

Educational Institutions PG, Inc.

UMBRELLA LIABILITY APPLICATION

RETURN COMPLETED FORM TO:

Attention: Patricia Roth S.H. Smith & Company, Inc. 20 Church Street Suite 1500 Hartford, CT 06103 Tel: 800.356.0168 Fax: 800.329.7648 email: Patricia_Roth@shsmith.com

INSURED INFORMATION:

INSURED: _____

ADDRESS: _____

Are you a publicly funded institution? Yes _____ No _____ If yes, attach details.

Attach a brief description of the school/college and it's history.

ENROLLMENT / FACULTY:

ENROLLMENT:	Residential *	-	Full-Time	_____
	Non-Residential	-	Full-Time	_____
	Non-Residential **	-	Part-Time	_____

* Students who live in school-controlled dormitories, apartments, dwellings, etc.
** Part-Time defined as taking 9 or fewer credit hours per semester.

FACULTY: Full-Time _____ Part-Time _____

AUTOMOBILE FLEET:

PPT (Non-Emergency Use)	_____	Fire Vehicles	_____
Light & Medium	_____	Van (under 15 passengers)	_____
Heavy & Extra Heavy	_____	Mini-Bus (15 to 44 passengers)	_____
Police & Emergency	_____	Bus (45+ passengers)	_____

LIQUOR LIABILITY:

Does the insured sell liquor? _____ If so, total annual receipts _____
Is liquor allowed on campus? _____ What is the legal drinking age in your state? _____

SECURITY / POLICE:

Number of:	Armed Personnel	Employee	_____	Contract	_____
	Unarmed Personnel	Employee	_____	Contract	_____

If security/police services are offered on a contract basis, does the employer of the contract guard provide at least \$1,000,000 in coverage for their law enforcement liability exposures? _____
Does the contract guard service name the school as an additional insured? _____
Does the contract guard service provide indemnification in favor of the school? _____

DAY CARE:

Does the school offer day care services? _____ If so, total enrollment: _____
If so, please complete the attached supplemental abuse/molestation application.
Is abuse/molestation excluded or sub-limited on the underlying policy? _____

HIGH RISK ACTIVITIES:

Does the school offer any of the following activities:

Acrobatics	_____	Motor Sports	_____	Platform Diving	_____
Downhill Skiing	_____	Wilderness Programs	_____	Sky Diving	_____
Springboard Diving	_____	Water Skiing	_____	Para Sailing	_____
Acrobatic Cheerleading	_____	Rock Climbing	_____	Scuba Diving	_____

If so, attach details, including number of participants.
Does the insured own or operate a ski area? _____

CAMPS:

Does the insured own or operate any camps? _____
If so, number of Overnight Camper Days _____ Non-Overnight Camper Days _____

ATHLETIC PARTICIPANTS:

Total number of interscholastic/intercollegiate athletic participants: _____
Does the school purchase AD&D or other disability coverage for its students and/or athletes? Yes _____ No _____
If so, attach details including the carrier and limits.

SWIMMING POOLS:

Number of Swimming Pools: _____ Height of Diving Board: _____ Height of Diving Board: _____
Number of Diving Boards _____ Height of Diving Board: _____ Height of Diving Board: _____
Height of Diving Board: _____ Height of Diving Board: _____

WATERCRAFT & AIRCRAFT:

Please attach a complete list of all watercraft owned by the insured, and include a description of usage of the watercraft.
Does the insured own or operate any aircraft? _____ If yes, please attach a complete schedule of all aircraft exposures, including the number of seats per aircraft, and the carrier, limits and policy period of the underlying aircraft policy.

HABITATIONAL EXPOSURES:

Number of students living in buildings in excess of 4 stories: _____
Please attach a complete list of all habitational locations, including the number of stories, number of units, the year built, and if sprinklered.

PASTORAL LIABILITY:

Total number of pastoral personnel employed by the school: _____

FRATERNITIES/ SORORITIES:

Total number of fraternity and sorority members: _____
Does the insured have an official policy on hazing? _____
If so, please attach details of this policy.

MULTI-MEDIA EXPOSURES:

Does the school operate the following: Radio Station? _____ TV Station? _____ Publishing Operation? _____
If so, please attach complete details.

LEGAL OPERATIONS:

Does the school operate a legal aid office? _____
If so, number of lawyers? Employed _____ Contracted _____

MEDICAL MALPRACTICE:

Does the school operate a hospital? _____ If so, please attach complete details.
Is the insured engaged in any clinical trial studies or new medical product testing? _____ If so, please attach complete details.
Is there an infirmary/student health center? _____ If so, # of nurses? _____ of beds? _____
Does the school operate a counseling facility? _____ If so, # of Counselors
Employed _____ Contracted _____

FOREIGN CLASSES:

Does the insured conduct any classes for its students under the supervision of its own faculty members outside of the U.S.? _____
If so, attach complete details.

LOSS EXPERIENCE:

Any individual claims (paid or reserved) in the past five years in excess of the stated amounts for:

CGL (\$100,000) _____
Auto Liability (\$100,000) _____
All other Liability Coverages (\$100,000) _____

If yes to any of the above, attach complete details.

Have there been any reported claims made against the insured arising out of any form of sexual abuse/molestation (including date rape) in the past five years? _____ If so, attach complete details.

POLICY YEAR AGGREGATE LOSSES:

	19_____	19_____	19_____	19_____	19_____
CGL	_____	_____	_____	_____	_____
Auto Liability	_____	_____	_____	_____	_____
Educators E & O/D&O/EPLI	_____	_____	_____	_____	_____

UNDERLYING PROGRAM:

SCHEDULE OF UNDERLYING INSURANCE

<u>Coverage</u>	<u>Carrier</u>	<u>Limits (Per Occurrence & All Aggregates)</u>	<u>Premium</u>	<u>Policy Period</u>	<u>Deductible/SIR</u>	<u>Retro Date</u>
CGL	_____	_____ Ea. Occurrence	_____	_____	_____	_____
		_____ Aggregate				
		_____ Products/Comp. Ops				
Auto Liab (Premium x APD)	_____	_____ CSL	_____	_____	_____	_____
Employers Liability	_____	_____ Ea. Accident	_____	_____	_____	_____
		_____ Policy Limit				
		_____ Ea. Employee				
Educators E & O	_____	_____ Ea. Occ./Claim	_____	_____	_____	_____
		_____ Aggregate				
Foreign	_____	_____ Ea. Occurrence	_____	_____	_____	_____
		_____ Aggregate				
Broadcasters E & O	_____	_____ Ea. Occ./Claim	_____	_____	_____	_____
		_____ Aggregate				
Publishers E & O	_____	_____ Ea. Occ./Claim	_____	_____	_____	_____
		_____ Aggregate				
Medical Profess.	_____	_____ Ea. Occ./Claim	_____	_____	_____	_____
		_____ Aggregate				
Liquor Liability	_____	_____ Ea. Comm. Cause	_____	_____	_____	_____
		_____ Aggregate				
Police Profess.	_____	_____ Ea. Occ./Claim	_____	_____	_____	_____
		_____ Aggregate				
Employee Benefits	_____	_____ Each Claim	_____	_____	_____	_____
		_____ Aggregate				
Other	_____	_____	_____	_____	_____	_____
Expiring Umbrella Program	_____	_____	_____	_____	_____	_____

UNDERLYING PROGRAM REQUIREMENTS:

All underlying carriers must be rated A-VII or better by A.M. Best.

Minimum underlying limits:	A.	CGL	-	\$1MM/\$2MM/\$1MM
	B.	AL	-	\$1MM CSL
	C.	EL	-	\$100M/\$500M/\$100M
	D.	Foreign		\$1MM/\$1MM
	E.	Liquor		\$1MM/\$1MM
	F.	EBL		\$1MM/\$1MM
	G.	All Professional		\$1MM/\$1MM
	H.	Abuse & Molest.		\$1MM/\$1MM

All CGL, AL, Liquor, Foreign, and EL coverages must be on occurrence forms, with defense costs in addition to policy limits.

OUR
UMBRELLA
POLICY'S
TERMS &
CONDITIONS

- 1) FOLLOW FORM: Punitive Damages; Personal Injury; Contractual Liability; EBL; Liquor Liability; Auto Liability; Employers Liability; Teaching Activities (including corporal punishment); Athletic Participants; Foreign Liability; Aircraft Liability; Watercraft Liability; Injury to Fellow Employee; All Aggregate Applications; Treatment of Defense Costs.
- 2) OPTIONAL FOLLOW FORM: Abuse & Molestation; Professional (including Police, Publishers, Broadcasters, Educators E & O; Incidental Medical).
- 3) EXCLUDES: Employment Discrimination; ERISA; Lawyers Professional; Physicians Medical Professional; Hospital Professional; Asbestos; Care Custody & Control – Real & Personal; Lead; Absolute Pollution (with follow form exceptions for Hostile Fire and Products/Completed Operations); Employment Related Practices; Uninsured Motorists; Cross Suits; Year 2000 Computer Related & Other Electronic Problems.
- 4) ENDORSEMENTS: Unimpaired Aggregate Endorsement; Serious Injury/Claims Reporting Endorsement; CT Amendatory Endorsement.
- 5) Coverage above any scheduled underlying claim made coverage is provided on a follow form basis.
- 6) Any additional exclusions or restrictions of coverage applicable to the primary policies will also apply to this umbrella policy.
- 7) Policy Terms & Conditions per General Star National Insurance Company Form GSN-05-4J (5/86).
- 8) \$10,000 SIR.

ELIGIBLE
INSUREDS:

Eligible insureds include:
P Private Primary Schools
Private Secondary Schools
Private Colleges (Under 7,500 Full-Time Students)
Other Post-Secondary Schools (Under 7,500 Full-Time Students) including:
Junior Colleges, Community Colleges, Technical Schools,
Business Schools, Professional Schools, etc.

TO BIND
COVERAGE, WE
WILL REQUIRE:

- A. Written confirmation of binding order.
- B. Full premium payment.
- C. Fully completed Educational Institutions Umbrella Application signed by the insured.
- D. A complete list of named insureds. Any named insureds not provided to us will not be covered by this policy.
- E. A complete list of locations.
- F. An executed Educational Institutions PG Membership Agreement and full payment of the PG Membership Fee.

SUBMITTED
BY:

Name: _____
Address: _____

Telephone: _____ Fax: _____
Relationship to Insured: _____

SIGNATURE OF INSURED AND AGENT WITH BINDING ORDER:

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, including but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution and confinement in state prison.

(Signature of Insured/Applicant)

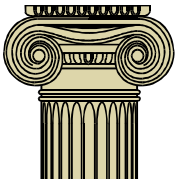
(Signature of Agent)

(Title)

(Insurance Agency)

(Date)

(Date)



Educational Institutions PG, Inc.

SUPPLEMENTAL APPLICATION FOR ABUSE & MOLESTATION COVERAGE

This form must be completed only if you have any of the following exposures:

- Day Care
 Nursery School
 Camp
 Residential Primary School
 Residential Secondary School

- 1) What is the age group of the children enrolled in your program? _____
- 2) What is the ratio of employees to children? _____
- 3) Is there more than one person responsible for the welfare of the children? _____
- 4) Are there rules or guidelines in place prohibiting closed door one-one-one meetings? _____
- 5) Do you have a written complaint procedure and is it prominently displayed? _____
- 6) Do you have a written formal hiring procedure? _____
- 7) Are there at least three references secured on all prospective employees? _____
- 8) Are all prospective employees checked with the child abuse register and with law enforcement agencies for criminal records? _____
- 9) Has any current employee refused to be fingerprinted and checked with law enforcement agencies? _____
- 10) Do volunteers work directly with the children? _____
- 11) Have any employees been the subject of a child abuse/neglect investigation? If so, what were the results of the investigation? Explain below.

- 12) Do all employees meet the minimum mandated educational or professional experience level for the position assigned? _____
- 13) Has there ever been any alleged or actual incidents of abuse or molestation? If yes, describe below.

- 14) For residential risks, what steps are taken to ensure that child-to-child contact is avoided, i.e. separating male from female sleeping quarters. Please describe below.

- 15) Are children of different age groups housed together? _____
- 16) Are children left alone without adult supervision? _____
- 17) List situations where an employer or volunteer has direct contact with children in an unsupervised situation without oversight of another staff member.

- 18) Is any counseling conducted off premises or in the home of the child or counselor? If yes, by whom and what type of situation. Please describe below.

- 19) Is any counseling provided after normal business hours? If yes, please describe below. _____
- 20) If transportation is provided is there more than one adult present at all times? _____
- 21) What is your procedure regarding an employee against whom allegations are made? Is the employee removed from any counseling or care responsibilities? Please explain below.

- 22) What procedures have been instituted to prevent recurrence of previous events? List below.

