>Type of camp (day/overnight/travel)</b>			
<b>Co-educational</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Special needs program</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Open to individuals outside of enrollment</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Accredited by the American Camp Association</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Number of campers/day</b>			
<b>Number of days/week</b>			
<b>Number of weeks per year</b>			
<b>Campers to counselor ratio</b>	:	:	:
<b>Age range of campers</b>	-	-	-

2. Is accidental medical coverage mandatory for campers and/or summer program participants?  
 a. If "yes", what is the limit?

Yes  No   
 \$ \_\_\_\_\_

**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.

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**Authorized Signature**

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**Date**

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**Please Print Name**

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**Title**

