



**SCHOOLS—PRIVATE, TECHNICAL, TRADE AND VOCATIONAL  
SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD General Liability Application)

Applicant's Name: _____ _____ Mailing Address: _____ _____ Location Address: _____ _____	Agency Name: _____ Agent No.: _____ Address: _____ _____ E-mail: _____ Phone No.: _____
---	--

**PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

- 1. Type of School:**
- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Alternative/Reform      | <input type="checkbox"/> Medical                           | <input type="checkbox"/> Public     |
| <input type="checkbox"/> Charter                 | <input type="checkbox"/> Military                          | <input type="checkbox"/> Technical  |
| <input type="checkbox"/> Correspondence/Internet | <input type="checkbox"/> Preschool                         | <input type="checkbox"/> Trade      |
| <input type="checkbox"/> Dental                  | <input type="checkbox"/> Private Elementary School         | <input type="checkbox"/> Tutoring   |
| <input type="checkbox"/> Internet                | <input type="checkbox"/> Private High School               | <input type="checkbox"/> Vocational |
| <input type="checkbox"/> Learning Center         | <input type="checkbox"/> Private Junior High/Middle School |                                     |

If technical, trade or vocational, what trades are taught? \_\_\_\_\_  
 \_\_\_\_\_

- 2. Number of years in business:** .....
- 3. Is school located in a private home?**.....  Yes  No
- 4. Total number of students enrolled:** \_\_\_\_\_ Students' ages range from \_\_\_\_\_ to \_\_\_\_\_  
 Average daily attendance: \_\_\_\_\_ Percentage of special needs students: \_\_\_\_\_%
- 5. Annual gross receipts from all operations (include tuition fees, food receipts, clothing, equipment sales, etc.):**..... \$ \_\_\_\_\_
- 6. Month(s) and Hour(s) of operation(s):** \_\_\_\_\_
- 7. Teachers Errors and Omissions Coverage limits:** (Limits may be provided up to the GL limits)
- Each Claim: ..... \$ \_\_\_\_\_
- Aggregate: ..... \$ \_\_\_\_\_
- Total number of Teachers: .....

8. Is student housing available? .....  Yes  No

If yes, advise number of beds: \_\_\_\_\_

9. Indicate if instruction, training or certification is provided for any of the following:

- Aviation                       Driving                       Hazardous Material                       Skydiving
- Cheerleading                       Firearm                       Martial Arts                       Sports or Recreation
- Cosmetology                       First Aid                       Safety                       Swimming and/or Diving
- Dance                       Gymnastic                       Scuba and Skin Diving
- Other: \_\_\_\_\_

10. Describe all operations on premises (wood shop, metalworking, shop, gymnasium, athletic facilities and grandstands): \_\_\_\_\_

11. Cosmetology schools (identify all operations taught): \_\_\_\_\_

12. Identify protective equipment used for any of the above activities/operations: \_\_\_\_\_

13. Any buildings over six stories? .....  Yes  No

If yes, advise number of stories for each building: \_\_\_\_\_

14. Any prior losses due to mold? .....  Yes  No

If yes, has one hundred percent (100%) remediation occurred? .....  Yes  No

15. Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? .....  Yes  No

16. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? .....  Yes  No

If yes, describe: \_\_\_\_\_

17. Does applicant have other business ventures for which coverage is not requested? .....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

**SCHOOL SPONSORED ACTIVITIES**

18. Describe any school sponsored exhibitions (an exhibition for this purpose is an event sponsored by you, open to the public, where the participants are limited to members of the school or club): \_\_\_\_\_

19. Are there any school sponsored sports teams or sporting events? .....  Yes  No

If yes:

a. Describe: \_\_\_\_\_

b. Are students or their parents required to sign liability waivers? .....  Yes  No

If yes, please attach a copy of the waiver wording that is used.

20. Describe any off-site activities: \_\_\_\_\_

**SCHOOL POLICIES/SECURITY**

**21. Are all teachers properly licensed/registered per state regulations?**.....  Yes  No  
If no, please explain: \_\_\_\_\_

**22. Are background checks completed for all teachers and employees in compliance with state regulations?** .....  Yes  No  
If no, please explain: \_\_\_\_\_

**23. Does the school allow teachers, aides or administrators to have or carry guns on school premises?**.....  Yes  No  
If yes, please explain: \_\_\_\_\_

**24. Does the school have a formal discipline program for students?** .....  Yes  No  
If yes, please provide a copy of the program.

**25. Does the school have a “zero tolerance” policy regarding violent behavior?** .....  Yes  No  
If yes, please provide a copy of any written policy.

**26. Does the school have a policy regarding visitors to school premises?** .....  Yes  No  
If yes, please provide a copy of any written policy.

**27. Indicate any of the following included in the school security systems:**

- |   |   |
|---|---|
| <input type="checkbox"/> Doorbell at main entrance                | <input type="checkbox"/> Security cameras     |
| <input type="checkbox"/> Presence of security guards              | <input type="checkbox"/> Self-locking door(s) |
| <input type="checkbox"/> Remote release mechanism to open door(s) | <input type="checkbox"/> Video monitors       |

**28. Is there a security guard on premises?** .....  Yes  No  
If yes:

**a.** Number of armed guards employed by school: ..... Payroll: \$ \_\_\_\_\_  
Number of unarmed guards employed by school: ..... Payroll: \$ \_\_\_\_\_

**b.** Number of armed guards contracted through a security firm?\* ..... Contract cost: \$ \_\_\_\_\_  
Number of unarmed guards contracted through a security firm?\* ..... Contract cost: \$ \_\_\_\_\_

\* For contracted security guards, a certificate of insurance and applicant named as an Additional Insured is required. If these requirements are not met, security guards are rated as employees at the appropriate security guard rate.

**c.** Are guards licensed and employee background checks done as required by state or federal agencies? .....  Yes  No

**d.** Are armed guards certified for use of firearms by the appropriate state agency or firearms certification school? .....  Yes  No

**e.** Explain the security guard’s legal powers and restrictions as respects arrests, searches and use of weapons:  
\_\_\_\_\_  
\_\_\_\_\_

**f.** Does the security guard work in conjunction with local police during their shift when apprehending fugitives? .....  Yes  No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **(Not applicable to Oregon.)**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.



**CREATIVE UNDERWRITERS CORPORATION**  
140 EAST MAIN STREET, CARMEL, IN 46032  
1-800-769-4321 • Fax (317) 571-5767  
E-mail: P&C@CreativeUnderwriters.com

## Commercial Package Application

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Agent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**PROPOSED EFFECTIVE/EXPIRATION DATES:**

From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

- 1. Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Other (Specify): \_\_\_\_\_
- 2. Number of years in business:** \_\_\_\_\_
- 3. Describe all business operations conducted by applicant:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PROPERTY SECTION

**4. Premises information:**

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:			Other carriers participating on risk:			
			1. _____ %				
			2. _____ %				

- **Construction type:** \_\_\_\_\_
- **Protection class:** \_\_\_\_\_
- **Number of stories:** \_\_\_\_\_
- **Total square foot area:** \_\_\_\_\_
- **Total number of units:** \_\_\_\_\_
- **Sprinklered?**  Yes  No
- **Operable smoke detectors?**  Yes  No
- **Year built:** \_\_\_\_\_

- **Building remodeling (include year):**
- Wiring?  Yes  No Year: \_\_\_\_\_
- Heating?  Yes  No Year: \_\_\_\_\_
- Plumbing?  Yes  No Year: \_\_\_\_\_
- Roof?  Yes  No Year: \_\_\_\_\_
- **Burglar alarm type:**  Local  Central Station
- **Fire alarm type:**  Local  Central Station

**GENERAL LIABILITY SECTION**

5.

Limits of Liability Requested		Premiums
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expenses (any one person)	\$	\$
Other Coverages, Restrictions and/or Endorsements	\$	Total
<b>Deductible</b>	\$	\$

**Schedule of Hazards**

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/Comp. Ops.	Prem./Ops.	Products/Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent License Number: \_\_\_\_\_

**(Applicable to Florida Agents only.)**

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.