



# Academic School Application

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[www.charterschoolsinsurance.com](http://www.charterschoolsinsurance.com)

*In order to provide you with the best quote possible, please fill out the following application. Due to the complexities and number of coverages involved, allow yourself 15-20 minutes to complete the entire application. Once completed, please e-mail all applications to [vance@distinctive.net](mailto:vance@distinctive.net).*

## General Information

Legal Name of the Business: \_\_\_\_\_

DBA (if any): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Website: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

Year Business Started: \_\_\_\_\_ FEIN or SSN: \_\_\_\_\_

Type of Entity: Corporation ☐ S-Corp ☐ LLC ☐ Partnership ☐ Individual ☐

**The application consists of the following sections: (Please fill out only those sections that pertain to your operations or for which you would like to receive quotes.)**

Section I.	Liability Coverage	Section V.	Abuse & Molestation Coverage
Section I.a	Athletics	Section VI.	Directors' & Officers Coverage
Section I.b	Field Trips	Section VII.	Employment Practices Liability
Section II.	Property Coverage	Section VIII.	Educators' Professional Liability
Section III.	Workers' Compensation Coverage	Section IX.	General Summary
Section IV.	Automobile Liability		

**If possible, please attach the following documents along with the application:**

1. Claims History
2. Copies of any brochures, handbooks, and student applications
3. Financial Statement

## I. Liability Coverage

For the next 12 months what is your estimated:

Gross Revenue \_\_\_\_\_ Payroll: \_\_\_\_\_

1. Total Number of Students Enrolled: \_\_\_\_\_

2. Type of School: ☐ Private School Grades: \_\_\_\_\_ Through: \_\_\_\_\_  
☐ Public School Grades: \_\_\_\_\_ Through: \_\_\_\_\_  
☐ Charter School Grades: \_\_\_\_\_ Through: \_\_\_\_\_  
☐ Residential / Boarding Grades: \_\_\_\_\_ Through: \_\_\_\_\_  
☐ Special Needs Grades: \_\_\_\_\_ Through: \_\_\_\_\_

The School is: For Profit ☐ Non Profit ☐

3. Is your institution accredited: Yes ☐ No ☐

If yes, what is the name of the organization providing the accreditation? \_\_\_\_\_

Are all programs offered at the school accredited by the above listed association? Yes ☐ No ☐

4. Do you use volunteers? Yes ☐ No ☐

5. Do you have a medical infirmary and / or dispense medication? Yes ☐ No ☐

Does the facility only provide immediate care / first aid? Yes ☐ No ☐

Does the facility only serve students and employees? Yes ☐ No ☐

Are there only over-the-counter drugs stored on premises? Yes ☐ No ☐

Are written instructions required from parents before dispensing medications to minors? Yes ☐ No ☐

Is there any overnight care provided? Yes ☐ No ☐ How many beds in the infirmary? \_\_\_\_\_

Are there written procedures in place? Yes ☐ No ☐

Is there a medical professional on staff? Yes ☐ No ☐

If Yes, please indicate which of the following and how many are employed by the insured?

RN ☐ Physician ☐ Dentist ☐ Physical Therapist ☐ Counselor ☐

Do you require medical professionals to carry their own malpractice insurance? Yes ☐ No ☐

Is medical care history and care records kept for each patient? Yes ☐ No ☐

6. Are there security guards at the school? Yes ☐ No ☐

if Yes, are they armed or have arresting power? Yes ☐ No ☐

Are they employed by the school or subcontracted out? Employed? ☐ Sub-contracted? ☐

## I. Liability Coverage (Cont.)

7. Are all visitors required to sign in and out? Yes ☐ No ☐
8. Does Applicant want Corporal Punishment coverage? Yes ☐ No ☐  
Does your school's policy encourage or allow the use of corporal punishment? Yes ☐ No ☐  
Is there a formal, written policy prohibiting the use of corporal punishment? Yes ☐ No ☐  
Have there been any claims or incidents reported? Yes ☐ No ☐  
If Yes, please explain the circumstance and details: \_\_\_\_\_  
\_\_\_\_\_
9. Do you sponsor camps? Yes ☐ No ☐
10. Do you have any swimming pools on the premises? Yes ☐ No ☐  
If Yes, are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? Yes ☐ No ☐  
If No, provide time table and action plan: \_\_\_\_\_

### Section I.a Athletics

1. Does the school obtain a signed release which includes a hold harmless agreement from the parents guardians of all participants? Yes ☐ No ☐
2. Are medical exams required for all participants in extra-curricular sports? Yes ☐ No ☐
3. Is someone who is trained in first aid always present during practices or games? Yes ☐ No ☐
4. Is Student Accident Insurance carried? Yes ☐ No ☐  
If yes, what limit is carried? \_\_\_\_\_  
If no, is evidence of personal medical insurance for each participant obtained? Yes ☐ No ☐
5. Is the Applicant compliant with the Zackery Lystedt law? (**only applicable in WA**) Yes ☐ No ☐
6. Are any of the following offered?
- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Archery                           | <input type="checkbox"/> Scuba Diving |
| <input type="checkbox"/> Bungee Jumping                    | <input type="checkbox"/> Snow Skiing  |
| <input type="checkbox"/> Climbing (Mountain, Rock or Wall) | <input type="checkbox"/> Sky Diving   |
| <input type="checkbox"/> Equestrian                        | <input type="checkbox"/> Trampoline   |
| <input type="checkbox"/> Polo                              | <input type="checkbox"/> Water Skiing |
| <input type="checkbox"/> Rugby                             |                                       |

## Section I.b Field Trips

1. Approximately how many field trips are sponsored each year? \_\_\_\_\_
2. Are all trips within the United States? Yes ☐ No ☐  
If No, please list locations outside of the United States: \_\_\_\_\_
3. Describe the type of trips that are taken: \_\_\_\_\_
4. Is written permission/ waiver obtained from each child's parent or guardian? Yes ☐ No ☐
5. If parents/ volunteers or staff vehicles are used, does Applicant obtain proof of Liability coverage? Yes ☐ No ☐

## Section II. Property Coverage

If you have additional locations, please attach a separate sheet.

Building # \_\_\_\_\_

### Building Information (Cont.):

Subject of Insurance:      Amount of Insurance:

Burglar Alarm?      Yes ☐      No ☐

Building: \_\_\_\_\_

Type: \_\_\_\_\_

Contents: \_\_\_\_\_

Sprinklered?      Yes ☐      No ☐

Tenant  
Improvements: \_\_\_\_\_

Describe Premises Fire Protection: \_\_\_\_\_

### Building Information:

Describe Premises to the Left: \_\_\_\_\_

Describe Premises to the Right: \_\_\_\_\_

Describe Premises Behind: \_\_\_\_\_

Describe Premises in Front: \_\_\_\_\_

Construction Type \_\_\_\_\_

Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_

# of Stories \_\_\_\_\_

Distance to Fire Hydrant \_\_\_\_\_ To Fire Station \_\_\_\_\_

### Building Improvements?:

Wiring: \_\_\_\_\_ (Year)      Plumbing: \_\_\_\_\_ (Year)

Roof: \_\_\_\_\_ (Year)      Heating: \_\_\_\_\_ (Year)

### Section III. Workers' Compensation Coverage

**Payroll Breakdown** (If additional class codes needed, please attach separate sheet):

Class Code/Description of Work Performed: \_\_\_\_\_  
Estimated Payroll\*: \_\_\_\_\_ # of Full-time Employees: \_\_\_\_\_ # of Part-time Employees: \_\_\_\_\_

Class Code/Description of Work Performed: \_\_\_\_\_  
Estimated Payroll\*: \_\_\_\_\_ # of Full-time Employees: \_\_\_\_\_ # of Part-time Employees: \_\_\_\_\_

Class Code/Description of Work Performed: \_\_\_\_\_  
Estimated Payroll\*: \_\_\_\_\_ # of Full-time Employees: \_\_\_\_\_ # of Part-time Employees: \_\_\_\_\_

\*For NV risks, please remember that all individual employee payroll is capped at \$36,000. Therefore, please do not include any payroll above the \$36,000 cap.

Please list the Corporate Officers, Managing Members, or Partners, their ownership percentage, corporate title, and if they choose to be included or excluded on the workers' compensation policy:

Name:	Corporate Title:	Ownership %:	Included/Excluded	Salary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### General Information Questions:

1. Any work performed above 15 ft.? Yes ☐ No ☐
2. Are subcontractors used? Yes ☐ No ☐
  - a. If so, what percentage? \_\_\_\_\_
  - b. If yes, is proof of workers' compensation coverage required before work can be done? Yes ☐ No ☐
3. Any employees with physical handicaps? Yes ☐ No ☐
4. Do employees travel out of state? Yes ☐ No ☐
5. Do you have any locations outside the primary state? Yes ☐ No ☐
  - a. If yes, what other states do you have locations in? \_\_\_\_\_
6. Are employee health plans provided? Yes ☐ No ☐
7. Any temporary, seasonal, or leased employees? Yes ☐ No ☐
8. Are volunteers used? Yes ☐ No ☐
9. Does the company have a formal health and safety plan for its employees? Yes ☐ No ☐

Please explain a yes answer to any of the questions above: \_\_\_\_\_  
\_\_\_\_\_

## Section IV. Automobile Liability

### Vehicles:

#### Vehicle #1

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ VIN \_\_\_\_\_

#### Vehicle #2

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ VIN \_\_\_\_\_

#### Vehicle #3

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ VIN \_\_\_\_\_

#### Vehicle #4

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ VIN \_\_\_\_\_

\*Any additional vehicles please attach a separate sheet.

### Drivers:

#### Driver #1

Name \_\_\_\_\_ DOB \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

#### Driver #2

Name \_\_\_\_\_ DOB \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

#### Driver #3

Name \_\_\_\_\_ DOB \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

#### Driver #4

Name \_\_\_\_\_ DOB \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

\*Any additional drivers please attach a separate sheet.

### General Information:

1. Are ICC, PUC or other filings required? Yes ☐ No ☐
2. Does the applicant obtain MVR's in qualifying drivers? Yes ☐ No ☐
3. Does the applicant have a specific driver recruiting method? Yes ☐ No ☐
4. Are family members allowed to drive the vehicles? Yes ☐ No ☐
5. What is the radius of operations? \_\_\_\_\_
6. Where are the vehicles garaged? \_\_\_\_\_
7. Does the vehicle have any special equipment or modifications? Yes ☐ No ☐
  - a. If so, what type of special equipment does the vehicle have:  
\_\_\_\_\_

## Section V. Abuse & Molestation Coverage

1. Does your staff employment application include questions about whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses? Yes ☐ No ☐
2. Does your state permit you to do criminal background investigations? Yes ☐ No ☐  
 If Yes, do you routinely request and receive such background investigations? Yes ☐ No ☐  
 Are Federal and State criminal background checks performed on: Staff ☐ Volunteers ☐
3. Do you verify employment related references? Yes ☐ No ☐
4. Do you conduct personal interviews? Yes ☐ No ☐
5. Do you have written procedures to dealing with sexual abuse? Yes ☐ No ☐  
 If Yes, please attach a copy. \_\_\_\_\_
6. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? Yes ☐ No ☐
7. Does the school have a Sexual Awareness Program for students? Yes ☐ No ☐
8. Does the school have specific training for the faculty on identifying and reporting incidents of sexual abuse and molestation? Yes ☐ No ☐
9. Has your organization ever had an incident which resulted in an allegation of sexual abuse? Yes ☐ No ☐  
 If Yes, please attach a description of the incident.  
 Was the case settled? Yes ☐ No ☐  
 Was the case taken to trial? Yes ☐ No ☐  
 How much money was paid in damages? \_\_\_\_\_
10. Regarding coverage for Abuse & Molestation, does your current insurance program:  
 Exclude coverage? Yes ☐ No ☐  
 Limit coverage? Yes ☐ No ☐  
 If Yes, please indicate limit of liability: \_\_\_\_\_

## Section VI. Directors and Officers Coverage

1. Financial Information	Current Fiscal Year	Previous Fiscal Year
Total Assets:	_____	_____
Net Assets / Fund Balance:	_____	_____
Annual Revenue:	_____	_____
Net Revenue:	_____	_____

## Section VI. Directors and Officers Coverage (cont.)

2. Directors and Officers Liability Insurance has been continuously in force since:

3. Does the company have any direct or indirect subsidiaries?

If Yes, please list the name of the and the percent that you own within the subsidiary:

4. Has the applicant or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five (5) years? If Yes, please attach the details.

Anti-trust, copyright or patent litigation? Yes ☐ No ☐

Any disciplinary action by any regulatory agency or association? Yes ☐ No ☐

Any action where a license was revoked or suspended? Yes ☐ No ☐

Any administrative proceeding charging violation of a federal or state law or regulation? Yes ☐ No ☐

Any other criminal actions? Yes ☐ No ☐

5. In the past twenty-four (24) months or the next twelve (12) months, has the applicant been, or anticipate being involved in any of the following:

Mergers, acquisitions, or consolidation with another entity? Yes ☐ No ☐

Changes in the board of director or senior management (other than death or retirement)? Yes ☐ No ☐

6. Does the applicant direct or request any individual to serve as director, officer, governor or trustee of any other entity?

Yes ☐ No ☐

## Section VII. Employment Practices Coverage

1. Please provide the following employee count information:

	Currently	Previous Year	2 Years Ago
Full Time Employees:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part Time Employees:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Temporary Employees:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Volunteers:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Sum of Above:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Employment Practices Liability Insurance has been continuously in force since:

3. How many employees have been terminated or demoted in the past twelve (12) months?

Voluntary: ☐ Involuntary: ☐ Laid Off: ☐ Demoted: ☐

4. Is any reduction of employees or change of status anticipated in the next year?

Voluntary: ☐ Involuntary: ☐ Laid Off: ☐ Demoted: ☐



## Section VII. Employment Practices Coverage (cont.)

5. Does the applicant have an employee handbook? Yes ☐ No ☐
6. Does the applicant use an employment application for every potential employee? Yes ☐ No ☐
7. Does the applicant have an "At Will" provision in the employment application or handbook? Yes ☐ No ☐
8. Has the applicant implemented an anti-sexual harassment policy? Yes ☐ No ☐
9. Has the applicant implemented an anti-discrimination policy? Yes ☐ No ☐
10. Does the applicant use outside employment counsel for employment advise? Yes ☐ No ☐

## Section VIII. Educators Professional Liability

1. What is the desired limit? ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000
2. What is the desired deductible? ☐ \$5,000 ☐ \$10,000 ☐ \$25,000
3. Retroactive Date on current expiring policy? \_\_\_\_\_

### 4. Policies and Procedures:

- a. Do guidelines provide for administrative hearings and appeals? Yes ☐ No ☐
- b. How many hearing/ appeals have taken place in the last 12 months? Yes ☐ No ☐  
In what areas?
- c. How many hearings appeals have been in the area of special education? Yes ☐ No ☐
- d. Have Applicants' policies and procedures been reviewed by counsel? Yes ☐ No ☐
- f. Are teachers required to be certified? Yes ☐ No ☐
- g. Has entity/ board established policies/ procedures governing all students in the area of:

	Yes	No	In Writing		Yes	No	In Writing
Suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dismissal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corporal Punishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acceptance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

### 5. Employment Specifics

Activity or Assignment	Full-Time	Part-Time
Officials, Administrators, Managers, Principals, Assistant Principals		
Teaching Faculty (All Levels)		
Guidance, Psychologist, librarians, Nurses or Other Professional Staff		
All other employees		

## Section IX. General Summary

Policy Summary:

Coverages:	Insurance Company	Limit of Liability	Deductible	Policy Effective	Premium
General Liability		\$			\$
Property		\$			\$
Workers' Compensation		\$			\$
Auto Liability		\$			\$
Abuse & Molestation		\$			\$
Directors & Officers		\$			\$
Employment Practices Liability		\$			\$
Educators Professional Liability		\$			\$

1. Has the applicant given written notice under the provisions of any prior policies providing similar insurance or claims, or of specific facts or circumstances which might give rise to a claim being made against any person or entity applying for this insurance? Yes ☐ No ☐

If Yes, please provide details.

2. No person applying for this coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverage for which the applicant has applied, except: None ☐ or as noted on attached sheet.

3. With respect to the above coverage, has any Underwriter refused, canceled or non-renewed coverage? Yes ☐ No ☐

With regards to questions 1-3 above, it is understood and agreed that if any such claim, act, error, omission, dispute, or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Signature (Electronic signature is acceptable)

\_\_\_\_\_  
Date:

The above signed warrants that he/she is authorized and has the power to complete and execute this application, including the warranty statement on behalf of the applicant and their respective Directors, Officers or other insured personal.

The applicant warrants that all answers to the questions on this application are true and correct. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.