**EDUCATIONAL INSTITUTION LIABILITY RENEWAL APPLICATION**

### GENERAL INFORMATION

1. Current Kinsale Policy Number: ____________________________
2. Legal name of the entity which is the primary applicant and will be the first named insured listed on the policy: ____________________________
3. Please list all other business/dba names, including subsidiaries, commissions or boards created by the Applicant for which you are seeking coverage under this policy: ____________________________

<table>
<thead>
<tr>
<th>Type of educational entity:</th>
<th>Public</th>
<th>Private</th>
<th>Educational Service District</th>
<th>Charter School</th>
<th>Community College</th>
<th>Four Year College/University</th>
<th>Other (describe):</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Type of educational entity:</td>
<td>[ ] Public</td>
<td>[ ] Private</td>
<td>[ ] Educational Service District</td>
<td>[ ] Charter School</td>
<td>[ ] Community College</td>
<td>[ ] Four Year College/University</td>
<td>[ ] Other (describe):</td>
</tr>
</tbody>
</table>

5. If an Educational Service District, how many schools comprise this district? ____________________________
6. Please list any names of other entities that you own or manage or that you do business under (such entities are not requesting coverage under this policy): ____________________________

7. Primary location address: ____________________________
8. County of primary location: ____________________________ Date entity established: ____________________________
9. Total number of branches: ___________ List all addresses for additional branches: ____________________________

10. Entity location is: [ ] Rural | [ ] Urban | [ ] Suburban
11. Current population of district: ____________________________
12. What is your web-site address? www. ____________________________

13. Has the name or ownership of the entity changed or has any other business been purchased, merged or consolidated with the entity within the last 12 months? Yes [ ] No [ ]
14. Does any entity own or control your business or does your business own or control any entity? Yes [ ] No [ ]
15. During the past 12 months, has your name been changed or has any other business purchased, merged or consolidated with you? Yes [ ] No [ ]
16. During the past 12 months, have you been involved in any school mergers/closings, or plan to do so in the next 12 months? Yes [ ] No [ ]
17. Do you plan to have any school openings in the next 24 months? Yes [ ] No [ ]
18. Is the Applicant managed or administered by any third party under contract or agreement? Yes [ ] No [ ]

For questions 13-18, please fully explain any “yes” response, including the names, dates, impact involved on revenue & headcount:

19. Does the Applicant now have tax exempt status under the United States Internal Revenue Service? Yes [ ] No [ ]
20. Is there now, or has there been, any dispute as to the Applicant’s tax exempt status? Yes [ ] No [ ]

*If Yes, please attach an explanation.*

### ORGANIZATION INFORMATION
1. Student Enrollment (if a college/university, the number of students should include the full-time equivalent of part-time):

<table>
<thead>
<tr>
<th></th>
<th>Current School Year</th>
<th>Last School Year</th>
<th>Projected Next School Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of students</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher/Student Ratio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Students With Disabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher/Student with Disabilities Ratio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Special Education Students</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher/Special Education Ratio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Class Size</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. List the number and type of staff:

<table>
<thead>
<tr>
<th>Type of Employee</th>
<th>This Year</th>
<th>Last Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counselors/Psychologists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law Enforcement/Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching Faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: (describe function)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Number of Board Members: __________
   a. Term of office: __________
   b. Terms staggered: Yes ☐ No ☐ If “yes” what is the schedule: __________________________
   c. Board Members/Trustees are: ☐ Appointed ☐ Elected
   d. If elected, they are elected by: ☐ At Large ☐ Single Member Districts
   e. Are all Board seats currently filled? Yes ☐ No ☐ Please explain any “no” response.

4. Does the Applicant perform any of the following services:
   If Yes to any question, please explain (attach an additional explanation if needed).
   a. Operation of any daycare facilities or services? Yes ☐ No ☐
   b. Organize or sponsor any type of contest, lottery, tournament, prize, give-away, raffle or other game of chance? Yes ☐ No ☐
   c. Operate or sponsor a political action committee? Yes ☐ No ☐
   d. Organize domestic or international field trips for students? Yes ☐ No ☐
   e. Manage/administer any entity (other than the Applicant Entity) under contract or agreement? Yes ☐ No ☐

   For questions 4 A-E, please fully explain any “yes” response, including details of number of participants, type of events, frequency, etc.: __________________________
1. Has the Applicant made any changes in the past 12 months to any written policies/procedures governing students regarding the below? If “yes” to any response, please attach a narrative explanation detailing the changes.

<table>
<thead>
<tr>
<th>All Students</th>
<th>Special-Needs Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptance</td>
<td>Yes No</td>
</tr>
<tr>
<td>Corporal Punishment</td>
<td>Yes No</td>
</tr>
<tr>
<td>Dismissal</td>
<td>Yes No</td>
</tr>
<tr>
<td>Dress Code</td>
<td>Yes No</td>
</tr>
<tr>
<td>Drug Testing</td>
<td>Yes No</td>
</tr>
<tr>
<td>Extracurricular Activities</td>
<td>Yes No</td>
</tr>
<tr>
<td>Parking</td>
<td>Yes No</td>
</tr>
<tr>
<td>Promotion</td>
<td>Yes No</td>
</tr>
<tr>
<td>Sexual Harassment</td>
<td>Yes No</td>
</tr>
<tr>
<td>Suspension</td>
<td>Yes No</td>
</tr>
<tr>
<td>Transfer</td>
<td>Yes No</td>
</tr>
<tr>
<td>Use of lockers</td>
<td>Yes No</td>
</tr>
</tbody>
</table>

2. Have the above policies and procedures been reviewed by an attorney? Yes No

3. Is the student handbook, including the above policies and procedures, distributed to all students at the time of enrollment? Yes No At the start of each new school year? Yes No

Please explain any “no” response to question #2 and #3

---

**FISCAL INFORMATION**

1. Complete the following chart providing the requested financial information:

<table>
<thead>
<tr>
<th>Indicate the following as it relates to the Applicant's fiscal year end (FYE): (Please indicate negative figures with &quot;(&quot; or &quot;)&quot; as appropriate)</th>
<th>Most Recent FYE (Month/Year)</th>
<th>Projected Next FYE (Month/Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenues</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Expenditures</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Surplus or Deficit Amount</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Accumulated Surplus or Deficit</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

2. If a deficit exists, please explain how and when it will be eliminated: ____________________________________________________________

3. How much of the operating revenue/budget is: State Aid? $ Federal Aid? $

4. Does the Entity have the authority to issue bonds? Yes No
   a. What was the date and size of the most recent bond issuance? __________________________________________________________
   b. What is the Entity’s Bond Rating? ______________________
   c. Is a bond vote or issuance planned for the next 12 months? Yes No If Yes, what is the dollar amount of the bond? $ ______________________
   d. Has the Entity been in default of principal or interest on any bond during the past 5 years, or will you be in the next 12 months? Yes No

If Yes, explain: __________________________________________________________

5. Does the Entity have the authority to raise taxes? Yes No

6. Has any bond or tax increase been defeated in the past three years? Yes No

If Yes, explain: __________________________________________________________

7. Do you expect a budget reduction in the next year? Yes No

If Yes, please provide the estimated amount of the reduction and the impact it will have: __________________________________________________________
EMPLOYEES

1. Number of Employees: Full Time: ________________ Part Time: ________________

2. Number of Volunteers: ________________ How many hours per week do volunteers work on average? ______

3. Please describe the services performed by Volunteers for or on behalf of your Entity. ____________________________

4. Salary Ranges
   (including bonuses, dividends and commissions)

<table>
<thead>
<tr>
<th>Number of full time employees</th>
<th>Number of part time employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50,000 or less:</td>
<td></td>
</tr>
<tr>
<td>$50,001 to $100,000:</td>
<td></td>
</tr>
<tr>
<td>$100,001 and over:</td>
<td></td>
</tr>
<tr>
<td>TOTAL:</td>
<td></td>
</tr>
</tbody>
</table>

If you have multiple locations, please list employees by state:

<table>
<thead>
<tr>
<th>State:</th>
<th>State:</th>
<th>State:</th>
<th>State:</th>
<th>State:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part-Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Did any of the following take place in the past 3 years?
   a. Strike, slowdown, or other staffing disruption? Yes ☐ No ☐
   b. Disputes involving integration, segregation, discrimination, or violations of civil rights (with staff or students)? Yes ☐ No ☐
   c. Has any employee been suspended, dismissed, demoted, transferred, or had a tenure contract non-renewed? Yes ☐ No ☐

   Please explain all “yes” answers to 5 A-C: ____________________________

6. Does the Applicant use seasonal or temporary employees? Yes ☐ No ☐
   If so, when and how many? ____________________________
   Are these employees included in #4 above? Yes ☐ No ☐

7. Does the Applicant use leased workers? Yes ☐ No ☐
   If Yes, how many have been retained by the Applicant in the past 12 months? ____________________________
   Are these employees included in #4 above? Yes ☐ No ☐

8. Does the Applicant use independent contractors? Yes ☐ No ☐
   If Yes, how many work solely for the Applicant? ____________________________

9. For which of the following services does the Entity or District use subcontractors (check all that apply):
   ☐ Administrative/Secretarial ☐ Accounting/Financial ☐ Custodial ☐ Food ☐ Medical ☐ Specialized Education
   ☐ Transportation ☐ Other Please explain in detail: ____________________________

10. Do you require all subcontractors or independent contractors to provide evidence of carrying liability insurance? Yes ☐ No ☐
    Are you added as an additional insured to these policies? Yes ☐ No ☐
11. How many employees are covered by collective bargaining or other union agreements? 

12. In the past 12 months, how many employees have left your employ? 
   Of the above, how many were terminated involuntarily?

EMPLOYMENT PRACTICES & HUMAN RESOURCES

1. Has the Applicant established or changed any written policies/procedures governing teachers & other personnel in the past 12 months? If “yes” to any response, please attach a narrative explanation detailing the changes.

   Background checks
   Demotion
   Dismissal
   Drug Testing
   Hiring
   Promotion
   Sexual Harassment
   Suspension
   Transfer

2. Do you conduct background checks on all:
   Applicants?
   New Hires?
   Volunteers?

3. Please check the appropriate areas for the type of checks performed:

<table>
<thead>
<tr>
<th>Type</th>
<th>Teachers</th>
<th>Other Employees</th>
<th>Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Credentials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal Checks-All States</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal Checks-Federal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal Checks-Home State</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driving Record</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal References</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior Employers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Random Drug Tests (post hire)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: (Describe): ________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Have the Applicant’s supervising personnel or other employees attended training and education programs/seminars on sexual harassment and other types of discrimination within the last 12 months? If “yes” to any response, please attach a narrative explanation detailing the changes.

   If Yes, who has attended? ______________________________________________________________________
   If Yes, who conducts the sessions? ______________________________________________________________________

5. Does the Applicant have its employment policies/procedures reviewed by labor or employment counsel? If Yes, identify the firm and date of last review: ______________________________________________________________________
6. Does the Applicant have a Human Resources or Personnel Department? [ ] Yes  [ ] No

If No, who handles this function?

7. Does the Applicant have an employee handbook? [ ] Yes  [ ] No

If Yes, does the Applicant distribute it to all employees? [ ] Yes  [ ] No

If Yes, do all employees sign for its receipt? [ ] Yes  [ ] No

If Yes, does it expressly state that it is not a contract and that employment is “at will”? [ ] Yes [ ] No

8. Does the Applicant have written procedures for handling employee complaints of discrimination and/or sexual harassment? [ ] Yes  [ ] No

9. Does the Applicant require all terminations to be reviewed by:  
   - The person in charge of human resources? [ ] Yes  [ ] No
   - Outside counsel? [ ] Yes  [ ] No

10. Does the Applicant maintain a personnel file for each employee? [ ] Yes  [ ] No

**OTHER MATERIAL INFORMATION**

1. After inquiry with each person as appropriate does anyone have any other Material Facts to disclose? [ ] Yes  [ ] No  
   (If Yes, please provide such Material Facts on a separate sheet.)

   A Material Fact is one likely to influence assessment of this risk, the premium charged or the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material, you should disclose it. All of the information requested in this proposal is material.

**INSURANCE AND LOSS HISTORY**

1. Does the Applicant currently carry General Liability Insurance? [ ] Yes  [ ] No

2. Other than routine visits, has the entity had any on-site monitoring visits by a State or Federal Regulatory Agency within the last 12 months? [ ] Yes  [ ] No

   If yes, provide the name of the agency, purpose of the visit and results:

   __________________________________________________________________________

3. Is the Applicant operating under any court orders? [ ] Yes  [ ] No

   If Yes, please explain:

   __________________________________________________________________________

4. Has the entity been criticized by the state board of education? 
   [ ] Yes  [ ] No

   If yes, please attach details including the Applicant’s response.

5. After inquiry with each person as appropriate, in the last twelve (12) months, have any School Board Liability claims, or any wrongful termination, discrimination, sexual harassment claims or any other wrongful employment practices liability claim or suit (including third party claims), ever been made against the Entity or any predecessor Entity or any current or former member of the Entity or predecessor Entity (whether insured or uninsured)? [ ] Yes  [ ] No

   If “Yes,” how many? __________ Please complete a separate Supplemental Claim Form for each claim or suit and include a currently valued loss run for each claim.

6. After inquiry with each person as appropriate, do you, or any of your board members, trustees, regents, or employees know of any circumstances, acts, errors, omissions, or any allegations or contentions of any incident that could result in a School Board Liability claim, or any employment related claim, including third party claims (whether insured or uninsured)? [ ] Yes  [ ] No
If “Yes,” how many? ________________ If “Yes,” please complete a separate Supplemental Claim Form for each potential claim and provide as much details as possible.

7. In the past 12 months, has the Applicant reported any new D&O or EPL claims to a previous carrier including under any Extended Reporting Period/Tail Provision?  

Yes ☐ No ☐

If yes, how many? ________________

Please complete a separate Supplemental Claim Application for each such claim or suit and include a currently valued loss run for each claim.

Please provide currently valued loss runs for the past 5 years from your previous insurance carriers.

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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

NOTICE TO MAINE 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, or denial of insurance benefits.

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 NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 shall also be subject to a civil penalty not to exceed $5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO 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 a 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.

NOTICE TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant’s acceptance of the company’s quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _______________________________ Title: _______________________________

(Authorized signatory for Applicant Entity)

Applicant’s Signature: _______________________________ Date: _______________________________

Agent/Broker Name: _______________________________
SCHOOL BOARD LIABILITY SUPPLEMENTAL CLAIM APPLICATION

- This form is to be completed when the Applicant has been involved in any claim or is aware of an incident which may give rise to a claim. COMPLETE ONE FORM FOR EACH CLAIM OR INCIDENT.
- If space is insufficient to answer any questions fully, attach a separate sheet.
- In lieu of attaching suit papers, please provide a complete narrative description of the allegations involved

APPLICANT’S INFORMATION

1. Full Name of Applicant: ________________________________

2. Full Name of Individual(s) or entity involved in the claim: ________________________________

3. Additional defendants ________________________________

4. Full Name of Claimant: ________________________________

5. Is the Claimant still your student/employee/customer after bringing the claim? Yes □ No □

6. Indicate whether: □ CLAIM □ SUIT □ Incident/Circumstance Only (no claim or suit)

7. Date and location of alleged act, error or omission: ________________________________

8. Date of claim: ________________________________ Date reported to Insurance Company: ________________________________

9. What is the status of the claim? Closed/Settled □ Open/Pending □ Incident/Circumstance □

10. IF CLOSED:

   Total paid including deductible(s)? Responses such as “unknown” or “unavailable” are insufficient.

<table>
<thead>
<tr>
<th>Defense costs</th>
<th>Loss/compensatory damages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid by you-out of pocket $</td>
<td>$</td>
</tr>
<tr>
<td>Insurance Company $</td>
<td>$</td>
</tr>
</tbody>
</table>

   Date Resolved: ______/_____/______ Trial □ Out of Court □

11. IF PENDING:

   (a) Claimant’s settlement demand? $ __________ Defendant’s settlement offer (if any): $ __________

   (b) Insurer’s reserve amounts? Loss $ __________ Defense $ __________

   (c) Amounts already spent defending the claim? By you? $ __________ By the insurer? $ __________

   (d) What is your best estimate of the likely settlement amount for this matter? $ __________

   (e) What is your best estimate of the date when you expect this claim to be resolved? __________

   Note: Answering “unknown” or “unavailable” to the above questions is an insufficient response.

12. Name(s) of Insurer(s) responding to this claim or incident ________________________________

   Policy Number: ________________________________ Limit of Liability: ________________________________ Deductible: ________________________________

13. Provide narrative description of suit, claim or incident, including the allegations involved, the potential size of injury and your response (do not provide suit papers): ________________________________
14. Explain what action(s) have been taken to prevent reoccurrence of a similar claim and/or steps to better defend/avoid such allegations in the future:

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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

NOTICE TO MAINE 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, or denial of insurance benefits.

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 NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 shall also be subject to a civil penalty not to exceed $5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO 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 a 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.
NOTICE TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant’s acceptance of the company’s quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

I declare that the information submitted herein is true to the best of my knowledge and becomes a part of my Professional Liability Application. I understand that an incorrect or incomplete statement could void my protection.

Applicant Name (Print) ____________________________ Title: ____________________________

Applicant’s Signature: ______________ Date: ____________________________

(Authorized signatory for Applicant Entity)

Agent/Broker Name: ____________________________