



EDUCATIONAL ERRORS AND OMISSIONS
Application for a Claims Made Policy

1. A. Name of Educational Entity: _____

B. Address: _____
City: _____ State: _____ Zip: _____

C. Year Established _____

2. NATURE OF ENTITY:

- Direct Operation & Administration of Public Schools
- Provides Administrative Service and/or Educational Policy Guidelines Only
- Direct Operation and Administration of a Private School
- Other - Define: _____

3. LIMIT OF LIABILITY DESIRED:

- \$250,000 \$500,000 \$1,000,000 Other \$ _____

4. COVERAGE DESIRED:

- Plan A Broad Form - All Employees and Members of Board
- Plan B Limited Form - Members of Board Only
- Plan C Scheduled Form - All persons in scheduled positions, attach schedule.

5. DEDUCTIBLE DESIRED:

- \$500 \$1,000 \$2,500 \$5,000 Other \$ _____

6. A. Number of Members on the Board of Education _____

B. Board Members _____ Elected _____ Appointed _____

C. Term of Office _____

D. Total Number of Employed Faculty _____ Administrators _____
Counselors/Psychologists _____ Non-Professional Employees _____

7. A. Current Student Enrollment _____

B. Last Year's Student Enrollment _____

C. Expected Enrollment Next Year _____

(Continued over)

8. A. Total Amount of Bond Authority _____ Current Bond Rating _____
 B. Total Amount of Bonds Issued, If any _____ Previous Bond Rating _____
 Present _____
 C. Total Ratable Base (School Districts Only) _____
 D. Present School Tax (In Dollars) _____
 E. School Tax Increase for Next Year Anticipated (School Districts Only) Yes No
 Referendum Necessary Yes No
 F. Has Any Bonding Authorization, Budget or Mill Levy Rejected by Voters in Last Three (3) Years? Yes No

9. Budget (Figures for Last Three (3) Years Required):

| Year | Budget | Current Surplus/Deficit | Accumulated Surplus/Deficit |
|---------|----------|-------------------------|-----------------------------|
| 19_____ | \$ _____ | \$ _____ | \$ _____ |
| 19_____ | \$ _____ | \$ _____ | \$ _____ |
| 19_____ | \$ _____ | \$ _____ | \$ _____ |

If a Deficit exists, what steps are being taken to eliminate it? _____

10. Has the Educational Entity Received Any HEW, HUD, OEO or other Federal Funds for Projects? Yes No
 If Yes, Describe _____

11. A. Number of schools or members comprising Educational Entity _____
 B. Are any schools opening? Yes No or closing? Yes No
 Anticipated within the next twelve (12) months? If Yes, Explain _____

 C. Has the Entity borrowed any monies for other than capital improvements against anticipated future revenues within the past three (3) years? Yes No
 If Yes, Explain _____

12. A. Does the Entity anticipate any reduction in professional staff in the next twelve (12) months? Yes No
 If Yes, Explain _____

 B. Has an employee of the Entity been suspended, demoted, dismissed, transferred or contract of employment non-renewed against his will within the last twelve (12) months? Yes No
 If Yes, Explain _____

 C. Has the Board established guidelines relating to procedures for suspension, dismissal, or non-renewal of employment contracts of:
 Teachers and Supervisory Personnel Yes No
 Non-Professional Employees Yes No Students Yes No
 D. Are these guidelines in writing? Yes No
 Do the guidelines provide for a hearing? Yes No
 E. Has the Board adopted an Affirmative Action Program of Employment? Yes No

13. A. Has the Educational Entity every been required by the Federal Government to institute any integration or busing plans? Yes No If Yes, Explain _____

- B. Has the Entity ever been involved in or closed by any disputes regarding:
Integration _____ Segregation _____ School Busing _____
If any of the answers is yes, explain _____

- C. Has the Educational Entity, its Board or its Employees been involved in or have any knowledge of any pending inquiry against the Entity, its Board Members or Employees? Yes No
14. Does the Educational Entity carry Primary General Liability Insurance? Yes No
Company _____ Limits _____ Expiration Date _____
Does the coverage include personal injury? Yes No
Does the coverage include discrimination? Yes No
15. Has any similar insurance ever been cancelled or declined? If Yes, Explain _____

16. Is any Educational Errors and Omissions or Directors and Officers Liability Insurance presently carried:
Company _____ Policy Term: From _____ To _____
Limit _____ Deductible _____ Premium _____
17. Has the carrier(s) of any similar insurance every been given notice of claim or possible claim by the Education Entity?
 Yes No If Yes, Explain _____

18. Has any school been closed or have normal school activities disrupted in the past three (3) years?
 Yes No If Yes, Explain _____

19. A. Has any claim been made or is now pending against any person in their capacity as an official or an employee of the Educational Entity? Yes No
- B. Does any person proposed for this insurance have any knowledge of any act, error or omission, which might give rise to a claim against them? Yes No
- C. Has any person, former employee or job applicant made claim alleging unfair or improper treatment regarding employee hiring remuneration, advancement or termination of employment? Yes No
(IF YES TO ANY OF THE ABOVE, EXPLAIN IN DETAIL ON A SEPARATE SHEET AND ATTACH TO APPLICATION).
- D. No fact, circumstance of situation indicating the probability of a claim or action is now known to any person proposed for this insurance; it is agreed by all concerned that if there be knowledge of any such fact, circumstance, or situation, any claim or action subsequently emanating therefrom shall be excluded from coverage under the insurance here being applied for.

20. Designee of Educational Entity to report claims to Tudor Insurance Company and send and receive notice and premiums.

(Official)

(Title)

(Please Print)

21. Does the Municipality(ies) for whom the school district provides services, carry public official coverage? Yes No

If Yes, Name of Carrier _____ Limits _____

Signing of this application does not bind the signee to complete the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued; and this application will be attached to and become part of this policy.

Date: _____

(Signature of Applicant)

Agent: _____

Address: _____

NOTICE TO NEW YORK APPLICANTS: 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 MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

