

- ☐ Western World Insurance Company
☐ Tudor Insurance Company
☐ Stratford Insurance Company

Application
For
Schools

1. Name of School _____
Street address _____
City _____ State _____ Zip _____
Applicant's Web Site Address _____
2. Type of School ☐ Public ☐ Private ☐ Urban ☐ Trade/Vocational*
☐ For Profit ☐ Elementary ☐ Junior High ☐ High School ☐ College/University
☐ Non Profit ☐ Suburban ☐ Other _____ ☐ Medical/Vocational*
* Provide list of courses/brochure
3. Date established: _____ 4. Policy Period _____
5. Address of additional location to be insured (If same as above, write "Same").
Street address _____
City _____ State _____ Zip _____
Web Site address: _____
6. Number of students licensed for: _____
Average daily attendance _____
7. Hours of operation:

	From	To
Day	_____	_____
Evening	_____	_____
8. Annual Gross Sales (If for Profit) \$ _____ or Budget (If Not for Profit) \$ _____
9. Last inspected by (State/Municipality) _____ on ____/____/____ (Date)
Any violations? If yes, please provide full details on separate sheet of paper. ☐ Yes ☐ No
10. Describe all buildings, including dormitories. Use additional paper, if needed.
(A) Number of stories _____ Total square footage of building _____
(B) Construction of building _____
(C) Type of fire protection system _____
(D) The emergency evacuation plan _____
(E) Proposed new construction _____
(F) Cafeteria? ☐ Yes ☐ No If yes, with cooking facilities? ☐ Yes ☐ No
Ansul system over cooking surface? ☐ Yes ☐ No
(G) Ratio of on-duty staff to students _____

11. Number of students

AGE GROUP	DAY	NIGHT	NO. OF TEACHERS
5 Thru 12 Years	_____	_____	_____
13 Thru 18 Years	_____	_____	_____
Over 18 Years	_____	_____	_____

12. Do you accept handicapped students? ☐ Yes ☐ No
 If yes, state the number and degree of handicap # _____ Degree _____
 Certification/Training of Teachers/Staff _____

13. Please check the applicable equipment/activities:

<input type="checkbox"/> Pool	Size: _____ X _____ FT.	Depth: From _____ FT. to _____ FT.
<input type="checkbox"/> Diving Board	Height: _____ FT.	<input type="checkbox"/> Slide(s) Pool
<input type="checkbox"/> Tennis Courts	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Sandbox
<input type="checkbox"/> Basketball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Hockey	<input type="checkbox"/> Boxing	<input type="checkbox"/> Football
<input type="checkbox"/> Dive Team	<input type="checkbox"/> Fencing	<input type="checkbox"/> Softball
	<input type="checkbox"/> Other (List) _____	<input type="checkbox"/> Swings
		<input type="checkbox"/> Trampoline
		<input type="checkbox"/> Gymnastics
		<input type="checkbox"/> Jungle Gym

Do you carry a Student Accident Policy? ☐ Yes ☐ No If yes, for all sports? ☐ Yes ☐ No
 Carrier _____
 Limits _____

14. Do you have an extended day program? ☐ Yes ☐ No Number of Students _____
 Hours of operation? From _____ to _____

15. Describe hiring procedures for all employees, including aides, attendants, custodial, etc. _____

16. Describe all "on the job" or off premises training/activities.* _____

*Attach copies of all contractual agreements including those involved in off-premises training.

17. Any dormitory facilities, fraternities and/or sororities? ☐ Yes ☐ No

18. Will students work under the direction of someone other than the insured? ☐ Yes ☐ No

19. Do you allow outside groups to use your premises? ☐ Yes ☐ No
 If so, are certificates of insurance obtained/required? ☐ Yes ☐ No

20. Are bus services provided? ☐ Yes ☐ No By the insured or independent contractors?
 If independent contractors, are certificates of insurance requested? _____

21. Property information (if applicable):
 Building: Construction type _____ Protection class _____
 Year built _____
 Year of update: Wiring _____ Plumbing _____ Heating _____ Roof _____

Protective Safeguards: Sprinklers _____ %
 Fire Alarms ☐ Yes ☐ No
 Burglar Alarm ☐ Yes ☐ No

Smoke detectors: ☐ Yes ☐ No
 If yes, central station _____ or local gong _____?
 If yes, central station _____ or local gong _____?

SUBJECT OF INSURANCE	AMOUNT	COINS%	VALUATION	CAUSES OF LOSS	DEDUCTIBLE
Building					
Business Personal Property					
Tool Floater*					

*Any one floater item valued over \$1,000 must be scheduled.

22. LIMITS OF INSURANCE REQUESTED:

General Aggregate Limit (Other than Products – Completed Operations) \$ _____
 Products – Completed Operations Aggregate Limit \$ _____
 Personal and Advertising Injury Limit \$ _____
 Each Occurrence Limit \$ _____
 Damage to Premise rented to you \$ _____ any one fire
 Medical Expense Limit \$ _____ any one person
 Each Professional Incident Limit (if applicable) \$ _____

Effective Dates Desired: From _____ To _____

23. Has applicant had previous insurance for this school? If yes, please complete the following. ☐ Yes ☐ No

Insurance Company	Policy Period	Limits of Liability	Premium	Type of Coverage	Occurrence or Claims Made

24. During the past **five years**, have any claims been presented to your current or prior insurance carrier(s)? If yes, please provide full details. Include description of claim, amounts paid, and reserves. (Attach page if more space is needed) ☐ Yes ☐ No

25. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? If yes, please provide full details. ☐ Yes ☐ No

26. Has applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or non-renewed in the past three years? If yes, please provide full details. ☐ Yes ☐ No

27. If sexual molestation coverage desired, please complete Sexual Molestation Supplemental Application, A-71

Applicant's Signature: _____

Title: _____

Date: _____