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**EDUCATORS LEGAL LIABILITY APPLICATION -**

**FOR PRIVATE SCHOOLS, COLLEGES AND UNIVERSITIES**

**THIS IS AN APPLICATION FOR A CLAIMS-MADE AND REPORTED POLICY. THE POLICY REQUIRES THAT A CLAIM BE MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD AND REPORTED TO THE INSURER AS SOON AS PRACTICABLE, BUT NO LATER THAN 60 DAYS AFTER THE DATE OF EXPIRATION OF THE POLICY PERIOD, OR DURING THE EXTENDED REPORTING PERIOD, IF APPLICABLE.**

**Educational Organization Information**

|  |  |
| --- | --- |
| Name of Educational Organization:       | Date:       |
| Insurance Contact Name/Title:       | Phone:       |
| Address:       |
| City:       | State:       | Zip Code:       |
| Email Address:       | Fax Number:       |

**Broker Information**

|  |
| --- |
| Name of Broker:       |
| Broker Contact Name:       | Phone:       |
| Address:       |
| City:       | State:       | Zip Code:       |
| Email Address:       | Fax Number:       |

PLEASE ATTACH THE FOLLOWING INFORMATION TO THIS APPLICATION:

[ ]  Current employee handbook including procedures on sexual harassment, discrimination, employee grievances and employment termination

[ ]  Most Recent Audited Financial Statement, Auditor’s Management Letter, and Management Response Letter

[ ]  Currently Valued Loss Runs (Previous **5** Years & Current Year)

**General Educational Organization Information**

**Educational Organization Type** (Check all that apply)

[ ]  Community College / Technical College (2 year) [ ]  College / University (4 Year) [ ]  Graduate School

[ ]  Private / Independent School [ ]  Other:

**Organizational Structure**

1. Does the Educational Organization have Subsidiaries to be covered under the policy? [ ]  Yes [ ]  No

If yes please provide a list of the Subsidiaries along with the percentage of ownership by the Educational Organization, nature of operations and year of creation.

2. Is the Educational Organization: [ ]  Not-for Profit Entity [ ]  For-Profit Entity

3. Is the Educational Organization accredited? [ ]  Yes [ ]  No

a. If yes, please provide the name of the accreditation association(s):

b. If yes, please provide:

(1) The date of accreditation:

(2) The date of last review:

c. Has the Educational Organization or any programs offered by the Educational Organization been placed on probation or lost accreditation in the past 5 years? [ ]  Yes [ ]  No

If yes, please list the program(s), the action taken by the accreditation agency, and the date of the action.

**Enrollment Information**

Please provide the following information regarding student enrollment:

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Current Year** | **Prior Year** | **Projected Next Year** |
| Full-Time Students |       |       |       |
| Part-Time Students |       |       |       |
| Preschool Students\* |       |       |       |
| Daycare Students |       |       |       |

\*If enrollment includes daycare or preschool, please provide the range of ages:

**Employee Count**

1. Please provide the number of Employees for each of the following categories:

|  |  |
| --- | --- |
| **Category** | **Number Of Employees** |
| Full Time Faculty / Instructors |       |
| Part Time Faculty / Instructors |       |
| Administrative / Management Personnel |       |
| Student Teachers / Aids / Interns |       |
| Volunteers |       |
| Elected / Appointed Board Members |       |
| Independent Contractors |       |
| Other Employees (seasonal, temporary, etc.) |       |
| **Total:** |       |

2. Does the Educational Organization have any Employed Lawyers on staff? [ ]  Yes [ ]  No

If yes, what is the total number of Employed Lawyers?

3. Have any faculty members been denied tenure in the past 5 years? [ ]  Yes [ ]  No

If yes, how many faculty members have been denied tenure?

**Financial Information**

1. Please provide the Educational Organization’s budget for the current and immediate past 2 fiscal years:

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Current Year** | **Prior Year** | **2nd Prior Year** |
| Revenues |       |       |       |
| Expenditures |       |       |       |
| Outstanding Bond Issues |       |       |       |
| Budget Surplus (Deficit)\* |       |       |       |

\*If a budget deficit has occurred in the past 3 years, please provide details on a separate attachment.

2. Has any state or federal funding been eliminated in the past year? [ ]  Yes [ ]  No

3. Has the Educational Organization been in default on principal or interest on any bond? [ ]  Yes [ ]  No

4. Does the Educational Organization anticipate any special projects which will result in a
substantial budget increase or decrease in the next 3 years? [ ]  Yes [ ]  No

If yes please provide details:

5. Does the Educational Organization have a bond rating? [ ]  Yes [ ]  No

If yes, please provide: Rating Agency:

Bond Rating:

**Operations**

1. Do any of the Educational Organization’s directors, trustees, governors, or senior management
sit on any outside boards at the request or direction of the Educational Organization? [ ]  Yes [ ]  No

If yes, please provide details regarding these boards:

2. Does the Educational Organization have established procedures for:

a. Suspension / dismissal of students? [ ]  Yes [ ]  No [ ]  Written Policy

b. Reporting and investigation of allegations of sexual harassment? [ ]  Yes [ ]  No [ ]  Written Policy

3. Has there been any turnover in any of the following leadership positions over the past 3 years:
President, Provost, CFO, Deans, Department Chairperson, Human Resource Manager, Risk Manager, or General Counsel? [ ]  Yes [ ]  No

If yes, please list the position(s), when the change occurred, and the reason for the change:

|  |  |  |
| --- | --- | --- |
| **Position** | **When Change Occurred** | **Reason For Change** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

4. Have there been any acquisitions, mergers or new entities created in the past 3 years or are any planned within the next 12 months? [ ]  Yes [ ]  No

If yes, please provide details:

5. Does the Educational Organization plan to close any departments, divisions or Subsidiaries within the next 12 months? [ ]  Yes [ ]  No

If yes, please provide details:

6. Have there been any reductions to the Educational Organization’s workforce in the past 3 years or are any planned within the next 12 months? [ ]  Yes [ ]  No

If yes, please provide details:

**Employment Practices**

1. Does the Educational Organization:

a. Have a Human Resources or Personnel Department? [ ]  Yes [ ]  No

b. Use a uniform employment application for all applicants at all locations? [ ]  Yes [ ]  No

c. Conduct background checks on all prospective Employees? [ ]  Yes [ ]  No

If yes:

(1) Is an offer of employment contingent on the outcome of the background check? [ ]  Yes [ ]  No

(2) Are the checks conducted by Employees of the Educational Organizations? [ ]  Yes [ ]  No

d. Have a formal orientation program for all new Employees? [ ]  Yes [ ]  No

e. Regularly conduct sensitivity training or other discrimination or sexual harassment education? [ ]  Yes [ ]  No

If yes:

(1) How many faculty or staff members participated in the training?

(2) How often does this training occur?

f. Provide regular written performance evaluations for all Employees? [ ]  Yes [ ]  No

g. Use a centralized method of reporting allegations of employment practices violations, such
as a toll-free number, internet or similar reporting method? [ ]  Yes [ ]  No

h. Have a formal outplacement program which assists terminated or laid off Employees in
finding other employment? [ ]  Yes [ ]  No

i. Require mandatory arbitration of employment and labor related claims? [ ]  Yes [ ]  No

j. Require terminations to be reviewed by the following:

(1) Human Resources Department? [ ]  Yes [ ]  No

(2) Legal Department? [ ]  Yes [ ]  No

(3) Outside Counsel? [ ]  Yes [ ]  No

k. Distribute a uniform employee handbook? [ ]  Yes [ ]  No

2. Has the Educational Organization adopted the following policies?

|  |  |  |
| --- | --- | --- |
| **Policy** | **Adopted** | **In Employee Handbook** |
| Equal Employment Opportunity Statement | [ ]  | [ ]  |
| At-will Statement | [ ]  | [ ]  |
| Sexual Harassment policy and procedures | [ ]  | [ ]  |
| Progressive discipline | [ ]  | [ ]  |
| Family Medical Leave Act policy | [ ]  | [ ]  |
| Pregnancy leave policy | [ ]  | [ ]  |
| Grievance procedures | [ ]  | [ ]  |
| Americans With Disabilities Act policy requiring reasonable accommodation | [ ]  | [ ]  |
| Minority hiring policy | [ ]  | [ ]  |
| Union hiring policy | [ ]  | [ ]  |
| Email and voicemail use policy | [ ]  | [ ]  |
| Retention of computer data and voicemail policy | [ ]  | [ ]  |

3. Does the Educational Organization provide supervisory Employees with classroom or other
interactive training and education regarding sexual harassment at least once every 2 years? [ ]  Yes [ ]  No

**Third Party Liability Exposures**

1. Does the Educational Organization:

a. Have policies or procedures outlining Employee conduct when interactive with students,
parents, vendors, clients and the general public or other third parties? [ ]  Yes [ ]  No

b. Have policies or procedures for dealing with complaints from students, parents, vendors,
clients, the general public or other third parties? [ ]  Yes [ ]  No

c. Provide formal diversity or cultural sensitivity training for Employees who interact with students,
parents, vendors, clients, the general public or other third parties? [ ]  Yes [ ]  No

2. Has a student, parent, vendor, client, the general public or other third party ever submitted a written
complaint or brought a civil proceeding against the Educational Organization alleging harassment,
discrimination or civil rights violations? [ ]  Yes [ ]  No

If yes, please provide details:

**Claims Information**

1. Have any of the following situations occurred in the past 5 years?

a. Allegations of unfair or improper treatment regarding Employee hiring, tenure decisions, remuneration, advancement or termination of employment? [ ]  Yes [ ]  No

b. Disputes involving integration, segregation, discrimination or violation of civil rights? [ ]  Yes [ ]  No

c. Allegations of harassment against any:

(1) Student? [ ]  Yes [ ]  No

(2) Current or former Employee? [ ]  Yes [ ]  No

(3) Other?       [ ]  Yes [ ]  No

d. Complaints filed with the Equal Employment Opportunity Commission (EEOC),
Office of Civil Rights, Human Rights Commission, United States Department of Education,
state or federal court, or any similar state or federal agency by any person, current or former
employee or job applicant? [ ]  Yes [ ]  No

e. Layoff of Employees or reduction in services? [ ]  Yes [ ]  No

f. Strike, slowdown or other disruption by Employees? [ ]  Yes [ ]  No

If yes to any of the above questions, please attach a separate document providing details.

2. Does the Educational Organization, its board and/or trustees or its Employees have any knowledge
of any pending injury, any potential claim or suit, or any error or omission which might reasonably
be expected to give rise to a claim against the Educational Organization, the board and/or its trustees,
or any of its Employees? [ ]  Yes [ ]  No

a. If yes, has the current insurance carrier been placed on notice of such pending injury, claim, suit,
error or omission? [ ]  Yes [ ]  No

b. If yes, please provide details of the claim including the claim number and date of notice.

**Fraud Warnings**

**Notice to Alabama, Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island and West Virginia applicants:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in Maryland only.

**Notice to Colorado applicants:** 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.

**Notice to Florida and Oklahoma applicants:** 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)\*. \*Applies in Florida only.

**Notice to Kansas applicants:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Notice to Kentucky, New York, Ohio and Pennsylvania applicants:** 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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation). \*Applies in New York only.

**Notice to Maine, Tennessee, Virginia and Washington applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in Maine only.

**Notice to Minnesota applicants:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Notice to New Jersey applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to Oregon applicants:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Notice to Vermont Applicants:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Notice to applicants of all other states:** 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 the person to criminal and civil penalties.

**Representation Statement**

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

Name of applicant Title

Signature of applicant Date

(Florida only) Agent license number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_