

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured And Other Named Insureds:	Today's Date:(mm/dd/yyyy):
Mailing Address:	
Telephone Number:	Web Address:
Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):

Type of Organization

- | | |
|---|--|
| <input type="checkbox"/> Private college/university | <input type="checkbox"/> Public college/university |
| <input type="checkbox"/> Private K-12 | <input type="checkbox"/> For-profit entity |
| <input type="checkbox"/> Public K-12 | <input type="checkbox"/> Community vo/tech college |
| <input type="checkbox"/> Independent school | |

Total Enrollment: _____
 Percentage of students boarding on campus: _____

ATHLETIC PROGRAM INFORMATION

- Identify the level of organized athletic programs offered by your institution (*check all that apply*):

<input type="checkbox"/> NCAA Div. I	<input type="checkbox"/> NAIA, NJCAA or independent school athletics
<input type="checkbox"/> NCAA Div. II	<input type="checkbox"/> K-12 school athletic programs
<input type="checkbox"/> NCAA Div. III	<input type="checkbox"/> No organized athletic programs offered

If organized athletics are offered at any of these levels, complete the Organized Athletic Programs and Management section.
- Identify other athletic activities offered or held at your institution (*check all that apply*):
 - Club or intramural sports available to students
 - Sports programs or camps available to the general public

If any of these options are checked, complete the Other Athletic Activities Information section.

ORGANIZED ATHLETIC PROGRAMS AND MANAGEMENT INFORMATION

- Check any organized athletic programs offered:

<input type="checkbox"/> Football	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Soccer	<input type="checkbox"/> Diving
<input type="checkbox"/> Hockey (including Ice, Field, and Inline)	<input type="checkbox"/> Cheerleading (involving Aerial Acrobatics)
<input type="checkbox"/> Baseball	<input type="checkbox"/> Gymnastics
<input type="checkbox"/> Basketball	<input type="checkbox"/> Boxing
<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Rugby

4. Have you discontinued any athletic programs in the past 5 years? Yes No
If yes, explain reason for discontinuing:

5. Do you have a formal, written concussion management program in place for all athletic programs? Yes No
If yes, answer all of the following:
- a. When was it implemented? _____
 - b. Is it consistently implemented and enforced for all athletic programs identified above? Yes No
 - c. Does it inform athletes and parents on the:
 - i. Risks of concussions? Yes No
 - ii. Symptoms of concussions? Yes No
 - iii. Potential consequences of concussions over time and if not treated properly? Yes No
 - iv. General prevention and preparedness efforts to keep athletes safe? Yes No
 - d. Does it require athletes and/or parents to sign a concussion injury information sheet? Yes No
 - e. Does it have an action plan that includes immediately removing the athlete from play or practice? ... Yes No
 - f. Does it require that you keep an athlete out of play or practice until they provide written clearance from a licensed medical professional? Yes No
 - g. Does it mandate training for sports administrators, coaches, medical personnel, trainers, and other staff on the field? Yes No
 - h. Does it require baseline testing to aid in concussion management? Yes No
 - i. Does it comply with statutory requirements and any association bylaws (i.e. NCAA, NFHS), if applicable? Yes No
6. Do you require all athletic participants to carry and acknowledge that they maintain Accident & Health insurance? Yes No
7. Do you require consent and acknowledgment of risk of injury forms and waivers to be signed by athletes and/or parents annually? Yes No
8. Do you require an annual medical exam/evaluation from a qualified medical professional giving clearance for all athletes to participate in sports before they begin participating? Yes No
9. Do you have a formal equipment and athletic facility inspection and maintenance protocol in place? Yes No

OTHER ATHLETIC ACTIVITIES INFORMATION

10. Are club/intramural sports available?
If yes, answer all of the following:
- a. Identify all programs: _____
 - b. Do you establish supervision and rules governing club or intramural sports? Yes No
 - c. Do you require all club/intramural participants to sign standard written waivers? Yes No
 - d. Do you require all club/intramural participants to carry Accident & Health insurance? Yes No
11. Are any sports programs or camps available to the general public held at your facilities? Yes No
If yes, answer all of the following:
- a. Identify all programs/camps: _____
 - b. Are any of these sports programs or camps operated by third parties? Yes No
 - i. Do you require those third parties to provide a Certificate of Insurance showing liability insurance, including coverage for athletic participants, with limits of at least \$1,000,000? Yes No
 - ii. Do you require third parties to name you as an additional insured in a contract or written agreement? Yes No

Note: For additional information pertaining to concussion prevention, identification and management, refer to any of the various resources available on this topic – including, but not limited to, The Centers for Disease Control and Prevention (CDC) and others listed in the Travelers Risk Control eGuide “Athletic Programs: Playing it Safe”.

ABUSE OR MOLESTATION COVERAGE INFORMATION

12. Indicate any of the following ancillary operations with minors on campus:

<i>Ancillary Operations</i>	<i>Operated by you (Y/N)</i>	<i>Enrollment</i>	<i>Age of Attendees</i>
Day Camp			
Overnight Camp			
Day Care			
Youth Sports Clinics			
Church/Religious programs			
Youth Rec Programs			
Other			

13. Do any of your ancillary programs listed above require licensing? Yes No
 If yes is your license current? Yes No

14. Has your license ever been suspended or revoked? Yes No
 If yes, explain: _____

15. Do you operate any additional programs where minors are present?
Examples: Babysitting service, supervised play area, supervised children's programs/activities, and other similar operations. Yes No

Subcontracted Operations

16. Do you hire or use subcontractors for any operations on your premises involving minors? Yes No
 17. Do third parties operate camps on your campus or have other exposures to minors? Yes No
 18. Do you require that those subcontractors/third parties name you as an additional insured? Yes No
 19. Do you require those subcontractors/ third parties to provide a Certificate of Insurance showing Abuse or Molestation coverage with limits of at least \$1,000,000? Yes No

Incident and Claim History

20. Describe any Abuse or Molestation Incidents/Losses/Claims:

<i>Date of Incident</i>	<i>Description</i>	<i>Loss Amount</i>	<i>Open/Closed</i>
		\$	
		\$	

Foreign Exposures

21. Describe any client/student activities, sponsored by you, that take place outside of the United States.

22. For activities outside the U.S., are clients/students chaperoned by:

- Employees Volunteers Parents Not Chaperoned
 Other (*Describe*): _____

23. Employee/Volunteer Hiring or Selection Procedures

(Note: These questions do not apply to volunteers whose activities are occasional and infrequent.)

- | | <u>Employees</u> | <u>Volunteers</u> |
|--|--|--|
| a. Do you require a written application for all employees and volunteers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Do applications require the applicant's signature and include a warning that untruthful answers are grounds for non-employment or dismissal? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Do applications include questions concerning any prior abuse or molestation allegations, incidents, convictions, or pleadings of guilty or "no contest" to a misdemeanor or felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Does the application include an acknowledgement that a background check may be conducted? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you perform documented reference checks including criminal records background checks on a state and federal level on all employees who have contact with clients/students, including janitorial staff, and all volunteers?
<i>Explain any exceptions:</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Do you maintain the practice of turning down new employees with prior sexual/physical abuse or molestation allegations against them? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

24. Background Checks

(Note: These questions do not apply to volunteers whose activities are occasional and infrequent.)

- | | <u>Employees</u> | <u>Volunteers</u> |
|--|--|--|
| a. Have background checks been conducted on all current employees/volunteers? | <input type="checkbox"/> Local
<input type="checkbox"/> Federal
<input type="checkbox"/> None | <input type="checkbox"/> Local
<input type="checkbox"/> Federal
<input type="checkbox"/> None |
| b. Do you conduct criminal background checks as a hiring requirement for new employees/volunteers? | <input type="checkbox"/> Local
<input type="checkbox"/> Federal
<input type="checkbox"/> None | <input type="checkbox"/> Local
<input type="checkbox"/> Federal
<input type="checkbox"/> None |
| c. If state or local requirements apply to your operations, do you conduct follow-up background checks in accordance with such requirements? | <input type="checkbox"/> Local
<input type="checkbox"/> Federal
<input type="checkbox"/> None
<input type="checkbox"/> Not Applicable | <input type="checkbox"/> Local
<input type="checkbox"/> Federal
<input type="checkbox"/> None
<input type="checkbox"/> Not Applicable |
| d. How often do you obtain background checks? | <input type="checkbox"/> Annually <input type="checkbox"/> 2yrs <input type="checkbox"/> 3yrs <input type="checkbox"/> 4yrs <input type="checkbox"/> 5yrs <input type="checkbox"/> > 5 yrs | |

25. Abuse or Molestation Training

- a. Do your employee/volunteer training procedures:
- i. Have a documented training program in place that clearly indicates "zero tolerance" of any type of abuse or molestation to the child/victim group and outlines what action will be taken in the event of any such abuse or molestation? Yes No
 - ii. Include training in the recognition of sexual/physical abuse symptoms and include procedures to follow if a peer is suspected of such abuse? Yes No
 - iii. Periodically schedule refresher training for all employees/volunteers? Yes No
 - iv. Document all training for content and frequency? Yes No
- b. Do you conduct abuse or molestation awareness training for students? Yes No
- c. Do you keep records of students' abuse or molestation awareness training? Yes No

26. Prevention of Abuse or Molestation Policies / Procedures

- a. Do you have written policies and procedures for the prevention of abuse/molestation? Yes No
- b. Does your written procedures manual:
- i. Outline your organization's commitment to child safety and the safety of any other persons in your custody? Yes No

- ii. Establish a child/victim group protection policy with assigned responsibilities and accountabilities? Yes No
- iii. Contain procedures for the immediate and proper handling of sexual or other abuse allegations? Yes No
- iv. Prohibit corporal punishment? Yes No
- v. Require that written procedures are publicly displayed? Yes No
- vi. Indicate that anyone suspected of an abuse/molestation offense will be subject to civil or criminal prosecution to the fullest extent allowed by law? Yes No

The below questions do not apply to the college/university student body population. Answer the following for primary schools and ancillary operations noted in question 12.

- c. Do you establish a "three person rule" to restrict "one-on-one" situations between employee/volunteer and clients/students? Yes No
- d. Do you establish if and when exceptions to the "three person rule" are permissible as part of your operations/activities? Yes No
- e. Do your procedures include controls, such as:
 - i. Identifying those specific situations where and under what circumstances "one-on-one" meetings are allowed? Yes No
 - ii. Specifying that "one-on-one" meetings are only permitted during specifically designated hours? Yes No
 - iii. Requiring that the student and/or teacher are visible from the corridor through a window in the door or an open door at all times? Yes No
 - iv. Requiring that "one-on-one" meetings only take place when the school is considered "open" i.e. accessible to staff and visitors? Yes No
 - v. Does your facility have security patrols or closed circuit monitors of client/student areas? Yes No
- f. Are the following rules/practices enforced:
 - i. Transportation done by two adults or has very strict time and routes enforced? Yes No
 - ii. Required prior establishment of those persons allowed to visit/pickup clients/students? Yes No
 - iii. Overnight activities are clearly planned and approved by management (Adequate number of pre-approved employees/volunteers and no single adult/child shared sleeping accommodations)? Yes No
 - iv. Off premises activities are only done with 2 or more prepared staff/volunteers? Yes No
 - v. A buddy system in place for children? Yes No

SECURITY OR LAW ENFORCEMENT GUARD INFORMATION
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27. Security or Law Enforcement Guards:

	<i>Total Number of (Part-Time and Full-Time) Guards</i>	<i>Number of Guards Employed by you</i>	<i>Number of Guards Contracted with a Third Party Security Firm or as independent contractors</i>	<i>Number of Guards Contracted from moonlighting or off-duty police officer(s) or law agency</i>
Security Guards – Armed (Permitted to Carry Fire Arms or other Non-Lethal Weapons)				
Security Guards – Unarmed				

28. Describe your use of armed or unarmed security or law enforcement:

29. If a contracted exposure exists, complete the following:

- a. Is a formal written agreement in place for services? Yes No
- b. Do you require the (sub)contractor to carry General Liability coverage with a minimum limit of liability of at least \$1,000,000? Yes No

- c. Are certificates of insurance obtained? Yes No
- d. Are hold harmless/indemnification agreements in your favor required from the (sub)contractor? Yes No
- e. Have you been asked to accept liability for a private security firm or a municipal police department? Yes No
- f. Are you listed as an additional insured on the (sub)contractor's policy? Yes No

SECURITY OR LAW ENFORCEMENT POLICIES AND PROCEDURES INFORMATION

30. Do you have written policies and procedures for your direct employees acting as security or law enforcement guards? Yes No
- a. Are there pre-employment and periodic criminal background checks done at a local, state, and federal level? Yes No
If no, explain: _____

 - b. Is there a Use of Force policy? Yes No
If no, explain: _____

 - c. Is there a written policy regarding invasion of privacy, false arrest, wrongful detention, slander, protection of confidential information of others, and property rights? Yes No
If no, explain: _____

 - d. Is there training, certification, and re-certification in the use of weapons including firearms, tasers, batons, or chemical spray? Yes No
If no, explain: _____

 - e. Are there requirements for psychological testing before personnel are permitted to carry a firearm? Yes No
If no, explain: _____

 - f. Are there requirements for appropriate licenses and permits? Yes No
If no, explain: _____

31. When you contract with a third party for security or law enforcement guards, do you confirm that similar written procedures are in place? Yes No
If no, explain: _____

32. Do you have an explicit policy prohibiting your employed or contracted security guards from engaging in high speed pursuits? Yes No
If no, explain: _____

PSYCHOLOGICAL COUNSELING PROFESSIONAL LIABILITY INFORMATION

33. Describe the counseling services that are provided by your school:

34. Indicate who is eligible to receive your counseling services:
- Students Faculty Staff Public

35. Check all counseling services offered to your students:

- | | | |
|--|--|--|
| <input type="checkbox"/> Drug or substance abuse | <input type="checkbox"/> Anxiety or stress disorders | <input type="checkbox"/> Rape and sexual assault counseling |
| <input type="checkbox"/> Learning disorders | <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Family or marital problems |
| <input type="checkbox"/> Indications of suicide | <input type="checkbox"/> Bereavement counseling | <input type="checkbox"/> Family planning counseling |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Telephone crisis hotline | <input type="checkbox"/> Severe or chronic emotional disorders |

36. Are any of your employees licensed to prescribe medications?..... Yes No

37. Do you have a written policy and procedure for referring students who have serious mental or emotional problems to an outside resource for help? Yes No

If yes, describe: _____

38. List the counseling positions and number of people in each position:

<i>Job Title</i>	<i>Required Degree</i>	<i>Number of employees</i>

39. What types of background checks do you perform on your counselor applicants?

- a. Credit..... Yes No
- b. Job and Personal references Yes No
- c. Qualification or credential verification Yes No
- d. Criminal Records: Yes No
 - i. Home state Yes No
 - ii. All states Yes No
 - iii. Federal..... Yes No

40. Describe all claims in the past 3 years which involved your counseling services:

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY, NEW JERSEY, NEW YORK (OTHER THAN AUTO INSURED), OHIO, AND PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

AUTO INSURED IN NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed

five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

SIGNATURES

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: X	Authorized Representative Name - Printed	Date (mm/dd/yyyy):
Producer Signature*: X	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.