

## Higher Education (Post-Secondary) Comprehensive Supplemental Application

\*Application for Primary or Secondary institutions may be found [here](#).

### GENERAL APPLICANT INFORMATION

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

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

Contact Person for Inspection: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

FEIN: \_\_\_\_\_ School Year: 20\_\_ to 20\_\_

### GENERAL APPLICATION INFORMATION

1. Type of accredited school:

☐ Private college or university ☐ Public college or university ☐ Trade or vocational school ☐ Community college

☐ Professional graduate (Medical, Dental, Law) ☐ Other describe: \_\_\_\_\_

a. Please advise if your school is a ☐ "For profit" ☐ Non-profit

b. Are there plans to discontinue any programming over the next 12 months? ☐ Yes ☐ No

2. Institution accreditation:

a. Please provide the accrediting body: \_\_\_\_\_

b. What was the date of most recent review: \_\_\_\_\_ Date of next review: \_\_\_\_\_

c. What was the outcome of the most recent review:

☐ Accreditation continued ☐ Accreditation continued—follow-up report requested ☐ Warning ☐ Probation

☐ Show cause ☐ Withdrawal of accreditation ☐ Denial of accreditation ☐ Appeal

☐ Other (provide details); \_\_\_\_\_

3. Please provide your total number of:

Undergraduate students: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ E-Learning \_\_\_\_\_

Of these students, how many are living on campus \_\_\_\_\_

Graduate Students: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ E-Learning \_\_\_\_\_

Of these students, how many are living on campus \_\_\_\_\_

Other (Including additional community programming): Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Of these students, how many are living on campus \_\_\_\_\_

Staff living on campus \_\_\_\_\_ Clergy living on campus \_\_\_\_\_

Please provide your total number of personnel employed:		FULL TIME	PART TIME
President, provost, dean, chancellor, officials, administrators			
Teaching faculty (all levels), student teachers			
Nurses, counselors, psychologists, athletic trainers, other professional staff			
Security/law enforcement			
All other Employees			
Total Employees			

5. Employee/volunteer hiring or selection procedures: Indicate all practices followed by the administration:
- ☐ Signed employment applications are obtained for all potential employees
- ☐ Criminal background checks on all employees are required    ☐ State    ☐ Multi-State    ☐ Federal    ☐ None conducted
- ☐ Criminal background checks on volunteer workers are obtained (working with minors, handling funds, board members)
- ☐ Background Checks include search of federal and state sex offender registry
- ☐ Records of employment applications and background/reference checks are retained
- ☐ Education and Credentials verification for all faculty and administrators
- ☐ An employee orientation is conducted covering all written policies with documentation kept in file

#### **FINANCIAL INFORMATION**

1. 

Please provide the following budget information:	Current year	Prior Year	Previous Year
Total revenues			
Expenditures			
Surplus (+)/deficit (-)			
Annual receipts from Tuition			
2. If deficit exists, indicate cause of deficit and how it will be eliminated: \_\_\_\_\_
3. What is the institution's bond rating?    Current \_\_\_\_\_    Previous \_\_\_\_\_
4. Please advise the scope of financial statement preparation:    ☐ Internal    ☐ CPA Compilation    ☐ CPA Review    ☐ CPA Audit
5. Please attach most recent audited financials (required) ☐ Included

#### **SAFETY/SECURITY INFORMATION**

1. Do you have a comprehensive written campus safety plan? ☐ Yes    ☐ No  
     If Yes, is it evaluated annually for effectiveness? ☐ Yes    ☐ No
2. Is there a safety committee with regular safety meetings conducted? ☐ Yes    ☐ No
3. Please indicate any of the following building access and safety procedures that are currently in place
- ☐ visitor sign in procedures    ☐ exterior doors locked during school day    ☐ regularly maintained security cameras utilized
- ☐ fire and emergency drills conducted    ☐ other security measures
4. Do you have procedures in place for all active threats on campus? ☐ Yes    ☐ No  
     a. How often are your staff trained? \_\_\_\_\_ Students? \_\_\_\_\_
5. Do you have a policy (or plan to have within the next 12 months) permitting employees volunteers or guests to carry open or concealed firearms on school premises? ☐ Yes    ☐ No  
     a. If Yes, please indicate below:
- |  | TOTAL |
|--|-------|
| Schools with armed security personnel, whether contracted or employed  |       |
| Schools with armed personnel who are NOT employed in a security capacity. For example, administrator, teacher or coach when security is not their primary job function |       |
| Armed volunteers functioning in an official capacity on behalf of the school   |       |
- b. If No, does your weapons ban policy have any exceptions? ☐ Yes    ☐ No  
         Please provide details: \_\_\_\_\_
6. Do you have a dedicated risk manager? ☐ Yes    ☐ No

7. Student safety:
- a. You have an after-hours escort service available to students ☐ Yes ☐ No
  - b. You have emergency call boxes located throughout campus that are connected directly to campus security ☐ Yes ☐ No
  - c. Notification policy in place to contact parent/guardian if student poses a risk ☐ Yes ☐ No
8. Do you utilize an emergency notification system? ☐ Yes ☐ No
- a. If Yes, how are emergency communications sent to students and faculty? \_\_\_\_\_
9. Does your security team maintain a daily crime log in accordance with the Clery Act? ☐ Yes ☐ No
10. Do you have designated campus security authorities? ☐ Yes ☐ No
11. Do you complete annual security and fire safety report in accordance with the Clery Act? ☐ Yes ☐ No
12. Is there a central location where students and faculty can access critical information:  
Important phone numbers, mental health resources and emergency plans? ☐ Yes ☐ No
13. Does your security team patrol the campus 24/7, including residence halls? ☐ Yes ☐ No
14. Do you have an anonymous reporting program for threats of violence? ☐ Yes ☐ No

#### **PROPERTY INFORMATION:**

1. Does the school own any buildings that are vacant or unoccupied? ☐ Yes ☐ No
- a. Please provide details for each building including future plans for structure: \_\_\_\_\_
2. Are there any buildings presently under construction or renovation? ☐ Yes ☐ No
- a. If Yes, please describe project (including cost and length of time): \_\_\_\_\_
3. Does the school generate its own power through solar panels, geo-thermal technology or wind turbines? ☐ Yes ☐ No
- a. If Yes, please provide details: \_\_\_\_\_
4. Are there any buildings of historical value or listed on a historic register? ☐ Yes ☐ No
- a. If Yes, please provide details: \_\_\_\_\_
  - b. If Yes, please provide copy of the property appraisal.

#### **GENERAL LIABILITY INFORMATION**

##### **Safety programs/procedures**

1. Please indicate any of the following safety procedures you have implemented:
- ☐ Periodic inspections of interior/exterior walking surfaces: Frequency \_\_\_\_\_ How documented? \_\_\_\_\_
  - ☐ Quality control measures for food preparation and storage
  - ☐ Science lab inspections with unsafe conditions identified and corrections documented ☐ NA
  - ☐ Written safety program on use of machinery provided to all students and staff ☐ NA
  - ☐ Bleacher/grandstand inspections: Frequency \_\_\_\_\_ How documented? \_\_\_\_\_ ☐ NA

##### **Facility use**

1. Do you allow outside groups/individuals to use/rent your institution's premises? ☐ Yes ☐ No
- a. If Yes, please provide the estimated annual # of rentals \_\_\_\_\_ Annual revenue \$ \_\_\_\_\_
2. If yes, please indicate if the school obtains any of the following:
- a. Certificate of insurance from group and \$ \_\_\_\_\_ limits of insurance required ☐ Yes ☐ No
  - b. Evidence that school is named as additional insured on groups' liability insurance ☐ Yes ☐ No
  - c. A signed contract/agreement in which the school is held harmless ☐ Yes ☐ No  
(Attach copy of the Building Use form). ☐ Included

### Swimming pools ☐ NA

1. Please indicate the number of pools: \_\_\_\_\_
2. Please indicate any of the following safety procedures implemented:  
☐ Safety rules posted   ☐ Depth markings   ☐ Lifeguard on duty at all times   ☐ Locked after school hours  
☐ Other: \_\_\_\_\_
3. Are there any diving boards, slides, platforms or other structures used for jumping, sliding or diving? ☐ Yes   ☐ No  
If Yes, please describe design (i.e. number/height) \_\_\_\_\_  
Please provide the depth of the diving well: \_\_\_\_\_
4. Is the pool available to the public? ☐ Yes   ☐ No
  - a. If Yes, do you require certificate of insurance verifying CGL and sexual abuse coverage and limits? ☐ Yes   ☐ No
  - b. If Yes, do you require waiver of liability to be signed by the group and all participants? ☐ Yes   ☐ No
  - c. If Yes, do you provide lifeguards? ☐ Yes   ☐ No

### Drones

1. Are drones operated on or around the institute's property/premises? ☐ Yes   ☐ No
  - a. If Yes, please provide the following:

Make/model	Year	Length/width	Max altitude	Insured value	Number of units
2. Where will the drones be primarily operated? \_\_\_\_\_
3. Who is authorized to fly the drones? \_\_\_\_\_
4. Are all operators required to complete training in the operations of the drone? ☐ Yes   ☐ No
5. Does the applicant hold an FAA certificate of authorization (COA)? ☐ Yes   ☐ No  
If No, please provide details: \_\_\_\_\_

### Camps

1. Does the school operate any camps (including summer camps, youth camps, etc.) ☐ Yes   ☐ No
  - a. If Yes, please provide your annual revenue generated from sponsored camps: \$ \_\_\_\_\_
  - b. If Yes, please describe the scope of camps offered: (attach brochure and additional sheet if needed)

Camp name, description					
Type of camp	<input type="checkbox"/> Day <input type="checkbox"/> Overnight	<input type="checkbox"/> Day <input type="checkbox"/> Overnight	<input type="checkbox"/> Day <input type="checkbox"/> Overnight	<input type="checkbox"/> Day <input type="checkbox"/> Overnight	<input type="checkbox"/> Day <input type="checkbox"/> Overnight
# of campers per day					
Total number of days per year operated					
Age range of campers					
2. Does your camp registration include consent and acknowledgement of risk of injury and liability waiver to be signed by parent or guardian? ☐ Yes   ☐ No
3. Are any of these camps operated by third parties at your premises? ☐ Yes   ☐ No
  - a. If Yes, do you require third party to provide certificate of insurance showing general liability and sexual misconduct coverage for athletic participants, with limits of at least \$1,000,000? ☐ Yes   ☐ No
  - b. If Yes, do you require third party to list you as an additional insured in a contract/written agreement? ☐ Yes   ☐ No

## **ATHLETIC PROGRAMS**

1. Identify the level of organized athletic programs offered by your institution:  
☐ NCAA Division I   ☐ NCAA Division II   ☐ NCAA Division III   ☐ NAIA, NJCAA   ☐ No organized athletic programs offered
2. Identify other athletic activities offered or held at your institution (check all that apply)  
☐ Club or intermural sports available to students   ☐ Sports programs or camps available to the general public
3. Do you specify supervision and rules governing club or intramural sports? ☐ Yes   ☐ No
4. Do you require the presence of athletic trainers and emergency response equipment at team practices and events? ☐ Yes   ☐ No
5. Do you have a formal equipment and athletic facility inspection with maintenance protocol in place? ☐ Yes   ☐ No
6. Please indicate any of the following policy and procedures that apply:
  - a. ☐ Student athletes are required to sign a liability waiver, hold harmless agreement or an assumption of risk prior to participation of each sport
  - b. ☐ You require all athletic participants to carry and acknowledge they maintain accident & health insurance
7. Do you have any students who receive NIL (Name, Image, Likeness) funds or support? ☐ Yes   ☐ No
  - a. If Yes, please describe: \_\_\_\_\_
8. Do you own or operate any fitness facility that is open to the public? ☐ Yes   ☐ No
  - a. If Yes, please provide number of members: \_\_\_\_\_

## **Concussion Management Safety Program**

1. Do you have a formal educational concussion awareness program designed specifically to address concussion and sub-concussive injury for any person engaged in athletic activities? ☐ Yes   ☐ No
2. Does your concussion awareness program include materials:
  - a. Describing and understanding concussions and sub-concussive injuries and the potential consequences of such injuries? ☐ Yes   ☐ No
  - b. Recognizing and responding to concussions and sub-concussive injuries ☐ Yes   ☐ No
  - c. Referencing injury management standards for the participant's return to activities following a concussion or sub-concussive injury; including medical clearance required ☐ Yes   ☐ No
  - d. Discussing the prevention of concussions and sub-concussive injuries. ☐ Yes   ☐ No
3. Is the concussion awareness program updated regularly and does it include the Center for Disease Control and Prevention's Heads UP: Concussion in Youth Sports training course or any similar training course as well as programs mandated by law or by the governing body for the athletic or sports game, contest, activity, practice, scrimmage or exhibition? ☐ Yes   ☐ No  
If No, please explain: \_\_\_\_\_
4. Is your concussion awareness program distributed via electronic or written communication, regularly advancing education materials to participants, parents and coaches about the nature of risk of concussions, including but not limited to all material outlined in the concussion awareness program? ☐ Yes   ☐ No  
If No, please explain: \_\_\_\_\_
5. Are records of such program and communications to participants and their guardians maintained indefinitely ☐ Yes   ☐ No  
If No, how long do you retain? \_\_\_\_\_

## **ADDITIONAL SCHOOL PROGRAMS/SPONSORED ACTIVITIES**

1. Indicate if any school programs or clubs involve any of the following activities:
  - a. ☐ Equestrian   ☐ Rock climbing/indoor walls   ☐ Challenge Rope course   ☐ Firearms/rifle/gun activities  
☐ Whitewater sports/rafting   ☐ Skiing/snowboarding   ☐ Scuba diving   ☐ Other \_\_\_\_\_

- b. Please provide details of operations for each activity indicated above and your controls implemented:

---



---

#### **INCIDENTAL PROFESSIONAL LIABILITY**

1. Do you operate a medical facility or infirmary? ☐ Yes ☐ No
- a. The facilities are for ☐ Staff ☐ Students ☐ General Public
- b. Do you provide more than immediate care/first aid? ☐ Yes ☐ No
- If Yes, please explain: \_\_\_\_\_
- c. Do you obtain signed releases to emergency medical treatment to minors? ☐ Yes ☐ No
- d. Does the facility have accommodations for overnight lodging and treatment? ☐ Yes ☐ No

Please provide the number of staff who are:

Physicians:	Physicians asst. or nurse practitioners	Psychologists:
____ Employed	____ Employed	____ Employed
____ Contracted	____ Contracted	____ Contracted

#### **ALCOHOL**

1. List the total annual sales from all facilities under the ownership or control of the institution, which sells or serves alcoholic beverages (athletic facility, inn, faculty club, restaurant, pub, etc.): \_\_\_\_\_
2. Does the institution have a written policy that regulates the conditions under which alcohol may be served at:
- a. On campus parties or event by any fraternities, sororities or other student organizations? ☐ Yes ☐ No
- b. Off-campus parties or events by any fraternities, sororities or other student organizations? ☐ Yes ☐ No
- c. Athletic events? ☐ Yes ☐ No
3. Does the institution have any written policies that:
- a. Establish standards of conduct and disciplinary procedures concerning alcohol? ☐ Yes ☐ No
- b. If Yes, who handles infractions of the alcohol policy? \_\_\_\_\_
- c. Encourage alcohol awareness training of "responsible hosts" for campus events? ☐ Yes ☐ No
4. Are fraternities/sororities required to carry their own liability insurance, including liquor liability? ☐ Yes ☐ No

#### **DORMITORIES AND HOUSING** ☐ NA

1. Please advise if all residential buildings have the following:
- a. Each building equipped with a hard-wired smoke/heat detection system? ☐ Yes ☐ No
- b. Each building equipped with central station and burglar alarms? ☐ Yes ☐ No
- If no, what types of fire alarms are provided? \_\_\_\_\_
- c. Each room equipped with smoke detector? ☐ Yes ☐ No
- d. Fire extinguishers and pull station alarms on each floor? ☐ Yes ☐ No
- e. Doors are kept locked at all times (24/7)? ☐ Yes ☐ No
- If no, please describe how access by non-residents is controlled. \_\_\_\_\_
- f. Electronic keycard or security code access? ☐ Yes ☐ No
- g. Security cameras located at all entrances? ☐ Yes ☐ No
- h. Are all housing facilities with 3 or more stories fully sprinklered and centrally monitored? ☐ Yes ☐ No

2. Do you have a strict policy prohibiting smoking, candles, space heaters, hot plates or other heat producing items inside the dorm rooms? ☐ Yes ☐ No
3. Is training provided for Resident Advisor's (RA's) and other staff to recognize potential threats a student may make against themselves or others? ☐ Yes ☐ No

**SEXUAL MISCONDUCT LIABILITY COVERAGE** ☐ No coverage requested

1. Current policy limits: \$\_\_\_\_\_ Current policy deductible: \$\_\_\_\_\_
- a. Current coverage written on an ☐ Occurrence basis ☐ Claims made basis with a retro date: \_\_\_\_\_
2. What programming do you have for minors on campus? Ex: Day Care, Camps, Baby sitting, joint-enrollment, etc?  
\_\_\_\_\_
3. Do you have a written sexual misconduct policy regarding minors on campus? ☐ Yes ☐ No

**Please describe your current prevention of abuse or molestation policies/procedures**

1. Do you have a formal written policies and procedures on abuse prevention addressing abuse, molestation, and sexual harassment in all of its forms (anti-abuse, anti-molestation, anti-harassment) covering all students, employees and guests? ☐ Yes ☐ No
- a. Does it include
- i. Written policy statement defining the institution's anti-abuse stance? ☐ Yes ☐ No
  - ii. Training on identifying potential abuse, and how to report suspected abuse? ☐ Yes ☐ No
  - iii. Training on state mandated reporter responsibilities when applicable? ☐ Yes ☐ No
  - iv. Do you provide training to all employees on sexual abuse/molestation policy, mandatory reporting and procedures? ☐ Yes ☐ No
- If Yes, do you provide this training annually including new staff at hire? ☐ Yes ☐ No
2. Does your written policy include the following? ☐ Yes ☐ No
- a. Recognizing the signs of inappropriate sexual behavior? ☐ Yes ☐ No
  - b. Responsibilities of all employees and volunteers in observing and reporting potential sexual misconduct? ☐ Yes ☐ No
  - c. How and where to report sexual misconduct or abuse incidents? ☐ Yes ☐ No
  - d. Defining and prohibiting retaliation against those who report inappropriate behavior? ☐ Yes ☐ No
  - e. If Yes, are the policies formally communicated annually to: ☐ Yes ☐ No
    - i. All employees? ☐ Yes ☐ No
    - ii. All students? ☐ Yes ☐ No
    - iii. All volunteers/chaperones who work directly with children? ☐ Yes ☐ No
  - f. Do you retain records of all communication(s) distributed? ☐ Yes ☐ No
3. Has an officer/title IX coordinator been appointed by the insured to receive and investigate complaints of abuse, molestation, and/or harassment, and do they receive ongoing training? ☐ Yes ☐ No
4. Does your web page contain information/resources on title IX and sexual misconduct policies? ☐ Yes ☐ No
5. Do you provide training to all students on sexual assault, including prevention and resources? ☐ Yes ☐ No
6. Is your institution in compliance with the Clery Act? ☐ Yes ☐ No
7. Have you ever had any alleged or actual incidents of abuse or molestation? ☐ Yes ☐ No
- a. If Yes, please describe: \_\_\_\_\_

## **AUTO/TRANSPORTATION INFORMATION**

### **General Application Information**

1. Please indicate the number of vehicles used for student transportation

PPT/8 passenger van _____	9-14 passenger van _____	15 passenger van _____	Buses _____
Handicap vehicles _____	Police vehicles _____	Emergency vehicles _____	Other _____

2. Do you allow students to drive for your institution? ☐ Yes ☐ No
- a. If Yes, are they subject to MVR screening? ☐ Yes ☐ No
- b. For what purpose do students drive for your institution? \_\_\_\_\_
- c. Do students drive your vehicles or their own? \_\_\_\_\_
- d. Do students transport others? ☐ Yes ☐ No
- If Yes, please explain: \_\_\_\_\_
- e. What is the minimum amount of driving experience you require for students to transport others in your vehicles? \_\_\_\_\_

**If own/operate any 12/15 passenger vans please answer the following ☐ NA**

1. Is/are the van(s) equipped with electronic stability control? ☐ Yes ☐ No
2. What is the frequency of tire pressure checks? \_\_\_\_\_
3. Do you have guidelines in place limiting the passenger count? ☐ Yes ☐ No
4. Do you limit cargo placement forward of the rear axle and prohibit cargo on roof? ☐ Yes ☐ No
5. Are drivers required to complete training designed to alert them of the dangers inherent to vans? ☐ Yes ☐ No

**Non-owned and hired exposures**

1. Do your employees drive their vehicles on your business? ☐ Yes ☐ No
2. If Yes, do you have a program in place to monitor employee's/volunteers personal auto liability policy? ☐ Yes ☐ No
3. Do you require staff/volunteers to carry not less than state minimum auto liability limits on their personal autos? ☐ Yes ☐ No
4. Do employees/volunteers transport students in their own vehicles? ☐ Yes ☐ No
- a. If Yes, how many transport students regularly and for what purpose: \_\_\_\_\_
5. Do you rent or lease vehicles for business purposes? ☐ Yes ☐ No
- a. If Yes, what was your annual cost to rent vehicles last year? \$ \_\_\_\_\_
- Please provide details: \_\_\_\_\_

**Driver qualification** (including approved substitute drivers):

1. Do you obtain MVR's on all employed drivers, students and volunteers before operation of an owned vehicle can take place? ☐ Yes ☐ No
2. Please indicate the procedures implemented as part of your fleet safety program:
- ☐ Prescreening the drivers' MVR's, verify CDL and physicals, past qualifications and training prior to job offer.
  - ☐ Have a performance review process that includes a "driver discipline policy" that outlines the number of moving violations and "at fault" accidents that are acceptable before employment
  - ☐ Annual MVR order and review of all employed drivers and approved students
  - ☐ Vehicle key access is centrally controlled and released only to approved drivers
  - ☐ Accident review committee that reviews all accidents
  - ☐ Preventive maintenance program in place with documentation maintained



**SCHOOL EDUCATORS LEGAL LIABILITY** ☐ No coverage requested**General Application Information**

1. Current policy limits: \$\_\_\_\_\_ Current policy deductible: \$\_\_\_\_\_ Current retro date:\_\_\_\_\_
2. Current carrier:\_\_\_\_\_ Premium: \$\_\_\_\_\_
3. Has any coverage been declined, refused, cancelled or non-renewed within the past five years? ☐ Yes ☐ No
  - a. If Yes, please provide details: \_\_\_\_\_
4. Current student enrollment: \_\_\_\_\_ Enrollment expected next year: \_\_\_\_\_ Prior year enrollment: \_\_\_\_\_
5. Number of students receiving services for disability or special needs : \_\_\_\_\_
6. Is your legal counsel ☐ An employee ☐ On retainer ☐ No current legal counsel
7. Does an attorney regularly participate in all grievance or administrative hearings? ☐ Yes ☐ No

**Guidelines, Policies and Procedures**

1. Have your policies and procedures been reviewed by legal counsel? ☐ Yes ☐ No
2. Please indicate if you have established policies and procedures governing all students in the area of:  
☐ Suspension ☐ Expulsion ☐ Sexual misconduct ☐ Threats of Violence ☐ Anti-hazing ☐ Anti-bullying  
☐ Drug testing/searches ☐ Possession of weapons ☐ Corporal punishment ☐ Use of alcohol
3. Have any of the following taken place during the last five years?

**Explain all "Yes" answers below:**

- a. Disputes involving integration, segregation, discrimination or violations of civil rights? ☐ Yes ☐ No
- b. Violation of title IX arising out of a sexual assault or abuse? ☐ Yes ☐ No
- c. Entity has had any on-site monitoring by state or federal agencies? ☐ Yes ☐ No

If Yes to any of the above questions, please provide details: \_\_\_\_\_

---

---

---

4. Does your student agreement / contract include a provision allowing a change in the delivery method of the education (for example, switching temporarily to remote learning) as a part of your crisis response plan? ☐ Yes ☐ No  
Please provide a copy of your student contract. ☐ Included

**DIRECTORS, OFFICERS AND ENTITY LIABILITY** ☐ No coverage requested

1. Please provide number of board members: \_\_\_\_\_ And the length of board member term: \_\_\_\_\_
2. Provide a list of all direct and indirect subsidiaries or any other entity or organization you control:

Name/type of business	Percent you own/control	Date created/ acquired	For profit	Not for profit
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

3. Total gross assets (including endowments): \_\_\_\_\_
4. If you have an endowment fund, is it managed or reviewed annually by an independent auditor? ☐ Yes ☐ No
  - a. If No, who manages or reviews your endowment fund? \_\_\_\_\_

5. Does the board have "conflict of interest" guidelines for business dealings between the school and board members or firms in which the board members have a significant financial interest? ☐ Yes ☐ No
6. Has any person proposed for coverage been the subject of, or involved in, any of the following in the past five years?
- a. Any disciplinary action by any regulatory agency or association? ☐ Yes ☐ No
  - b. Any administrative proceedings charging violation of a federal or state law or regulation? ☐ Yes ☐ No
  - c. Any anti-trust, copyright or patent litigation? ☐ Yes ☐ No
  - d. Any action for suspensions or revocation of a license, authority or for any professional disciplinary sanction? ☐ Yes ☐ No
  - e. Any other criminal actions? ☐ Yes ☐ No
- If Yes, please provide details: \_\_\_\_\_
7. Does your board direct or request any individual to serve as director, officer or trustee of any other entity? ☐ Yes ☐ No
- a. If Yes, please provide details: \_\_\_\_\_

**EMPLOYMENT PRACTICES LIABILITY** ☐ No coverage is requested

**General Application Information**

1. Current policy limits: \$\_\_\_\_\_ Current policy deductible: \$\_\_\_\_\_ Current retro date: \_\_\_\_\_
- a. Current carrier: \_\_\_\_\_ Premium: \$\_\_\_\_\_
2. Do you have a human resource coordinator or person responsible for employment matters? ☐ Yes ☐ No
- a. If No, who is responsible for employment matters? \_\_\_\_\_
3. Do you have a written employment manual including all personnel policies and procedures? ☐ Yes ☐ No
- a. If Yes, do you require the employee to sign receipt acknowledging they have received and understand the manual? ☐ Yes ☐ No
  - b. If Yes, is the manual reviewed by counsel experienced and qualified in employment law? ☐ Yes ☐ No
4. How many employees currently earn more than \$150,000 annually (including bonuses)? \_\_\_\_\_
5. Do you offer tenure? ☐ Yes ☐ No
- If Yes, please advise the following:
- a. What percentage of employees are tenured or on a "tenure track"? \_\_\_\_\_%
  - b. Are there clear written guidelines regarding awarding of tenure? ☐ Yes ☐ No
6. Do you consult with your Human Resources Department or outside counsel before dismissing any employee? ☐ Yes ☐ No
7. Do you anticipate any school closings, layoffs or restructuring resulting in workforce reduction in next 24 months? ☐ Yes ☐ No
- a. If Yes, please provide details: \_\_\_\_\_

**Guidelines, Policies and Procedures**

- | 1. Do you have written procedures in place regarding: | Written policy:  | Employees sign/acknowledge receipt:                      |
|---|--|--|
| a. Written performance appraisals/reviews             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Discharge/termination                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Equal opportunity employment                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Anti-discrimination                                | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Anti-sexual harassment                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Anti-retaliation                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
2. Do you conduct human resources training on guidelines, policies and procedures for all supervisory positions? ☐ Yes ☐ No
3. Do you conduct training for all employees on issues of discrimination, sexual and other workplace harassment? ☐ Yes ☐ No

4. During the last 5 years has any persons been involved in any lawsuit, charges, inquiries, investigations, grievances or other administrative hearings or proceedings before any of the following agencies? ☐ Yes ☐ No
- a. National Labor Relations Board? ☐ Yes ☐ No
- b. Equal Employment Opportunity Commission? ☐ Yes ☐ No
- c. U.S. Department of Labor? ☐ Yes ☐ No
- d. Any state or federal government agency ☐ Yes ☐ No
- e. If Yes, to any of the above questions, please provide full description with details:

\_\_\_\_\_

\_\_\_\_\_

5. Have you updated your HR policies with regard to pandemic or communicable diseases? ☐ Yes ☐ No
6. Do you anticipate any reduction in workforce in the next 24 months? ☐ Yes ☐ No
- If Yes, please describe: \_\_\_\_\_
7. Do you anticipate any material impact on your revenues, profit level, cash position and long-term debt levels over the next 6-12 months? ☐ Yes ☐ No
- If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LAW ENFORCEMENT PROFESSIONAL LIABILITY** ☐ No coverage requested

**General Application Information**

1. Current policy limits: \$\_\_\_\_\_ Current policy deductible: \$\_\_\_\_\_ Current retro date: \_\_\_\_\_
- a. Current carrier: \_\_\_\_\_ Premium: \$ \_\_\_\_\_
2. Please indicate the number of personnel in the following positions:

Employed security	_____ Unarmed	_____ Armed
Contracted security	_____ Unarmed	_____ Armed
Volunteer security	_____ Unarmed	_____ Armed

3. If there are employed armed security, are they trained and/or re-certified annually to the standards required for public sector law enforcement personnel for use of weapons? ☐ Yes ☐ No
4. Does a mutual aid agreement exist between the institution and municipal police department? ☐ Yes ☐ No
5. Please indicate if you have established policies and procedures governing your security personnel.
- ☐ Use of force continuum ☐ Use of deadly force ☐ Passive restraint ☐ Wrongful detention ☐ Crowd control
6. Do security/law enforcement personnel receive training in the administration of:
- ☐ All established policies ☐ CPR/First aid ☐ Crisis management response plan ☐ Non-violent crisis intervention
- ☐ AEDs ☐ Naloxone or other overdose treatments
7. Is your security team trained on how to appropriately respond to:
- a. Mental health crises ☐ Yes ☐ No
- b. Sexual assault ☐ Yes ☐ No
- c. Drug overdose ☐ Yes ☐ No
- d. Domestic violence ☐ Yes ☐ No
- e. Active assailant situations ☐ Yes ☐ No

**Contracted Security Services:** ☐ NA

If contracted security exposure exists, please complete the following:

1. Do you utilize off duty police persons to provide security services? ☐ Yes ☐ No
  - a. If Yes, please provide the name of the department: \_\_\_\_\_
2. Do you utilize a private security firm to provide security services? ☐ Yes ☐ No
  - a. If Yes, do you require contractor to carry general liability and law enforcement professional coverage? ☐ Yes ☐ No
  - b. If Yes, what are the minimum liability limits you require? \_\_\_\_\_
  - c. Are hold harmless/indemnification agreements in your favor required from contractor? ☐ Yes ☐ No
  - d. Do you require certificate of insurance? ☐ Yes ☐ No
  - e. Are you listed as an additional insured on the contractor's policy? ☐ Yes ☐ No

**PANDEMIC AND COMMUNICABLE DISEASE**

1. Do you have formal procedures in place to handle pandemic and/or other communicable diseases? ☐ Yes ☐ No
2. Except for COVID-19, have you ever had to implement those procedures? ☐ Yes ☐ No
  - a. If Yes, please provide details. \_\_\_\_\_

**DECLARATION AND SIGNATURE**

**Authorized Applicant Representative Designation**

The person named below is authorized by the Applicant to sign this application and is designated to give or receive any and all notices on its behalf concerning this insurance.

**Named Individual:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attestation**

The authorized signer of this application named above represents to the best of his/her knowledge and belief that the statements and information set forth provided herein are true and include all material information. The authorized signer further represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known by any official or employee of the Applicant has been declared, and it is agreed that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind The Hanover Insurance Group, Inc. or any of its underwriting companies to offer, nor the authorized signer or Applicant to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of any insurance and will be incorporated by reference and made part of the policy should a policy be issued.

The authorized signer and the Applicant acknowledge that the Hanover Insurance Group company will be relying upon the information provided in this application for coverage determination. By signing this application, the authorized signer and the insured certify that the information provided in this application is true, complete and accurate.

**Signature of Authorized Entity Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**The Hanover Insurance Company**  
440 Lincoln Street, Worcester, MA 01653

**hanover.com**  
The Agency Place (TAP)—<https://tap.hanover.com>

All products are underwritten by The Hanover Insurance Company or one of its insurance company subsidiaries or affiliates ("The Hanover"). Coverage may not be available in all jurisdictions and is subject to the company underwriting guidelines and the issued policy. This material is provided for informational purposes only and does not provide any coverage. For more information about The Hanover visit our website at [www.hanover.com](http://www.hanover.com)

©2025 The Hanover Insurance Group. All Rights Reserved.