

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY  
PELEUS INSURANCE COMPANY**
**CONTRACT DIVISION - SCHOOLS - SUPPLEMENTAL APPLICATION**

ACORD Application also required - Check all applicable checkboxes below

<b>General Agent:</b>	<b>Date:</b>
<b>Insured:</b>	
<b>Insured Mailing Address:</b>	
<b>Insured's Web Address:</b>	
<b>Insured Contact Name:</b>	<b>Phone Number:</b>

**PROHIBITED** (check all that apply to your operations)

- Armed security unless off-duty certified peace officers
- Boarding schools, Charter schools
- Developmentally disabled or handicapped acceptable if incidental. If the school specializes in these kinds of students the risk should be submitted to Allied Medical
- Emotionally challenged student exposures
- Student housing

## Schools for:

- Aviation, flight training, parachuting schools
- Cheerleading, gymnastics
- Firearms or weapons training
- Health/Medical (acupuncture, homeopathic, CPR, EMT, Fire/Rescue, Life Safety, Lamaze, Mommy & Me)
- Heavy equipment, heavy machinery, rigging, welding
- Racing or stunt
- Recreational vehicles including but not limited to: ATV's, motorcycles, 3 wheelers, jet skis, watercraft
- Veterinary

**YEARS IN BUSINESS / EXPERIENCE**

\_\_\_\_\_ Years in business as the 'Named Insured' indicated on this application

\_\_\_\_\_ Years' experience in the operations indicated on this application - Attach resumes if available

- Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.  
*(Missouri Applicants - Do not answer this question)*

- Applicant in receivership
- Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

**LICENSING**

- Licenses and certifications, as required by state and/or locality are all in place

License Number: \_\_\_\_\_

**SCHOOLS - SUPPLEMENTAL APPLICATION**

**LOSS HISTORY**

- Three years of loss history information provided on ACORD application or attached to this application
- There has been a claim due to sexual misconduct or molestation. If yes (explain):

**OPERATIONS / EXPOSURES / CONTROLS**

Type of School:

- \_\_\_\_\_ Ages of those taught
- \_\_\_\_\_ Total number of students
- \_\_\_\_\_ Total number of teachers (including volunteer teachers)

**OPERATIONS / EXPOSURES / CONTROLS**

**Field Trips:**

- Number of field trips per month on average \_\_\_\_\_
- Permission slips (signed) are required in order to go on field trip
  - Trips may include visits to a beach, lake or swimming pool
  - Trips may include visits to amusement facilities
  - Trips may include visits to zoos
  - Trips to destinations not listed above include (describe below):

**Medical / Emergencies**

- Authorization procedure in place if student not released to custodial parent or legal guardian
- Emergency evacuation plan in place, posted and all employees trained and aware of the plan
- Exclusion criteria in place for sick students and students without certain immunizations
  - Immunization records obtained for each child enrolled
- Health records are obtained for each child that is enrolled including immunization records and dietary issues
- Medicines and first aid equipment are stored out of reach of children
- Medicines only dispensed if parent/legal guardian provides written permission and written instructions
- School nurse (if any) is licensed and insured elsewhere

**Overnight:**

- Over-night or Over-stay exposures. If yes, explain:

**Premises:**

- Carbon monoxide detectors in place
- Doors are equipped with panic bars
- Exits clearly marked, lighted and free of obstructions
- Fire extinguishers on premises and have current inspection tags
- No smoking signs posted and strict no smoking policy enforced
- Playground equipment (describe):

- Playground equipment was installed professionally by a company certified in playground safety
- Playground equipment does not have any primary platforms are higher than 8 feet
- Play area(s) if outdoors are fully fenced with self-locking gates for grades K thru 5
- Play area(s) if outdoors have an artificial soft-surface material installed
- Play area(s) meet all safety requirements specified by the Consumer Products Safety Commission
- Smoke detectors in place:  Battery  Hardwired

**SCHOOLS - SUPPLEMENTAL APPLICATION**

**OPERATIONS / EXPOSURES / CONTROLS (continued)**

Sports facilities (describe):

- Bleachers (if any) above 4 tiers in height all have backs to prevent falls
- Fenced if used by children 10 years old or younger
- Swimming Pool(s) Number of swimming pools: \_\_\_\_\_
  - Depths marked, Life safety equipment placed in pool area, Rules posted
  - Competitions     Diving Teams     Swimming Instruction
  - Fenced completely with self-latching gate(s), if pool is outdoors
  - Life guards     CPR trained     Subcontracted out
  - Slides or diving boards    Maximum height: \_\_\_\_\_ feet

**SUBCONTRACTORS / INDEPENDENT CONTRACTORS**

- Uninsured subcontractors are not acceptable
- Risk Transfer – Subcontractors:
  - Additional Insured – Status granted to you on the subcontractor’s policy
  - Certificates of Insurance - Always obtained from a subcontractor prior to any work being done for you
  - Limits of Liability - Subcontractors are required to carry limits equal or above your own

**EMPLOYEES / VOLUNTEERS**

- Certifications (as required) in place for all teachers
- Criminal background checks performed on all employees     At time of hire only     Annually
- CPR trained staff member (at least one) is always on duty during hours of operation
- Drug testing of all employees
- Training (at least once annually) of all staff regarding child abuse and sexual abuse
- Volunteers go through a formal application process, and background check performed (if student contact)

**RATING BASIS**

All Operations	\$
Number of Children	
Number of Days per Week	

**PLANNED EXPANSION OR NEW ACTIVITIES IN COMING POLICY TERM**

New activities or expansion is anticipated (describe):

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**COVERAGE OPTIONS - LIABILITY** (check if you would like a quote on any of the following)

- Abuse and Molestation:  \$25,000 Limit  \$50,000 limit  \$100,000 limit
- Employee Benefit Liability – U058
- High Limits General Liability
- Identity Recovery – i.e. Identity Theft – U651
- Medical Expense Limit of \$10,000 rather than \$5,000
- Stop Gap Liability – U066

**COVERAGE OPTIONS - PROPERTY** (check if you would like a quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 & U523  
Property Coverage Enhancement:  Bronze – U777C,  Silver – U777B or  Gold – U777A
- Signs (Outdoor) – CP1440
- Water Back Up and Sump Overflow – U548

**GENERAL FRAUD STATEMENT (Not applicable in all 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

*The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:*

- *The answers are true, correct and complete to the best of his/her knowledge.*
- *They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

**SIGN AND DATE**

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE