



Philadelphia Insurance Companies

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SCHOLASTIC PROGRAM SUPPLEMENT

Named Insured: _____ Effective Date: _____

Sic #: _____ Fein #: _____

Web Address: _____

PLEASE ATTACH THE FOLLOWING (✓)

- ACORD Applications, including Crime & Umbrella
- Statement of Values
- Schedule of Vehicles
- Drivers List with License Numbers and Dates of Birth
- Loss Runs
- Brochure, Handbook, Student Application
- Financial Statement
- # of Faculty Members by Position Held

GENERAL (✓)

- Private Institution
- College or University
- Public Institution
- Junior College
- Religious Affiliation
- Elementary or Secondary

Total Number of Students Enrolled _____ Day _____ Evening _____
 Estimated average daily attendance _____

PROPERTY

What is the average age of the buildings? _____
 When was the last time you had the building values appraised? _____
 Is smoking permitted in the buildings? _____ Are there designated areas? _____
 Are boiler and furnace rooms separated from other parts of the building? _____
 Are there smoke detectors throughout the buildings? _____
 Do you have any future plans for renovations or new construction? _____

Do you have a current Flood policy in force? _____
 If yes, attach a copy of the Declarations Sheet
 If no, would you like a Flood quote with our Proposal? _____
 (Flood quote will be secured through the Write Your Own Flood Program.)

GENERAL LIABILITY

Do you own any pools? _____ # of indoor pools: _____ # of outdoor pools: _____
 Are there any diving boards? _____ Height _____ Are there any pool slides?: _____
 Are pools used for summer programs, i.e. Camps? _____
 Are there fraternities or sororities? _____
 What type of security is provided for the protection of the residents? _____
 Are there night/adult programs? _____
 Are there science laboratories? _____
 Do you have day care on premises? _____ Is it open to the general public? _____
 Is there an auto body shop? _____
 Does the school offer a program in welding? _____
 Is the public ever invited on the premises? (describe) _____

Does the school hold any events that charge a fee? (describe) _____

Does the school ever contract out any service to the general public? (describe) _____

Does your current insurance carrier provide School Board Legal Liability? _____

AUTOMOBILE

Does the school own any automobiles? _____ Attach a fleet list and driver list.

What is the average annual mileage for the different types of autos? _____

Is there a driver training program for students? _____

ABUSE & MOLESTATION

Does your current insurance policy provide abuse & molestation coverage? _____

What Limit? _____

Does your State permit criminal background checks? _____

Do you conduct a personal interview? _____

Does your employment application (paid and volunteer) include questions about whether the applicant has ever been convicted of any crime or sex related offenses? _____

Have abuse or molestation claims or allegations ever been filed against the applicant? _____ (if yes, describe under separate cover)

Do you have a plan of supervision that monitors the relationship between staff and students on a day-to-day basis? (describe) _____

Do you have written procedures for dealing with sexual abuse? (please attach copy) _____

CORPORAL PUNISHMENT

What is the school's policy on corporal punishment? _____

Is there a written policy concerning the use of corporal punishment? _____

Have there ever been any claims for corporal punishment? _____

What are the state's laws on corporal punishment? _____

REQUIRED SUPPLEMENTAL APPLICATIONS (✓)

Please check the box next to any of the following exposures if they are present within your school. If a box is checked, the corresponding supplemental application MUST be completed and submitted for underwriting review. PLEASE NOTE that any supplemental application submitted will become a part of this application. Warranties agreed to by signing this application extend to any supplemental application attached hereto.

- | | |
|--|---|
| <input type="checkbox"/> Athletic Programs | <input type="checkbox"/> Eating Facilities / Bars |
| <input type="checkbox"/> Beauty / Cosmetology School | <input type="checkbox"/> Medical Facilities / Infirmary |
| <input type="checkbox"/> Culinary School | <input type="checkbox"/> Medical Training Schools |
| <input type="checkbox"/> Dormitories | <input type="checkbox"/> Music, Dance, Art Schools |
| <input type="checkbox"/> Driving Schools | |

The Applicant warrants that all answers to the questions on this application are true and correct. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

Signature of applicant

Date