***Please complete ALL information***

**Entity Information**

Date Application Submitted:       Proposed Effective Date:

Entity Name:      

(Legal Business Name)

Address:

Member Office Phone:       Member Office Fax:

Member Office Email Address:

Member Website (if any):

Superintendent's or School Administrator’s Name:

Superintendent Email:

***NOTE:*** *The email address listed below is where we will be sending schedules, confirmations, certificates, and all other information specific to the insured member listed above.*

Primary Member Contact Name:       Title:

Email:       Phone:

Please provide a member email contact to receive a copy of coverage invoices (i.e. business manager, financial administrator, and etc.)\_

**Expiring Carrier:**        **Policy No:** **Expiring Premium:**

**If prior coverage was a claims-made policy, please provide Retro Date:**

**Producer Information**

Company Name:

Contact Name:

Address:

Producer Phone:       Producer Fax:

Producer E-mail:

***NOTE:*** *SCHEDULES, CONFIRMATION, CERTIFICATES, AND ALL OTHER INFORMATION SPECIFIC TO THE ENTITY NAMED ABOVE WILL BE SENT TO THE PRODUCER EMAIL PROVIDED ABOVE. IT IS UNDERSTOOD THE E-MAIL ADDRESS PROVIDED MAY BE A GENERAL E-MAIL ACCOUNT USED BY THE NAMED AGENCY OR THAT OF ANOTHER INDIVIDUAL WITHIN THE NAMED AGENCY CHARGED WITH ADMINISTRATIVE DUTIES AND NOT THAT OF THE ABOVE NAMED PRODUCER.*

THE APPLICATION AND ANY SUPPLEMENTAL INFORMATION IS PREPARED AND SUBMITTED ON BEHALF OF THE APPLICANT FOR COVERAGE CONSIDERATION. THE RECEIPT OF APPLICATION INFORMATION DOES NOT CONSTITUTE AN OBLIGATION OR COMMITMENT ON THE PART OF THE UNITED SCHOOLS INSURANCE PROGRAM OR ITS REPRESENTATIVES TO PROVIDE COVERAGE PROTECTION. I CERTIFY THAT THE INFORMATION WITHIN THIS APPLICATION AND THE ATTACHED SOV IS TRUE AND ACCURATE.

BY SIGNING BELOW, THE MEMBER AND BROKER AGREES TO ACCEPT ALL COVERAGE DOCUMENTS AND CORRESPONDENCE ELECTRONICALLY. THE MEMBER SHOULD BE DILIGENT IN UPDATING THE ELECTRONIC MAIL ADDRESS PROVIDED TO US IN THE EVENT OF A CHANGE

           

Signature of Applicant Please Print Name Title Date

**I. GENERAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| A. | **Financials** | **Current** |
| Annual Payroll |  |
| Annual Budget |  |
| Annual Revenue |  |

**II. CRIME**

|  |  |
| --- | --- |
| Number of employees who handle monies or securities. *(MUST include one or more)* |  |
| Are accounts reconciled by someone not authorized to deposit or withdraw? | Yes  No |
| Are countersignatures of checks required?  **If no**, who signs controls? | Yes  No |
| Will accounts be subject to joint control of two or more responsible employees? | Yes  No |
| Are all officers and employees handling money required to take annual vacations of at least five consecutive business days? | Yes  No |
| Are criminal background checks performed on those handling organization funds? | Yes  No |

**III. LIABILITY**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Current** | |
| A. | **Employees** | Full-Time | Part-Time |
| Administrators |  |  |
| Faculty (including Teacher’s Assistants) |  |  |
| Counselors / Psychologists |  |  |
| Nurses |  |  |
| Out of the above number of nurses, how many are ARNPs? |  | |
| Physical Therapists |  |  |
| Occupational Therapists |  |  |
| Security Guards |  |  |
| Licensed Athletic Trainer |  |  |
| Speech Pathologists |  |  |
| Audiologists |  |  |
| All Others |  |  |
| Number of Volunteers (includes full-time and part-time) |  | |
| Do you share staff with any other school districts? (i.e. nurses, counselors, etc.)  **If yes**, please provide number and list type of staff being shared. | Yes  No | |
| Do you share bus services with any other school districts?  **If yes**, how many buses? | Yes  No | |
|  |  |  | |
| B. | **Educational *(October 1 (Fall) Enrollment as Reported to WA OSPI)***  *(Please complete the Sexual Abuse and School’s Security Supplemental Applications)* | **Current** | |
| Daycare Age 2 and Below |  | |
| Preschool Age 3 and Above |  | |
| Grades K through 6 |  | |
| Grades 7 through 9 |  | |
| Grades 10 through 12 |  | |
| Part-time, Distance-Learning, and Online students with education facilitated by your district? |  | |
| Does your district contract with third parties to operate an accredited online schooling program?  **If yes**, how many students are currently enrolled in these programs?  *\*Please provide a copy of the agreement* |  | |
|  |  |  | |
|  | **Students Participating in Interschool Athletics** (*Only count a student one time if they participate in multiple sports*.) | **Current** | |
| Grades 6 through 12 |  | |
| Out of the above number, how many students participate in cheerleading? |  | |
| Out of the above number, how many students participate in high school level tackle football? |  | |
| Out of the above number, how many students participate in middle school level tackle football? |  | |
| Do you have a football helmet inventory system in place? | Yes  No | |
| Do all athletes participate in Baseline Testing? | Yes  No | |
| Do you have a Return-to-Play protocol system or procedure that requires more than a Physician’s release form/note for concussions? | Yes  No | |
| Is the applicant compliant with the Zackery Lystedt Law? | Yes  No | |
| Is your district an active member of the Washington Interscholastic Activities Association (WIAA)? | Yes  No | |
| Does the district participate in any sports outside of the WIAA, such as lacrosse, archery, shooting teams, etc.? If so, please list which sports. | Yes  No | |
|  |  |  | |
| C. | Do you contract with a third party to provide your district with busing services? | Yes  No | |
| **If yes**, do you collect a Certificate of Insurance naming your district as Additional Insured annually? | Yes  No | |
| **If yes**, please indicate the limits of liability provided by contract service: |  | |
|  |  |  | |
| D. | **Do you offer any Extra-Curricular Activities** | Yes  No | |
| Does the insured offer gymnastics? | Yes  No | |
| **If yes**, are trampolines used? | Yes  No | |
| Does the insured offer swimming/diving? | Yes  No | |
| Does the insured offer rock-climbing or climbing wall? | Yes  No | |
| Does the insured offer equestrian activities? | Yes  No | |
| Does the insured offer international travel? | Yes  No | |
| **Do you operate or attend any Camps?** | Yes  No | |
| How many camps are operated by the insured annually? |  | |
| Briefly describe types of camps operated by the insured: |  | |
| How many outside camps (operated by another entity) do the insured’s students attend? |  | |
| Does the school obtain a signed release which includes a hold harmless agreement from the parent/guardian of all participants? | Yes  No | |
| Do you have a rifle/clay target team at your district (including any associated with FFA, USA Clay Target League, etc.)? | Yes  No | |
| **If yes**, how many students participate? |  | |
| Does the school obtain a signed release which includes a hold harmless agreement from the parent/guardian of all rifle/clay target team participants at the start of each season? | Yes  No | |
|  |  |  | |
| E. | **Garage Liability** |  | |
| Does the district perform maintenance work on other districts’ vehicles?  **If yes**, what is the approximate number of outside vehicles serviced per year? | Yes  No | |
|  | |
| Do any of your students work on other entities’ vehicles as part of a shop or tech class?  **If yes,** what is the approximate number of vehicles worked on per year? | Yes  No | |
|  | |
| Are contracts/agreements obtained regarding this service? | Yes  No | |
| What type of repairs are being performed on the fleet and other entity vehicles? |  | |
|  |  |  | |
| F. | **Automobile Liability** |  | |
| Does the district have a driver safety program? | Yes  No | |
| Is driver training provided? | Yes  No | |
| Does the district obtain and review MVRs on all drivers? Frequency: | Yes  No | |
| Are MVR guidelines in place? | Yes  No | |
| Have any exceptions been made in the last year for drivers who don’t meet your established MVR guidelines?  If yes, please explain: | Yes  No | |
| Does the district require written authorization to release driver record abstracts? | Yes  No | |
| Does the district obtain a copy of drivers’ licenses and confirm they are valid? | Yes  No | |
| Is there an accident/incident review process in place that includes a written discipline policy? | Yes  No | |
| Average number of students transported annually: |  | |
| Are any vehicles customized with special equipment, such as lifts or patient safety restraints? | Yes  No | |
| Does the district enter into any contracts to transport people or property for hire? | Yes  No | |
|  |  |  | |
| G. | **Unmanned Aircraft/Drones** |  | |
| Does the insured own or operate any drones or unmanned aircraft?  **If yes*,*** *please complete Unmanned Aircraft / Drone Supplemental Application* | Yes  No | |
|  |  |  | |
| H. | **Inflatable Structures** | | |
| Please be reminded the MOC excludes all liability coverage for use of inflatables unless approved by USIP prior to use. If your district intends to use any inflatable or other air supported amusements, please submit an Inflatable Structures Supplemental Application to Underwriting for review and approval at least one week prior to the event. | | |

**IV. NON OWNED AUTO**

|  |  |
| --- | --- |
| How many people use their personal vehicle for school business? | Staff:  Volunteers: |
| How many drivers transport students in their own vehicle for school business? | Staff:  Volunteers: |
| Do you obtain copies of proof of insurance annually for those who use their personal vehicles? | Yes  No |
| Is a visual safety check made of vehicles to ensure the unit is safe and operational? | Yes  No |

1. **UNINSURED / UNDERINSURED MOTORIST COVERAGE**

|  |  |
| --- | --- |
| Do you wish to purchase Uninsured / Underinsured Motorist Coverage with a of $1,000,000? | Yes  No |

**VI. OPERATIONS MANAGEMENT**

|  |  |
| --- | --- |
| Do you have a Safety Program and Employee or Procedures Manual? | Yes  No |
| Are staff required to review and acknowledge receipt of procedures? | Yes  No |
| Are volunteers required to review and acknowledge receipt of procedures? | Yes  No |
| Are Procedures/Employee Manual reviewed and updated by counsel on a regular basis (every 1 to 2 years)? | Yes  No |
| Is there a written employment application for all employees? | Yes  No |
| Are background checks required for all employees? | Yes  No |
| Do you verify references for all employees? | Yes  No |
| Is there a written application for all volunteers? | Yes  No |
| Are background checks required for all volunteers? | Yes  No |
| Do you require all contractors to provide you with copies of certificates of insurance and/or hold harmless or indemnification agreements? ***Please note that members should utilize only licensed, insured contractors and subcontractors. It is your responsibility to verify each contractor’s license and insurance coverage prior to entering into any agreement(s).*** | Yes  No |
| **Vocational & Technical Programs** | |
| Does your district provide any CTE Career/Vocational courses?  **If yes**, what courses? | Yes  No |
| Number of students enrolled in programs? |  |
| Age of students enrolled in programs? |  |
| If your district hosts CTE Career/Vocational courses, how many students from outside school districts are enrolled? |  |
| Do you require hold harmless agreements signed by parents or guardians of students enrolled in your CTE Career/Vocational Courses? | Yes  No |
| Are all instructors licensed where required? (i.e. cosmetology instructors) | Yes  No |
| Do all instructors have a current CTE certification? | Yes  No |
| Do you require and retain contracts with Vocational and Technical Schools? | Yes  No |
| Are any of your Vocational and Technical courses providing services to the general public? | Yes  No |
| **If yes**, what courses? |  |
| **If yes**, what services are provided to the general public? (i.e. cosmetology, automotive, etc.) |  |
| **If yes**, do you require disclosures/waivers to be signed by the person receiving services? | Yes  No |

**VII. CYBER BULLYING**

|  |  |
| --- | --- |
| Does your internet policy include monitoring the online activities of minors? | Yes  No |
| Does your internet policy include educating minors about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms, and cyber-bullying awareness and response? | Yes  No |

**VIII. CYBER LIABILITY**

|  |  |
| --- | --- |
| Has the district had a cyber incident that resulted in a claim in the past 12 months? **If yes**, please provide date and summary. | Yes  No |
| Do you use up-to-date anti-virus or anti-malware protection on all your endpoints (desktops, laptops, servers, etc.)? | Yes  No |
| Are all your internet access points secured by a firewall? | Yes  No |
| Do you restrict employees’ and external users’ IT systems privileges and access to personal information on a business need-to-know basis? | Yes  No |
| Do you encrypt all your mobile devises (laptops, flash drives, mobile phones, etc.) and confidential data? | Yes  No |
| Do you perform backups of business-critical data on at least a weekly basis? | Yes  No |
| Do you have Multifactor Authentication (MFA) in place for anyone with access to the district’s emails? | Yes  No |
| Do you provide remote access to the district’s system?  **If yes,** is MFA in place for anyone with remote access to the district’s resources? | Yes  No |
| Does the district have a cyber incident response plan in place? | Yes  No |
| Does the district have a business continuity / disaster recovery plan? | Yes  No |
| Does the district have a documented plan to respond to ransomware? | Yes  No |
| Does the district have a security and privacy policy in place? | Yes  No |
| Are critical patches implemented within 30 days? | Yes  No |
| Are critical systems and data backed-up daily? | Yes  No |
| Are backups stored securely offline from the network? | Yes  No |
| Does the district have data retention procedures in place? | Yes  No |
| Does the district provide cyber security awareness training to all system users regularly? | Yes  No |
| Does the district provide regular training for responding to phishing or social engineering campaigns? | Yes  No |
| Does the district provide security training to all people who have access to Personally Identifying Information (PII)? | Yes  No |

**IX. PROPERTY**

|  |  |  |
| --- | --- | --- |
|  | | **Current** |
| A. | **Are there any dormitories and/or student residential areas owned/leased by the district?** *(Additional information or supplemental applications may be required.)* | Yes  No |
| Does the district own any other residential properties? | Yes  No |
| **If yes**, who resides in these residences? |  |
| **If yes,** are lease agreements required for tenants that reside at these locations? | Yes  No  Yes  No |
| Does the lease require the tenant repair and pay all damages to the building in the event of an incident? |
| **If yes**, do you require the tenant to carry renter’s insurance including liability coverage? | Yes  No |
| What liability limits are required? |  |
| Do you verify coverage is renewed annually? | Yes  No |
| B. | **Swimming Pools** |  |
| Number of owned swimming pools? |  |
| Number of non-owned swimming pools utilized by the insured on a contract basis? |  |
| ***If any owned or non-owned***, please complete a Swimming Pool Supplement. | |
| C. | **Sensor Technologies** | |
|  | Does your district utilize any loss prevention sensor technology? | Yes  No |
| ***If any locations contain sensor technologies, please indicate what type (heat, moisture, etc.) used at each location on the SOV.*** |  |

**Please complete and attach the following Underwriting information with your submission, if applicable:**

ACORD Applications:

GL, Auto, Property, Equipment, Umbrella, Statement of Values

Photographs of Properties

5-year currently valued loss history for all lines of submitted coverage

**Quotes cannot be provided without complete Underwriting Information, including five-year currently valued loss history.**

The application and any supplemental information is prepared and submitted on behalf of the named insured or applicant for coverage consideration. The receipt of application information does not constitute an obligation or commitment on the part of the United Schools Insurance Program or its representatives to provide coverage protection. I certify that the information within this application and the attached SOV is true and accurate.

By signing below, the member and broker agrees to accept all coverage documents and correspondence electronically. The member should be diligent in updating the electronic mail address provided to us in the event of a change.

           

Authorized Signature Print Name Title Date