

**Application for School Board Legal Liability (Errors & Omissions) Coverage**

*Sponsored By School Leaders Risk Management Association*

This application is for **Claims Made And Reported Coverage**. Please complete this application and mail to:

**School Leaders Risk Management Association Risk Purchasing Group**

C/O Brokers' Risk Placement Service, Inc.

E&O Underwriter, 525 W. Monroe St., Suite 2400, Chicago, IL 60661 Telephone: (312) 906-8111 Fax: 312 906-8116

1. Legal Name of School District/Educational Entity: \_\_\_\_\_  
\_\_\_\_\_

2. Complete Address: \_\_\_\_\_  
\_\_\_\_\_

3. Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

4. a. Names of Current Board Members:  
(i) \_\_\_\_\_ (President) (v) \_\_\_\_\_  
(ii) \_\_\_\_\_ (vi) \_\_\_\_\_  
(iii) \_\_\_\_\_ (vii) \_\_\_\_\_  
(iv) \_\_\_\_\_

b. Name of School Treasurer: \_\_\_\_\_

c. Name of Superintendent: \_\_\_\_\_

d. Name of Business Manager: \_\_\_\_\_

e. How long has the individual identified in 4c. served as Superintendent of the School District? \_\_\_\_\_

f. If the Superintendent has served the School District for less than two (2) years, please identify prior experience:

Dates of Employment	Position Held	Name of Employer/School District
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. a. Number of Schools in the District:

_____	Preschool through 12	_____	K through 8
_____	Preschool through 8	_____	9 through 12
_____	Preschool through 4	_____	Other (specify grades)
_____	K through 12	_____	Total

**Special Education and Vocational Cooperatives please skip to question 5c, d, e, & f.**

b. Please indicate Total Enrollment by Grade Level:

_____	Preschool	_____	6-8
_____	Kindergarten	_____	9-12
_____	1-5	_____	Total Enrollment

c. **If a cooperative**, please specify the number of students you provide services for: \_\_\_\_\_ In House  
 \_\_\_\_\_ Other Locations

d. **If a cooperative**, provide total payroll for the current school year: \_\_\_\_\_

e. **If a cooperative**, provide an estimated total payroll for the upcoming school year: \_\_\_\_\_

f. **If a cooperative**, provide a copy of cooperative's bylaws, articles of joint agreement, and agreement between cooperative and its members.



**Special Education Programs**

Please provide information on how the School District provides Special Education Programs and/or Facilities for students. Please circle **Yes** or **No** and provide additional information where appropriate.

6. a. Do schools provide for their own Special Education Services? **Yes / No**  
**If Yes**, how many Special Education Students are enrolled? \_\_\_\_\_
- b. Does the School District participate in a Special Education Cooperative? **Yes / No**  
**If Yes**, how many Special Education Students are enrolled there from the School District? \_\_\_\_\_  
**If Yes**, name of Special Education Cooperative? \_\_\_\_\_
- c. Does the School District act as the Administrative Unit for the Special Education Cooperative? **Yes / No**  
**If Yes**, does the District have a written Administrative Contract with the Special Education Cooperative? **Yes / No**
- d. If the School District is participating in a Special Education Cooperative, does the District provide any of of the Special Education Programs? **Yes / No**
- e. Does the Special Education Cooperative have Professional Liability Coverage? **Yes / No**
- f. Does the Special Education Cooperative have Malpractice Insurance for their non-teaching professionals (i.e., Physical Therapists, Speech Therapists, Counselors, Psychologists, etc.)? **Yes / No**
- g. Does the Special Education Cooperative have Workers' Compensation, Property and General Liability Insurance? **Yes / No**
7. Do you have written procedures for the development of an Individualized Education Program (IEP) for each student? **Yes / No**

**Vocational Education Programs**

8. a. Does the School District provide Vocational Programs? **Yes / No**  
**If Yes**, does the School District provide for its own Vocational Program? **Yes / No**  
**If Yes**, how many students are enrolled? \_\_\_\_\_
- b. Does the School District participate in a Vocational Cooperative? **Yes / No**  
**If Yes**, how many are enrolled from the School District? \_\_\_\_\_
- c. Does the School District act as the Administrative Unit for the Vocational Cooperative? **Yes / No**  
**If Yes**, does the District have a written Administrative Contract with the Vocational Cooperative? **Yes / No**
- d. If the School District participates in a Vocational Cooperative, does the School District provide any of the Vocational Programs? **Yes / No**
- e. Does the Vocational Cooperative have Professional Liability Coverage? **Yes / No**
- f. Does the Vocational Cooperative have Workers' Compensation, Property and General Liability Insurance? **Yes / No**



**Employment Practices**

9. a. Does the District have a written policy for suspension, dismissal and/or non-renewal of staff (professional and non-professional)? **Yes / No**  
**Year policy first adopted:** \_\_\_\_\_
- b. Have any of the Districts' employees been suspended, demoted or transferred within the last 6 months? **Yes / No**  
**If Yes, describe action taken and dates:** \_\_\_\_\_  
\_\_\_\_\_
- c. Does the District plan any redistricting or other activity which would have a significant effect on the number of employees? **Yes / No**  
**If Yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_
- d. Does every teacher have an employment contract? **Yes / No**
- e. Are all employment contracts worded the same (other than tenured or non-tenured contracts)? **Yes / No**
- f. Has the School Board adopted a pay scale or hiring practice for personnel providing for remuneration without regard to age, sex, race or creed? **Yes / No**  
**Year first adopted:** \_\_\_\_\_
- g. Has the School District adopted an affirmative action program for employment? **Yes / No**  
**Year first adopted:** \_\_\_\_\_
10. a. Are background checks conducted on all employees prior to hiring? **Yes / No**
- b. Is an offer of employment contingent upon such checks? **Yes / No**
- c. Are background checks conducted on current employees? **Yes / No**
- d. Are background checks conducted by the State Police? **Yes / No**  
**If Not, who does?** \_\_\_\_\_

**Sexual Harassment Guidelines**

11. a. Has the District established guidelines related to reporting and investigating allegations of sexual harassment? **Yes / No**  
**If Yes, are the guidelines in writing? (Please attach a copy of the guidelines for both personnel & students)**
- b. Does the District conduct seminars on preventing or identifying sexual harassment and/or instruction on procedures to be used to report incidences of sexual harassment? **Yes / No**
- c. How often are the seminars conducted? \_\_\_\_\_
- d. Is attendance mandatory for all employees? **Yes / No**
12. What steps, if any, are taken by the School District to educate students concerning sexual harassment?  
\_\_\_\_\_



**Other Questions**

13. Is the School District a candidate for consolidation, annexation or dissolution next year? **Yes / No**

**If Yes**, please explain: \_\_\_\_\_

14. a. Has the District informed all the proper personnel of the State’s Requirement on reporting any instance of suspected child abuse to proper authorities? **Yes / No**

b. Has the District adopted a written policy on suspected child abuse? **Yes / No**

c. Has the District experienced any instance whereby this requirement was violated? **Yes / No**

**If Yes**, please explain: \_\_\_\_\_

\_\_\_\_\_

d. Does the District carry General Liability Insurance? **Yes / No**

Does the insurance specifically cover claims arising out of Sexual Abuse or Child Molestation? **Yes / No**

15. Has the District ever been required by any governmental authority to institute any integration or busing plan? **Yes / No**

**If Yes**, please list instances: \_\_\_\_\_

16. Has any school within the School District ever been involved in or been closed by any dispute regarding integration, segregation, school busing or equal rights or strikes by students or teachers? **Yes / No**

**If Yes**, please list instances: \_\_\_\_\_

17. a. Has the District informed all the proper personnel of the state law banning corporal punishment? **Yes / No**

b. Has the District adopted a written policy on corporal punishment that complies with State Law? **Yes / No**

18. a. Relative to the “No Child Left Behind” Act of 2001 or any amendments thereto, has the District reviewed and made applicable changes to its written policies, guidelines and procedures? **Yes / No**

b. **If Yes**, has an attorney reviewed these changes? **Yes / No**

c. **If No** to question #18a above, please explain: \_\_\_\_\_

19. a. Is the District classified as a “failing district” under the “No Child Left Behind” Act of 2001? **Yes / No**

b. **If Yes**, provide a copy of the District’s Report Card, as well as a copy of the Reports Cards for schools within the District.

c. What is the district’s plan of action to improve its performance? Please provide a copy of this plan.

20. a. Has the District borrowed any money (or issued any tax anticipation warrants) against any tax levy pursuant to the School Code, Education Code, Government Code or any applicable State Statute during the past 12 months? **Yes / No**

**If Yes**, please explain: \_\_\_\_\_

b. Are there plans to do so during the next 12 months? **Yes / No**

**If Yes**, please explain: \_\_\_\_\_

**Previous Insurance and Loss Information**

21. Has any policy or application for school board **Errors & Omissions** liability insurance or coverage on behalf of the District or any of its employees been declined, canceled, or renewal refused within the last 5 years? **Yes / No**

**If Yes**, please list details: \_\_\_\_\_

22. Have there been, within the last 5 years, or are there now pending any **Errors & Omissions** claims, suits, legal actions or proceedings against the District or the Board of Education or against any other person proposed for this coverage in their covered capacity? **Yes / No**

**If Yes**, please list details: \_\_\_\_\_

23. **Please provide current detailed loss data, supplied by each of the Errors and Omissions liability insurers for the past five years. For your use, please see attached sample claims authorization letter.**

**WITH RESPECT TO QUESTIONS 22 & 23, IT IS AGREED THAT ANY CLAIM ARISING FROM THE FACTS, CIRCUMSTANCES OR SITUATIONS WHICH FORM THE BASIS FOR SUCH CLAIMS, SUITS, LEGAL ACTIONS OR PROCEEDINGS IS EXCLUDED FROM THE PROPOSED COVERAGE.**

24. Does any person proposed for this coverage have knowledge or information of any facts, circumstances or situations which might give rise to a claim under the proposed Coverage? **Yes / No**

**If Yes**, please list details: \_\_\_\_\_

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE TRUST, IT IS AGREED THAT IF THERE IS KNOWLEDGE OR INFORMATION OF SUCH FACTS, CIRCUMSTANCES, OR SITUATIONS, THEN ANY CLAIM SUBSEQUENTLY ARISING THEREFROM IS EXCLUDED FROM THE PROPOSED COVERAGE.

25. Has the School District ever been required to conduct a Special Education Hearing under the Handicapped Children's Protection Act? **Yes / No**

**If Yes**, please list details (including plaintiff attorney fees awarded): \_\_\_\_\_

\_\_\_\_\_

26. List **Errors & Omissions** carriers for the past **five years** (if none, state "None") \_\_\_\_\_

Name of Carrier	Policy Term	Limit	Deductible	Premium	Policy # If Available
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

27. Current Retroactive Date: \_\_\_\_\_

28. Limit of Liability Desired:  
 \$1,000,000       \$2,000,000       Other \$ \_\_\_\_\_



29. Deductible Desired: ( Please check one)

\$2,500     \$5,000     \$7,500     \$10,000     Other \$ \_\_\_\_\_

Person designated to receive all notices from the Underwriters or its authorized representative concerning the coverage:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**WARRANTY**

The Undersigned declare that to the best of their knowledge the statements set forth herein and any documents and information submitted in connection herewith are true, accurate and complete and that every effort has been made to obtain sufficient information from each and every person proposed for this coverage to facilitate the proper and accurate completion of this Application Form. The undersigned further declare that they have not suppressed, omitted, or misstated any material facts. The undersigned agree that if the information supplied on or in connection with this Application Form changes between the date of this Application and the effective date of the coverage, the undersigned will immediately notify the Underwriters, and the Underwriters, in its sole discretion, may withdraw or modify any outstanding quotations or authorization or agreement to bind coverage. The signing of this Application Form does not bind the applicant to purchase the coverage. However, it is agreed that **this Application Form and any documents or information submitted herewith shall be the basis of the contract should a Policy be issued and are to be considered as incorporated in and constituting part of the Policy.**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE OF BOARD PRESIDENT

By: \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE OF BOARD SECRETARY

