***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 |       |       |
| Estimated 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 [ ]   |
| Do you publish an employee handbook and distribute it to all employees and/or volunteers? | Yes [ ]  No [ ]   |
| Are staff required to review and acknowledge receipt of employee handbook? | Yes [ ]  No [ ]   |
| Are volunteers required to review and acknowledge receipt of the handbook? | Yes [ ]  No [ ]   |
| Is your district’s employee handbook 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?  | Yes [ ]  No [ ]  |
| **If yes,** is MFA in place for anyone with remote access to the district’s resources? |       |
| 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** |
|  | **Residential Properties** |
| 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 [ ]  |
| **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. |
| **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.*** |       |
| **Property Maintenance** |
| Do staff follow a documented preventative building maintenance program?  | Yes [ ]  No [ ]  |
| Are procedures in place for timely onboarding of new maintenance staff? | Yes [ ]  No [ ]  |
| Are monthly inspections performed on life safety equipment (fire extinguishers, AED’s, evacuation routes, etc.)? | Yes [ ]  No [ ]  |
| Are water shutoffs easily accessible and are staff trained to shut off in the event of an emergency? | Yes [ ]  No [ ]  |
| Are all sidewalks and driveways kept free from snow/ice where applicable?  | Yes [ ]  No [ ]  |
| **If yes**, is a salting/clearing log kept? | Yes [ ]  No [ ]  |
| Do you have at least 100 feet of defensible space around all buildings located in a brushfire or wildfire zone? | Yes [ ]  No [ ]  |
| Do you regularly remove flammable vegetation in the 30 feet immediately surrounding your buildings? | Yes [ ]  No [ ]  |

**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