

Higher Education (Post-Secondary) Renewal Supplemental Application

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

INSURED INFORMATION

Insured Name: _____ Policy Number: _____
 Contact Person: _____
 Email Address: _____ Phone Number: _____
 School Year: 20__ to 20__

GENERAL APPLICATION INFORMATION

1. Institutions accreditation:
 - a. What was the date of most recent review: _____ Date of next review: _____
 - b. 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);
2. Is any programming scheduled to be discontinued within the next 12 months? ☐ Yes ☐ No

3. Please provide your total enrollment:

Undergraduate students: Full-time _____ Part-time _____ E-Learning _____
 Graduate Students: Full-time _____ Part-time _____ E-Learning _____
 Other: Full-time _____ Part-time _____ E-Learning _____
 How many students live on campus? _____
 How many staff live on campus? _____
 How many clergy live on campus? _____

4. 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

SAFETY/SECURITY INFORMATION

1. Do you have a written safety program implemented? ☐ Yes ☐ No
2. Do you have procedures in place for all active threats on campus? ☐ Yes ☐ No
3. How often are your staff trained? _____ Students? _____
4. 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: _____

5. 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
- d. Is your institution in compliance with the Clery Act? ☐ Yes ☐ No

PROPERTY

1. Does the school own any buildings that are vacant or unoccupied? ☐ Yes ☐ No
Please provide details for each building _____
2. Are there any buildings presently under construction or renovation? ☐ Yes ☐ No
Please provide project length and description: _____
3. Does the school generate its own power through solar, geothermal, wind or other? ☐ Yes ☐ No
Please provide details _____
4. Are there any buildings of historical value or listed on a historic register? ☐ Yes ☐ No
Please indicate which building and provide a copy of the property appraisal: _____

GENERAL LIABILITY INFORMATION

Housing

1. Do you have student housing on campus? ☐ Yes ☐ No
 - a. If Yes, are all dormitories with 3 or more stories fully sprinklered and centrally monitored? ☐ Yes ☐ No
 - b. If Yes, all dormitories compliant with life safety and security requirements? ☐ Yes ☐ No

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 (attach copy of the Building Use form). ☐ Yes ☐ No

Drone

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 ☐ NA

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 require 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 in 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 AND CONCUSSION MANAGEMENT

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. Do you have any students who receive NIL (Name, Image, Likeness) funds or support? ☐ Yes ☐ No

a. If Yes, please describe: _____

3. 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

Concussion Awareness 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 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 have a medical clinic? ☐ 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

SEXUAL MISCONDUCT LIABILITY COVERAGE ☐ No coverage requested

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

1. Do you have a formal written policy and procedure on abuse prevention policy (including training) addressing abuse, molestation, and sexual harassment in all of its forms (anti-abuse, anti-molestation, anti-harassment)? ☐ Yes ☐ No
- a. Do you provide training to all employees on sexual abuse/molestation policy, mandatory reporting and procedures? ☐ Yes ☐ No
- b. If Yes, do you provide this training annually including new staff? ☐ Yes ☐ No

2. Does your written policy outline the following?
- 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, harassment, threats of violence 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. Have you ever had any alleged or actual incidents of abuse or molestation? ☐ Yes ☐ No
- a. If Yes, please describe: _____
7. What programming do you have for minors on campus? Ex: Day Care, Camps, Babysitting, joint-enrollment, etc?

8. Do you have a written sexual misconduct policy regarding minors on campus? ☐ Yes ☐ No

SCHOOL EDUCATORS LEGAL LIABILITY ☐ No coverage requested

1. Current student enrollment: _____ Enrollment expected next year: _____ Prior year enrollment: _____
2. Is your legal counsel ☐ An employee ☐ On retainer ☐ No current counsel
3. 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 ☐ Appropriate student/faculty interactions
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? ☐ Yes ☐ No
- 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 requested**General Application Information**

1. 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
2. How many employees currently earn more than \$150,000 annually (including bonuses)? _____
3. 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
4. Do you consult with your Human Resources Department or outside counsel before dismissing any employee? ☐ Yes ☐ No
5. Do you anticipate any school closings, layoffs or restructuring resulting in workforce reduction within the 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

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. Has the Insured updated their HR policies with regard to pandemic or communicable diseases? ☐ Yes ☐ No
 5. 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 Applicant Information

1. Please indicate the number of personnel in the following positions:

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

2. If there are employed armed security, are they trained and/or re-certified annually to the standards required for public sector law enforcement personnel within the political subdivision for use of weapons? ☐ Yes ☐ No
3. Does a mutual aid agreement exist between the institution and municipal police department? ☐ Yes ☐ No
4. 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
5. 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

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
 If Yes, please provide the name of the department: _____
2. Do you utilize a private security firm to provide security services? ☐ Yes ☐ No
 If Yes, do you require contractor to carry general liability and law enforcement professional coverage? ☐ Yes ☐ No
 - a. If Yes, what are the minimum liability limits you require? _____
 - b. Are hold harmless/indemnification agreements in your favor required from contractor? ☐ Yes ☐ No
 - c. Do you require certificate of insurance? ☐ Yes ☐ No
 - d. 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 entity 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 and all insureds concerning this insurance.

Named individual: _____

Title/position: _____

Date: _____

Attestation

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information 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 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 entity 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 of this application and the Applicant acknowledge that the underwriting 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 Applicant 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>

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