PUBLIC RISK UNDERWRITERS
OF INDIANA, LLC

PART OF THE BROWN & BROWN TEAM

PUBLIC ENTITY (TOWNSHIP) PROGRAM

ITEMS NEEDED WITH SUBMISSION:

1.) Public Entity Information, Submitting Agency, Proposed Effective Date, Bid Date and Pricing Guidelines

2.) Completed Acord Applications for each line of coverage needed

3.) Completed Supplemental Applications for each line of coverage needed

4.) Current and 3 prior year loss runs

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www.ipep.com

PUBLIC ENTITY PROSPECT PROGRAM

I. APPLICATION INFORMATION

A. Name Insured_____

B. Address_____City_____

County_____State_____Zip Code_____

Phone: _____Population (include resident students)_____

C. Contact for inspection_____email:_____

II. SUBMITTING AGENCY INFORMATION

A. Agency Name_____

B. Address_____City_____State__Zip Code_____

C. Phone _____Facsimile No _____

D. Agent/Broker_____Email:_____

III. PROPOSED EFFECTIVE DATE_____BID DATE_____

IV. COVERAGE CARRIER PREMIUM X-DATE NOTES

Genl Liab_____

E & O _____

Law_____

Auto_____

Prop_____

I M_____

B & M_____

Umbr_____

Other _____

K-12 School Application

Account Name			
Effective Date		**Date Completed**	

General Information

Inspection Information

Contact Name: Contact Phone:

Does the district have a written Emergency Action Plan? ☐ Yes ☐ No

Property Section

Yes	No		
☐	☐	Does the district have a chemical management program?	
☐	☐	Are all educational buildings protected by a central station fire alarm?	
☐	☐	Are all educational buildings protected by a central station burglar alarm?	
☐	☐	Are there presently any buildings with a roof over 20 years old?	
		☐ N/A	Which building(s):
			Roof Type(s):
			Frequency of roof inspection(s):
			Expected replacement year(s):
☐	☐	Are there any vacant buildings?	
		☐ N/A	Which building(s):
			What is/are the building(s) used for?:
			Is the building planned for demolition?
			Is the building planned for demolition? ☐ Yes ☐ No Year:

General Liability Section

Total number of employees:	Total number of teachers:
Total number of K-8 students:	Total number of 9-12 students:
Total number of Pre-K and Daycare students:	
Total number of students participating in an internship or work study:	

Yes	No	
☐	☐	Are teachers or non-security personnel employees permitted to carry a weapon inside the school building? **(If "Yes", this account does not qualify for EMC as this practice is not permitted within Company Guidelines)**
☐	☐	Does the district have procedures in place to monitor employee and volunteer worker relationships with students, other employees, or other volunteer workers?
☐	☐	Does the district participate in interstate sports competition?
		Is the district in compliance with obligations under the Safe Sports Act of 2017? ☐ Yes ☐ No ☐ N/A
☐	☐	Does the district follow state sports concussion policies and laws?
☐	☐	Is any work performed for outside entities? ☐ N/A ☐ Auto Repair ☐ Construction ☐ Other:

Yes	No					
☐	☐	Does the district sponsor any special activities that include mechanical or amusement rides or inflatables?				
		☐ N/A	Are rides/inflatables rented from a third-party vendor?		☐ Yes	☐ No
			Is vendor responsible for setup and takedown of equipment?		☐ Yes	☐ No
			Are certificates required showing the district as additional insured?		☐ Yes	☐ No
			Are maximum capacity and age limits enforced?		☐ Yes	☐ No
			How are the rides/inflatables supervised?			
			Number of times per year events will include rides or inflatables:			
☐	☐	Does the district run any camps or clinics?				
		☐ N/A	Approximate number of Athletic Camp participants:			
			Approximate number of Fine Arts (Music, Theatre, Art) participants:			
			Approximate number of other types of camp participants:			
☐	☐	Has the district implemented any of the following as part of a formal safety program? (check all that apply)				
		☐	Written safety program on use of machinery - provided to all students and staff			
		☐	Shop/Lab Inspections with unsafe conditions identified and corrections documented			
		☐	First aid materials present in each shop/lab			
		☐	Periodic inspections of interior/exterior walking surfaces			
		☐	Snow and ice removal procedures			
		☐	Visitor sign in procedures			
		☐	Bleacher/Grandstand inspections			
		☐	Playground equipment maintenance and surface program			
		☐	Quality control measures for food preparations/storage			
		☐	Physician, EMC, or other medical service providers present at all athletic events			
		☐	Written discipline policy – provided to all students and staff			
		☐	Written sexual abuse policy – provided to all employees, volunteers, and students			
		☐	Written employment policy requiring background checks on all employees			
		☐	Written policy requiring background checks on all volunteers			
☐	☐	Does the district own any outdoor bleachers or grandstands?				
		☐ N/A	Location:	Seating Capacity:		
			Location:	Seating Capacity:		
			Location:	Seating Capacity:		
			Location:	Seating Capacity:		
☐	☐	Does the district offer or sponsor any trips that may involve an overnight stay?				
		☐ N/A	Are waivers required?		☐ Yes	☐ No
			Is school supervision required?		☐ Yes	☐ No
☐	☐	Does the district have or participate in any of the following activities? (check all that apply)				
		☐	Skiing	☐	Foreign Travel	
		☐	Rock Climbing	☐	Use of guns	
		☐	Horseback Riding	☐	Trampoline use	
		☐	Camping/Hiking	☐	Archery	
		☐	SCUBA Diving	☐	Sky Diving	
		☐	Whitewater Rafting	☐	Other:	
☐	☐	Are certificates of insurance required and retained from all contractors doing work on school premises?				

☐ **None / Not Applicable**

Daycare / Early Learning / Latch Key Program Section

Which of the following programs does the district provide? (check all that apply)

☐ Daycare ☐ Early Learning ☐ Latch Key

Maximum number of children for which the center is licensed:

Does the center provide care for physically or mentally handicapped children? ☐ Yes ☐ No

Number of licensed staff members: Maximum child to adult ratio:

Describe the indoor and outdoor play equipment:

Do any of the above programs offer field trips? ☐ Yes ☐ No

☐ N/A Provide a brief description:

Are written procedures in place for any of the following: (check all that apply) ☐ Yes ☐ No

☐ N/A

- Medication distribution ☐ Yes ☐ No
- Emergency Dismissals ☐ Yes ☐ No
- Child check out for other than legal guardian ☐ Yes ☐ No
- Discipline – including corporal punishment ☐ Yes ☐ No

☐ **None / Not Applicable**

Swimming Pool Section

Yes	No				
☐	☐	Does the District have any diving boards or springboards?			
		☐ N/A	Height of all boards:		
			Depth of water beneath boards:		
			Do boards, platforms, starting blocks, ladders and steps have slip resistant surfaces?	☐ Yes	☐ No
☐	☐	Is pool available for rent?			
		☐ N/A	Are Lifeguards or attendants on duty at all times the pool is open?	☐ Yes	☐ No
			Frequency and purpose of pool rental:		
			Is eating and drinking allowed in the pool area?	☐ Yes	☐ No
☐	☐	Are glass containers permitted in the pool area?			
☐	☐	Does the District have a waterslide?			
		☐ N/A	Height of the waterslide:		
			Depth of water beneath the waterslide:		
☐	☐	Is pool in compliance with Virginia Graeme Baker Pool and Safety Act?			

☐ **None / Not Applicable**

School Security Section

Yes	**No**	
☐	☐	Are the premises patrolled with security personnel? Hours Present:

		Number Armed	Number Unarmed
☐	Contracted Officers		
☐	Off duty Police Officers		
☐	District employed Officers		

Are officers shared with other school districts or entities? ☐ Yes ☐ No

Are all officers provided a policy and procedures manual? ☐ Yes ☐ No

Are policies and procedures reviewed periodically with personnel as part of formal training? ☐ Yes ☐ No

Does the district have written procedures for any of the following: (check all that apply) ☐ Yes ☐ No

- ☐ Handling intoxicated individuals
- ☐ Deadly force
- ☐ Non-Deadly force
- ☐ Sexual Harassment
- ☐ Domestic Violence
- ☐ Communicable Disease

Do all officers meet minimum training requirements established by the state? ☐ Yes ☐ No

Which of the following are included as part of the hiring process: (check all that apply) ☐ Yes ☐ No

Complete this section only if the officers are district employed officers ☐ N/A

- ☐ Written Examination
- ☐ Screening by interview board
- ☐ Certified physical examination
- ☐ Background check
- ☐ MVR
- ☐ Other:

How often must officers recertify with firearms:

Do all officers receive training in the following: (check all that apply) ☐ Yes ☐ No

- ☐ Stress Management
- ☐ Domestic Conflicts
- ☐ Hostage Negotiations
- ☐ Use of Chemical Weapons
- ☐ Use of Firearms
- ☐ Use of Tazers

Coverage / Limits Requested

☐ $1,000,000 / $1,000,000 ☐ $1,000,000 / $2,000,000

Deductible Option: ☐ $1,000 ☐ $2,500 ☐ $5,000

Medical Payments: ☐ $5,000 ☐ $10,000 ☐ None

Auto Section

Yes	No				
☐	☐	Are MVR's checked before allowing a person to operate school owned vehicles?			
☐	☐	Is Driver Training offered?			
		Does the District have a driver education car?		☐ Yes	☐ No
		☐ N/A	Does the car have dual controls?	☐ Yes	☐ No
			Which auto(s) is/are driver ed. cars?		
☐	☐	Are district owned buses utilized?			
		Has the District implemented a Fleet Safety Program including any of the following? (check all that apply)		☐ Yes	☐ No
		☐ N/A	☐ Annual monitoring of driving records		
			☐ Distracted Driver policy		
			☐ Cameras on buses		
			☐ Hiring Standards including the following: check all that apply)		
			☐ N/A	☐ MVR Check	
				☐ Driver Age	
				☐ Experience	
☐	☐	Is the District contracting a licensed and insured firms or Independent Contractors?			
		Does the firm carry a minimum of $1,000,000 CSL?		☐ Yes	☐ No
		Is the district shown as an Additional Insured?		☐ Yes	☐ No
		Does the district run MVR's?		☐ Yes	☐ No
		Does the district run Background Checks?		☐ Yes	☐ No
		Number of firms or contractors the district contracts with:			
		Cost of Hire:			

Inland Marine Section

Yes	No			
☐	☐	Is Dwelling Under Construction coverage needed for shop class purposes?		
		☐ N/A	Address:	
			Protection Class:	Coverage Limit:

Crime Section

Number of Employees who handle money or securities:

Yes	No				
☐	☐	Is Acord 141 completed in its entirety? (Required)			
☐	☐	Are Passwords used to access the computer system?			
		☐ N/A	How often are passwords changed?		
			Does the system lock after repeated unsuccessful sign-on attempts?	☐ Yes	☐ No
			Does the District change passwords after an employee leaves?	☐ Yes	☐ No
☐	☐	Does software automatically lock after periods of inactivity?			
☐	☐	Is Computer Fraud being requested?			
		☐ N/A	Do Computers have up-to-date virus checking software?	☐ Yes	☐ No
			Are firewall software programs used in your computer?	☐ Yes	☐ No
			Is a written computer policy strictly enforced?	☐ Yes	☐ No
			Are computer monitors located in a manner that limits unauthorized viewers from seeing the screens?	☐ Yes	☐ No
			Do you transfer funds or other assets by computer, telephone, or other wire method?	☐ Yes	☐ No
			Is a password required to access the transfer system?	☐ Yes	☐ No
			Name(s) and Position(s) of those authorized to make transfers:		
			Is requested Computer Fraud limit over $100,000? **(f yes, please contact underwriting for Computer Fraud Questionnaire)**	☐ Yes	☐ No

CyberSolutions Section

Limits Requested	$50,000	$100,000	$250,000	$500,000	$1,000,000	No Coverage Requested
Data Compromise	☐	☐	☐	☐	☐	☐
Cyber Liability	☐	☐	☐	☐	☐	☐

Yes	No	
☐	☐	Has the district suffered a breach of personal information in the last 12 months?
☐	☐	Does the district conduct background screens for prospective employees?
☐	☐	Is there a posted document retention/destruction policy in place?
☐	☐	Does the district centrally maintain regularly updated computer security measures on all computers?
☐	☐	Are the districts employee, customer and other physical records maintained in a separate and secure environment with limited access?
☐	☐	Is access to personal information restricted by job position?
☐	☐	Is there an employee responsible for the security and privacy of information?
☐	☐	Does the district have a comprehensive Information Security and Privacy Policy?
☐	☐	Does the district provide regular security training/information to all people who have access to personally identifying information, whether in paper or electronic format?
☐	☐	Are all users issued unique ID's and passwords when connecting to or accessing the internal network?
☐	☐	Does the district back up computer data and store it off site?
☐	☐	Does the district use encryption techniques for secure communications and the transfer of confidential information?

Linebacker (Employment Practices and Errors & Omissions) Section

Yes	No	
☐	☐	Does the district have a written administrative procedure to assure compliance with federal law pertaining to student records – right to privacy?
☐	☐	Is the district involved in any disputes regarding integration, segregation, or school busing?
☐	☐	Has any school been closed or school activities disrupted during the past three years due to student or teacher strikes or action?
☐	☐	Does the district have special education programs and/or facilities for the developmentally, mentally, emotionally, or physically disabled?
☐	☐	Does the district have written policies and procedures for any of the following as they pertain to <u>students</u>? (check all that apply)

☐	Suspensions	☐	Expulsion
☐	Corporal Punishment	☐	Possession of Weapons
☐	Drug Testing and Searches	☐	Sexual Misconduct
☐	Bullying		

Yes	No					
☐	☐	Has the district established written guidelines for reporting and investigating allegations of harassment (including sexual harassment) brought by students?				
☐	☐	Has the district developed written guidelines for reporting instances of suspected child abuse to proper authorities?				
☐	☐	Does the district plan to merge with another school within the next three years?				
☐	☐	Has any district bond proposal been defeated by voters within the past three years?				
			Was or will a modified proposal be submitted?	☐ Yes	☐ No	☐ N/A
☐	☐	Does the district do any data processing or computer software development for others?				
☐	☐	Does the district have a human resources coordinator or someone responsible for employment matters?				
☐	☐	Does the district have a written manual including all personnel policies and procedures?				
		☐ N/A	Is the manual distributed to all employees?	☐ Yes	☐ No	☐ N/A
			Does the employee manual include a reservation of rights to change/modify/terminate policies?	☐ Yes	☐ No	☐ N/A
			Does the manual ask the employee to sign a receipt acknowledging they have received and understand the manual?	☐ Yes	☐ No	☐ N/A
			Is the manual reviewed by counsel experienced and qualified in employment law?	☐ Yes	☐ No	☐ N/A
☐	☐	Does the district have a written policy with respect to sexual and non-sexual harassment?				
☐	☐	Does the district have a formal written procedure for employee disputes/complaints?				
☐	☐	Does the district have a written progressive disciplinary procedure?				
☐	☐	Have any EEOC complaints been filed within the past three years?				
☐	☐	Has any employee, former employee, or job applicant made claim against the district for this insurance or any of its officials or employees within the past three years alleging unfair or improper treatment in connection ith any job?				
☐	☐	Has any official or employee been involuntarily dismissed from employment within the past three years or are any staff reductions anticipated within the next twelve months?				
☐	☐	Does the district consult with its Human Resources Department or outside counsel prior to dismissing any employee?				
☐	☐	Is a criminal background check completed on all employees?				
☐	☐	Are there any pending or ongoing claims against anyone for whom insurance is intended hereunder which may fall within the scope of this proposed or similar insurance currently in effect or applied for, not previously described in this application?				
☐	☐	Has similar insurance on behalf of the district been declined, cancelled or non-renewed?				

Total Expenditures for current fiscal year (other than for projects financed by bonds): $

Total Income for current fiscal year (other than borrowed funds.): $ Total Deficit/Surplus: $

Number of Board Members:

Coverage Requested ☐ Claims Made ☐ Occurrence

Limits Requested	☐	$100,000 Each Loss / $1,000,000 Aggregate
	☐	$250,000 Each Loss / $1,000,000 Aggregate
	☐	$500,000 Each Loss / $1,000,000 Aggregate
	☐	$1,000,000 Each Loss / $1,000,000 Aggregate
	☐	$1,000,000 Each Loss / $2,000,000 Aggregate

Optional Coverages	☐ Yes	☐ No	Loss of Salary/Fringe Benefits (subject to availability)
	☐ Yes	☐ No	Limited Errors and Omissions – School Professionals
Restrictive Endorsement	☐ Yes	☐ No	Board Members and Organization Only as Insured?

Claims Made Prior Acts Section

Yes	No		
☐	☐		Does Applicant know of any claim that has been made and/or is now pending which was not covered by the previous insurer(s) but could be covered under the scope of this insurance?
☐	☐		Does the Applicant have any knowledge of an occurrence, which might result in a future claim under the scope of this insurance?
☐	☐	☐ None	Have you notified the previous insurer(s) in writing with details of all known claims as well as incidences which might lead to future claims within the scope of this insurance?

Previous Carrier Information (for previous coverage written on a Claims Made form)

	Linebacker (EPLI / E&O)	Employee Benefits	Abuse / Molestation	Law Enforcement
Name of Prior Carrier				
Policy Limits				
Prior Coverage Effective Dates				
First year in Claims Made				
Proposed Retro Date				

Prior Acts Disclosure

The undersigned authorized officials of the applicant's governing body declare that to the best of their knowledge the statements set forth herein are true. The undersigned agrees that if the information supplied on this questionnaire changes between the date of this questionnaire and the effective date of the insurance, the undersigned will immediately notify the company of such changes, and the company may withdraw or modify and outstanding quotations and/or authorization or agreement to bind any insurance.

Private School Section (If Applicable)

General Information Section

Tax Filing Status: ☐ For Profit ☐ Not for Profit

Yes	No	
☐	☐	Does the school have any boarding or dormitory exposures? **(if "Yes", this school will not qualify with EMC**)
☐	☐	Do school educators, at a minimum, meet the state educational requirements?

If "No", please explain:

Included	
☐	Please include a copy of the most recent financial statement for the school.

Admissions Process Section

Yes	No	
☐	☐	Are there requirements for proof of age?
☐	☐	Are there requirements for proof of immunization?
☐	☐	Are there requirements for proof of residence?
☐	☐	Is there an entrance exam?
☐	☐	Are all prospective students interviewed prior to admission?

Curriculum Development Section

Describe how curriculum is developed, including how it may differ philosophically from traditional or public education.

How frequently is curriculum reviewed?

Declaration and Attestation

The policy will be subject to a deductible, which can be consumed by either losses, defense costs paid by the Company, or costs paid by the applicant, but subject to the Company's knowledge and consent. The amount of the deductible will vary in accordance with the table of premiums and deductibles filed on behalf of the Company with the Insurance Department.

The authorized signer of this application represents or warrants to the best of his or her knowledge and belief that the statements set forth herein are true and include all material information. The authorized signer also represents or warrants that any fact, circumstance or situation indicating the probability of a claim or action now known to any entity official or employee has been declared, and it is agreed by all concerned that 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 insurance company to offer nor the authorized signer to accept insurance, but it is agreed this application and any attachments thereto shall be the basis of the insurance and will be incorporated by reference and made a part of the policy should a policy be issued.

This application provides the Company with certain indicators as to underwriting acceptability. It does not provide information on policy coverages nor does it alter the terms of the policy.

Applicable in Indiana

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 the person to criminal and civil penalties.

Applicable in Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she 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.

Applicant _____ _____

Date

Signed _____ _____

Authorized Entity Representative Title

Agent/Agency Name _____