

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **ARGONAUT INSURANCE COMPANY** OR **ARGONAUT GREAT CENTRAL INSURANCE COMPANY**, A LICENSED INSURER.

### Submission Requirements

- ◆ Completion of this application and any supplemental applications
- ◆ Up-to-date schedules including Property COPE information, Autos with original cost new
- ◆ Five (5) years of currently valued loss runs and/or TPA
- ◆ Last Audited Financial Report

### GENERAL INFORMATION

Entity Name			FEIN	
Street Address	City	State	County	Zip Code
Insurance Contact/Title			Contact Phone	
Contact Email Address				

### KEY DATES

Effective Date	Bid Date (if any)	Agency Need-by Date
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### SUBMITTING AGENCY

Agency		Phone		
Producer / Agency Contact		Email Address		
Street Address	City	State	Zip Code	

**PREMIUM AND LOSS HISTORY**

Line	Check if Requested	Expiring Premium	Carrier	Deductible/SIR	Policy Limit
General Liability		\$		\$	\$
Educators Legal Liability		\$		\$	\$
Employment Practices Liability		\$		\$	\$
Law Enforcement Liability		\$		\$	\$
Auto Liability		\$		\$	\$
Auto Physical Damage		\$		\$	\$
Property		\$		\$	\$
Inland Marine		\$		\$	\$
Crime		\$		\$	\$
Excess/Umbrella Liability		\$		\$	\$
Equipment Breakdown		\$		\$	\$
Workers Compensation (not available in all states)		\$		\$	\$
Other: _____		\$		\$	\$
Other: _____		\$		\$	\$

**COMMERCIAL GENERAL LIABILITY**

Coverage type:  Occurrence or  Claims-Made, Retroactive Date: \_\_\_\_\_  
Per Occurrence Limit: \$ \_\_\_\_\_ Annual Aggregate: \$ \_\_\_\_\_  
Deductible: \$ \_\_\_\_\_ or SIR: \$ \_\_\_\_\_

Total Student Enrollment: \_\_\_\_\_  Employee Benefits Liability Requested

**Abuse and Molestation Risk Management**

Known sexual abuse or molestation incidents.  Yes  No

If Yes, provide details:

Does the facility have a written policy regarding prompt reporting of actual/suspected abuse/molestation?  Yes  No

Does the school have a written policy/procedure regarding a student's complaint against a teacher, staff member, or a fellow student?  Yes  No

Are all employees, volunteers, and students made aware of these laws and what is considered unacceptable behavior?  Yes  No

Are criminal background checks conducted before hiring any employees who come in contact with minors?  Yes  No

Are records kept documenting background checks?  Yes  No

Are there minors in care overnight?  Yes  No

If yes, explain:

**Bullying Prevention Program**

Is a Bullying Policy in Place?  Yes  No

If Yes, Bullying Policy and Procedure Covers (select all that apply):

- Purpose  Investigations  Consequences  Reporting
- Prohibited Behavior  Written Records  Training / Prevention  Monitoring

**Concussion Risk Management Program**

Concussion Policy in Place?  Yes  No

Coaches trained in Concussion Protocols annually?  Yes  No

Name of Training Program or Trainer: \_\_\_\_\_

Immediate participant removal from game/activity if they appear to have suffered a head injury?  Yes  No

Parent/guardian notification provided about possible concussion?  Yes  No

Return to play policy that includes Doctor clearance post concussion?  Yes  No

**EMPLOYMENT PRACTICES LIABILITY**

Coverage type:  Claims-Made, Retroactive Date: \_\_\_\_\_ or  Occurrence  
 Per Occurrence Limit: \$ \_\_\_\_\_ Annual Aggregate: \$ \_\_\_\_\_  
 Deductible: \$ \_\_\_\_\_ or SIR: \$ \_\_\_\_\_

**Policies And Procedures**

- Entity conducts prior employment check on all new hires?  Yes  No
- Does the entity have an employee handbook?  Yes  No
- Employee handbook signed by employees?  Yes  No
- Latest Revision Date of employee handbook? \_\_\_\_\_
- When did legal counsel last review the employee handbook? \_\_\_\_\_
- Does the entity have a posted anti-discrimination policy?  Yes  No
- Does the entity have written policies and procedures with regard to the following? (Please check all that apply)

Policy	Last Revision Date	Policy	Last Revision Date
<input type="checkbox"/> Hiring		<input type="checkbox"/> Sexual Harassment	
<input type="checkbox"/> Discrimination		<input type="checkbox"/> Disciplinary Actions	
<input type="checkbox"/> Grievance Procedures		<input type="checkbox"/> Internet Usage	
<input type="checkbox"/> Termination		<input type="checkbox"/> Social Media	
<input type="checkbox"/> Medical / Unpaid Leave			

**Employment Practices Controls and Employee Performance**

Does the entity provide training for all new supervisors and managers on harassment policy and procedure?  Yes  No

**Annual Affirmation by Employees on the following policies?** (Please check all that apply)

Discrimination  Social Media  Internet Usage  Harassment

**Claim History**

Provide details of any Employment Practices Claims greater than \$25,000 incurred. What was the claim and as a result any change in policy or procedure?

## EDUCATORS LEGAL LIABILITY (Claims-Made)

Coverage type:  Claims-Made, Retroactive Date: \_\_\_\_\_

Per Occurrence Limit: \$ \_\_\_\_\_ Annual Aggregate: \$ \_\_\_\_\_

Deductible: \$ \_\_\_\_\_ or SIR: \$ \_\_\_\_\_

### School Staff

Counselors/Psychologists: \_\_\_\_\_ Nurses: \_\_\_\_\_ Total All Other (Teachers/Admin/Other): \_\_\_\_\_

Percentage of Teachers Tenured: \_\_\_\_\_%

Yes  No Any Educators Legal Liability Claims or Settlements made in the last 3 years?

Yes  No Has the entity merged or combined with another entity in the last 12 months?

Yes  No Any new school acquisitions or mergers planned?

### Claim History

Provide details of any Educators Legal Claims greater than \$25,000 incurred in last 3 years. What was the claim and as a result any change in policy or procedure?

## LAW ENFORCEMENT LIABILITY

### School Security / Law Enforcement

Coverage type:  Occurrence or  Claims-Made, Retroactive Date: \_\_\_\_\_

Per Occurrence Limit: \$ \_\_\_\_\_ Annual Aggregate: \$ \_\_\_\_\_

Deductible: \$ \_\_\_\_\_ or SIR: \$ \_\_\_\_\_

Security Personnel:  Employed by School  Contracted Out  N/A

Number of Unarmed Security: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Number of Armed Security: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Yes  No Security Officers are Certified Police Officers?

Yes  No Written Policy in place regarding invasion of privacy?

Yes  No Written Policy in place regarding Use of Force?

Yes  No Documented Training and Certification at least annual on all Weapons (firearms, pepper spray, other)?

**COMMERCIAL AUTOMOBILE COVERAGE**

Please attach a completed Excel worksheet/schedule (available at [www.tridentpublicrisk.com](http://www.tridentpublicrisk.com)).

**I. LIMITS**

Per Occurrence Limit \$ \_\_\_\_\_ Hired/Non-Owned Requested  Yes  No  
 Liability Deductible (if any) \$ \_\_\_\_\_ Medical Payments \$ \_\_\_\_\_  
 PIP/No Fault \$ \_\_\_\_\_ Additional No-Fault \$ \_\_\_\_\_  
 UM/UIM \$ \_\_\_\_\_ Other: \_\_\_\_\_ \$ \_\_\_\_\_

**II. UNDERWRITING INFORMATION**

Any location with a concentration of vehicles where total values exceed \$2,000,000?  Yes  No  
 (If yes, please complete **TPRS-SUP193 Supplement - Concentration of Vehicles**)

**Fleet Safety**

Driver training program?  Yes  No  
 Accident investigation program?  Yes  No  
 Accident investigation includes a corrective action for preventable accidents?  Yes  No  
 MVRs ordered prior to hire?  Yes  No  
 Has the entity disqualified a prospective employee due to poor driving record?  Yes  No  
 Does the entity conduct periodic MVR checks?  Yes  No  
 Annually  Bi-annually  Other: \_\_\_\_\_  
 Standard in place for acceptable and unacceptable MVR's?  Yes  No

What action is taken with an Employee with an unacceptable MVR?  
 \_\_\_\_\_

Are employees allowed to take vehicles home?  Yes  No  
 Is personal use permitted?  Yes  No  
 Does the entity provide any type of transportation services?  Yes  No  
 Indicate type:  Dial-a-Ride  Fixed Transit  Para Transit  Other: \_\_\_\_\_

Garagekeepers:  Primary  Excess

Description of Operation	Physical Address	Limit	Deductible	
			Comp	Coll
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

**EXCESS LIABILITY**

Requested Excess Limit: \$ \_\_\_\_\_

Coverage to apply over:

- General Liability     Educators Legal     Law Enforcement     Auto Liability     Employers Liability
- Public Officials     Employment Practices

**PROPERTY AND ALLIED LINES**

An Excel worksheet/schedule is available for your use at [www.tridentpublicrisk.com](http://www.tridentpublicrisk.com)

**I. COVERAGES REQUESTED**

Deductible: \$ \_\_\_\_\_ B/EE Limit: \$ \_\_\_\_\_

- Replacement Cost     Functional     Agreed Value
- Flood limit: \$ \_\_\_\_\_ Deductible:  \$50,000     Other Deductible: \$ \_\_\_\_\_
- Earthquake limit: \$ \_\_\_\_\_ Deductible:  \$50,000     Other Deductible: \$ \_\_\_\_\_

*Other Key PROPERTY Coverages or Limits Requested:* \_\_\_\_\_

**II. UNDERWRITING INFORMATION**

- A. Any unoccupied buildings  Yes     No  
 If yes, provide details about future plan for occupancy, frequency of maintenance and insured visits to the premises:

- B. How are Property values calculated?  
 Professional Property Appraisals (within the last 5 years)?  Yes     No

Other:

**III. Solar Panels (if applicable):** Location Address \_\_\_\_\_

Production capacity (i.e. 250kW): \_\_\_\_\_ Number of individual panels \_\_\_\_\_

Age of Installation: \_\_\_\_\_

Professional Engineer involved in Installation?  Yes     No

Preventative Maintenance Program in Place?  Yes     No

Number of inverters and size: \_\_\_\_\_ Spare Inverters available?  Yes     No

Is the system:     Roof-mounted     Ground-mounted  
                           Fixed system         Tracking system

Does the Entity sell power back to the utility company?  Yes     No

Other: \_\_\_\_\_

**IV. EQUIPMENT BREAKDOWN**

Is coverage desired?  Yes     No

**INLAND MARINE**

Provide Schedule or Acord for Inland Marine

**CRIME SECTION**

**Ratable Exposure**

Number of Employees: Class A (all employees handling money): \_\_\_\_\_

**I. COVERAGE DESIRED**

	Coverage	Limit	Deductible
A.	Public Employee Dishonesty	\$	\$
	Faithful Performance <input type="checkbox"/> Yes <input type="checkbox"/> No		
B.	Forgery or Alteration	\$	\$
C.	Loss Inside -Theft	\$	\$
D.	Loss Inside – Robbery or Safe	\$	\$
E.	Loss Outside Premises	\$	\$
F.	Computer Fraud	\$	\$
G.	Computer & Funds Transfer Fraud (not available in all states)	\$	\$
H.	Money Orders & Counterfeit Money (not available in all states)	\$	\$
I.	Other:	\$	\$

**NY Only Excess Indemnity**

Position	# of Employees	Limit

**II. CONTROLS**

- A. Employee background checks conducted?  Yes  No
- B. Audit performed to verify funds (cash on hand and in accounts) match financial records?  Yes  No  
 Frequency:  Monthly  Semi-Annual  Annual  Other \_\_\_\_\_
- C. At least two signatures required on checks?  Yes  No

**III. COMPUTER FRAUD (if requested)**

- A. Do you have an IT Department or Computer Department?  Yes  No
- B. Are tests performed to detect unauthorized programming changes?  Yes  No
- C. Do employees have access only to information or programs that allow them to do their jobs?  Yes  No
- D. Are passwords required for access to sensitive information?  Yes  No
- E. When employees change positions is access revoked?  Yes  No

**Attach FRAUD STATEMENTS, FS-APP001, to this application of insurance.**



**FRAUD STATEMENT****(Not applicable in the states mentioned below where a specific warning applies.)**

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.

**Alabama**

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 is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia**

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.

**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 for 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.

**Kansas**

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 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.

**Kentucky**

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.

**Maine**

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.

**Maryland**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**New Jersey, New Mexico**

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.

**Ohio**

Any person who, with intent to defraud or knowing that he 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.

**Oklahoma**

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

**Oregon**

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.

**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.

**Pennsylvania (Auto)**

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

**Tennessee, Virginia, 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.

**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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**New York (Auto)**

Any person who 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

<b>SIGNATURES</b>
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**DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).**

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

APPLICANT/NAMED INSURED	
APPLICANT/NAMED INSURED SIGNATURE	DATE
WITNESS (IF APPLICABLE)	DATE

**Agent/Broker:**

Are you personally familiar with this Applicant's operations?  
Did your office control this risk in the past year?

Yes  No  
 Yes  No

AGENT'S OR BROKER'S NAME AND ADDRESS	TELEPHONE NUMBER	LICENSE NO.
AGENT'S OR BROKER'S SIGNATURE		DATE