



John Garrett
Stevens-Dell Insurance
5312 West Markham
Little Rock, Arkansas 72205
501.664.6587 (O), 501.664.3574(fax)
877.256.2650 (WATS)

SCHOOL LEADERS AND EMPLOYMENT PRACTICES LIABILITY APPLICATION

This is a CLAIMS-MADE and REPORTED Policy. If a Policy is issued, this application will attach to and become part of the Policy, therefore, it is important that all questions are answered accurately. Please include all attachments referenced throughout the application and complete any supplemental pieces referenced within the application.

1. Name of Educational Organization: _____ Date established? _____
2. Principal Address: _____ County _____ St _____ Zip _____
3. Do you have a risk manager? Yes No Risk Managers Name : _____
4. Web Site Address: _____ Phone Number _____

5. Type of entity (check **EVERY BOX** that applies):

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Public School | <input type="checkbox"/> Community College | <input type="checkbox"/> Special Ed Facility | <input type="checkbox"/> State |
| <input type="checkbox"/> Private for Profit | <input type="checkbox"/> Public K-12 | <input type="checkbox"/> Vocational/Technical | <input type="checkbox"/> County |
| <input type="checkbox"/> Private not for Profit | <input type="checkbox"/> Independent School | <input type="checkbox"/> Pre School | <input type="checkbox"/> Municipal |
| <input type="checkbox"/> Multi District Coop | <input type="checkbox"/> Charter School | <input type="checkbox"/> Parochial School | <input type="checkbox"/> Special District |
| <input type="checkbox"/> College / University | <input type="checkbox"/> Other (Explain) _____ | | |

6. IRS Tax Status:
- 501 (c) (3) Public Entity Other _____

7. Number of Board Members: _____
- (A) Are board members: Elected? Appointed? Length of Term? _____
- (B) If Board Members are appointed, by whom are they appointed? _____
- (C) Do Board Members serve on rotating/staggered basis? Yes No
- (D) If elected are Board Members elected At large? Single member districts?

8. Enrollment/Employment information:

ENROLLMENT	This Year	Last Year
Full Time Students		
Part Time Students		
Special Education		

Disabled Students		
Other		
Total		
EMPLOYMENT		
Certified Instructors		
Non Certified Instructors		
Administrative Personnel including Officials, Principals, Administrators, etc		
Other Professional Staff		
Other		
Volunteers		
Total		

9. Have you had any staff reductions in the past 24 months? Yes No
- a. Were faculty members involved in this reduction in force? Yes No
- b. Were waivers obtained from all affected faculty and staff? Yes No
- c. How many faculty and staff member were affected? _____
- d. How much notice was given to affected faculty and staff? _____
- e. How was it decided which faculty and staff members would be let go? _____

10. How many campuses or schools are a part of the Educational Organization? _____
- a. Any anticipated closing in the next year? Yes No
If "Yes" please explain _____
- b. Any anticipated openings in the next year? Yes No
If "Yes" please explain _____

11. Have you closed campuses in the past 24 months? Yes No
How many? _____

12. Do you expect to open new campuses in the next 12 months? Yes No
How many? _____

FINANCIAL

PLEASE ATTACH THE ORGANIZATIONS AUDITED FINANCIAL REPORT OF THE MOST RECENT AVAILABLE FISCAL YEAR.

1. a. Indicate fiscal year end date. _____
- b. Budget for immediate 3 prior fiscal years

	Current Year	Prior Year	2 nd Prior Year
Revenues			
Expenditures			
Budget Deficits			
Surplus			
Accumulated Budget Deficit/Surplus			

- c. Provide an explanation for any budget deficits in the past 3 years and anticipated steps to address accumulated deficits.

2. a. What is the amount of outstanding bonds? \$ _____
 b. Latest Moody's and/or Standard & Poor's bond rating? _____
 If not rated, please explain _____
 c. Has any bond been defeated in the past 3 years? Yes No
 If yes, what was the bond for? _____
 d. Has the applicant been in default on principal or interest on any bond? Yes No
 If yes, please explain. _____

OPERATIONS AND POLICY

1. Accreditation is provided by which body? _____ Date of last accreditation. _____
 a. Has any accrediting body threatened or taken any probationary activity? Yes No
 If yes, please explain. _____
 b. Has any athletic association threatened or taken any disciplinary action? Yes No
 If yes, please explain. _____
2. a. Do you provide special education programs and related services? Yes No
 b. If yes, do you provide other Educational Entities access to your programs and facilities? Yes No
3. Have any expansions or reductions in study courses or programs (including music, athletic or other) taken place in the past 12 months or are any anticipated in the next 12 months? Yes No
 If yes, please explain. _____
4. Are individual education programs created? Yes No
5. Does the applicant provide and boarding or daycare facilities? Yes No
6. Does the applicant have a disaster planning document in place for natural disasters, terrorist acts, acts of violence or unauthorized intrusions? Yes No
7. Do you perform background checks on all employees before employment? Yes No
 If no, please explain. _____
8. Which of the following processes and policies have you adopted?
- | | | | |
|--|------------------------------|-------------------------------|-------------------------------------|
| a. As pertains to Teachers | | | |
| i. Student suspensions or expulsions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| ii. Use of corporal punishment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| iii. Disciplinary action | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| iv. Testing standards | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| v. Teacher/student relationships | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| vi. Sexual harassment/molestation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| vii. Drug testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| b. As pertains to Students | | | |
| i. Suspension/expulsion | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| ii. Corporal punishment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| iii. Possession of weapons | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| iv. Drug testing and searches | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| v. Internet access | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| vi. Students with disabilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| vii. Special ed | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| viii. Public displays of affection | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In Writing |
| c. Which of the above policies and procedures have been reviewed by counsel? | <input type="checkbox"/> All | <input type="checkbox"/> Some | <input type="checkbox"/> None |

EMPLOYMENT PRACTICES LIABILITY APPLICATION

Please attach copies of the following:

- Current Employee Handbook including procedures on sexual harassment, discrimination and employee grievances.
- Current Employee Application Form(s)
- Copy of the **Company's** Employment Termination procedures
- Most recent EEOC-1 Report/Log

1. During the last 3 years have any of the applicants been involved in any employment or labor related litigation? Yes No

2. During the last 3 years have any of the **Insureds** been involved in any administrative proceedings with:

a. The Equal Employment Opportunity Commission? Yes No

b. The U.S. Department of Labor? Yes No

c. Any state or local government agency whose purpose is to address employee- related claims? Yes No

** If yes to any of questions 1-2, please state the number of each type of proceeding and, for each proceeding, which has or is expected to exceed \$75,000 in loss (including Defense Costs) and attach full details.*

3. Have there been any strikes, slowdowns or disruptions in the past 5 years? Yes No
If yes, please explain _____

4. Are any of the Applicants currently required to comply with any judicial or administrative agreement, order, decree or judgment relating to employment? Yes No
If yes, please attach a copy.

5. Provide the following information:

Total # of Employees	Current Year	1 st Prior Year	2 nd Prior Year
Employed by the Insured:			
% of Employee Turnover:	%	%	%

6. Who is responsible for providing employment counsel for employment advice?

Outside Legal Counsel Name of Firm _____

Inside Legal Counsel

Other, Please explain _____

7. a. How often are Company's human resources document, guidelines, procedures, etc., reviewed?
 Annually Semi-Annually Other _____

b. What is the date of the last comprehensive review of the policies, guidelines, and procedures? _____

c. Who is responsible for the review?
 Outside Legal Counsel Name of Firm: _____

Other _____

8. Does the Company have written guidelines or procedures for addressing human resources or personnel management in the following areas?
- | | | |
|---|------------------------------|-----------------------------|
| a. Hiring / Interviewing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Employee at will statement and employee contract disclaimer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Performance Appraisals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Discipline? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Discharge? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Accommodating the disabled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Non-union grievance procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Sexual Harassment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Use of Company electronic mail, voice mail and Internet access? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Do all employees receive a copy of these guidelines or procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
9. Does the Company have a full-time human resources manager? Yes No
10. Do supervisors and managers receive updated information and training on human resources issues, including performance appraisals, discipline and workplace harassment? Yes No
How often are updates provided? _____
11. When an employee is discharged:
- | | | |
|---|------------------------------|-----------------------------|
| a. Is officer approval required and are human resources personnel directly involved? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Is an attorney consulted prior to discharging an employee? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Does the Educational Organization provide in reference for former employees and information other than the dates of employment, title(s) and compensation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Does the Educational Organization have an agreement or policy requiring employees to arbitrate all employee-related claims? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

INSURANCE INFORMATION

1. Does the Public Entity carry Public Officials Liability or similar insurance?
Carrier _____ Expiration Date _____
Limits: _____ Deductible _____ Premium _____
2. Does the Public Entity carry Employment practices Liability insurance?
Carrier _____ Expiration Date _____
Limits: _____ Deductible _____ Premium _____
3. Current general liability carrier and limits _____
4. Current Law Enforcement/Police Professional Liability insurance carrier and limits:

5. Has any insurance been declined, cancelled or not renewed in the past 5 years?
If yes, please explain _____

6. Limit of Liability requested
 \$ 250,000 \$ 1,000,000 \$ 3,000,000 \$ 5,000,000
 \$ 500,000 \$ 2,000,000 \$ 4,000,000 Other \$ _____
7. Retention / Deductible requested
SLL: \$ 10,000 \$15,000 \$25,000 \$50,000 \$100,000 Other \$ _____
EPLI: \$ 25,000 \$35,000 \$50,000 \$75,000 \$100,000 Other \$ _____

CLAIMS EXPERIENCE

1. Do any principals, directors, officer, partners, professional employees or independent contractors of the Applicant have knowledge or information of any act or omission which might reasonably be expected to give rise to a claim? Yes No
2. Has the Applicant, or any of its predecessors in business, subsidiaries or affiliates, or any principals, directors, officers partners, professional employees or independent contractors ever been the subject of a disciplinary action as a result of professional activities? Yes No
3. During the past 5 years, have any claims or suits been made against the Applicant, any predecessors in business, subsidiaries, and affiliates of any principal, director, officer or professional employee? Yes No
4. Has the Applicant reported the matters listed in Questions 1-3 to its current or former insurance carrier? Yes No

If YES to any of Questions 1-3, please attach a detailed explanation including date of Claim, claimant, nature of claim, defense costs, indemnity amount, reserve amount and current status for each claim, notice or circumstance.

NOTICE TO THE APPLICANT – PLEASE READ CAREFULLY

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT, BASE UPON REASONABLE INQUIRY, WARRANTS TO THE BEST OF ITS KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE ALL MATERIAL INFORMATION.

THE APPLICANT FURTHER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES MATERIALLY BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY, IT WILL IMMEDIATELY NOTIFY THE INSURANCE COMPANY OF THE CHANGES. SIGNING OF THIS APPLICATION DOES NOT FIND THE COMPANY TO OFFER NOR THE APPLICANT TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE A BASIS OF THE INSURANCE AND IT WILL BE ATTACHED AND MADE A PART OF THE POLICY SHOULD A POLICY BE ISSUED.

BY: _____
Authorized Representative of the Entity Please Print or Type

TITLE: _____ DATE: _____