

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

Entity Name	Date
-------------	------

Total Student Enrollment: _____

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):

- | | | | |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Purpose | <input type="checkbox"/> Investigations | <input type="checkbox"/> Consequences | <input type="checkbox"/> Reporting |
| <input type="checkbox"/> Prohibited Behavior | <input type="checkbox"/> Written Records | <input type="checkbox"/> Training / Prevention | <input type="checkbox"/> 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)?

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
-----------------------	------