



Richmond National Insurance
11013 West Broad Street, Suite 300
Richmond, VA 23233

SCHOOLS – PRIVATE, TRADE, AND HIGHER EDUCATION – SUPPLEMENTAL APPLICATION

I. INSTRUCTIONS

1. Completion of this application neither binds coverage nor guarantees that a quote or policy will be issued.
2. Requested coverage is not automatically provided. Read your quote carefully. The policy, if issued, will determine actual coverage.
3. All questions must be answered. If a question does not apply, write "N/A." If more space is needed, continue a separate sheet, and indicate the question number.
4. Some questions require supporting documentation. Provide all requested documentation with the fully completed application, signed, and dated by the owner, partner, or legal officer.

II. APPLICANT INFORMATION

1. Name of entity to be listed as first Named Insured: _____
2. Are any other entities or DBAs to be listed as Named Insured? ☐ Yes ☐ No
 - a. If yes, please list: _____
 - b. Do all entities have common ownership with the first Named Insured? ☐ Yes ☐ No
3. Years in operation under current ownership/management: _____
4. Mailing Address:
Street: _____
City: _____ State: _____ Zip: _____
5. Contact for audits and/or inspections:
Name: _____ Title: _____
Phone Number: _____ Email: _____
6. Does the Applicant currently carry General Liability coverage? ☐ Yes ☐ No
Effective Date: _____ Expiring Carrier: _____
Expiring Premium: _____ Retroactive Date (if applicable): _____
7. Type of education institution (select all that apply):

☐ Private K-8 School	☐ Private 9-12 School	☐ Homeschool Cooperative Program
☐ Online Schooling	☐ College or University	☐ Trade/Vocational School
☐ Charter School	☐ CDL or Driving School	☐ Seminary or Parochial School
☐ Performing Arts School	☐ Other: _____	
8. The Applicant's school is:
☐ For Profit ☐ Not-For-Profit

III. OPERATIONS & RATING EXPOSURES

9. List all applicable rating exposures:

K-8 Student Count: _____
9-12 Student Count: _____
Adult Students: _____
Annual Gross Revenue: \$ _____
Total Square Footage: _____
Count of Athletic Fields: _____
Swimming Pool(s): _____
Count of Playground(s): _____
Other: _____

10. Select all additional exposures that are present at the Applicant's premises:

- | | | | |
|--|---|---|---|
| ☐ Football Fields | ☐ Athletic Bleachers | ☐ Gymnasium | ☐ Basketball Courts |
| ☐ Baseball Fields | ☐ Soccer Fields | ☐ ESL Programs | ☐ Afterschool Programs |
| ☐ GED Programs | ☐ Performing Arts Programs | ☐ Weightlifting | ☐ Outdoor Programs |
| ☐ Martial Arts | ☐ Cheerleading | ☐ Contact Sports | ☐ Counseling Services |
| ☐ Culinary Programs | ☐ Summer Camps | ☐ Other: _____ | |

11. Date the school was founded: _____ Date the school was chartered: _____

12. Is the Applicant's school accredited? ☐ Yes ☐ No

a. If yes, list accrediting organization: _____

13. Does the Applicant have a medical facility or infirmary? ☐ Yes ☐ No

a. Does the facility dispense medication? ☐ Yes ☐ No

b. Is a signed form required from parents before medications are dispensed? ☐ Yes ☐ No

c. Does the Applicant refer parents and students to outside care for incidents requiring more than simple first aid? ☐ Yes ☐ No

d. Does the Applicant have a medical professional on staff? ☐ Yes ☐ No

e. Does the Applicant carry Malpractice Insurance? ☐ Yes ☐ No

IV. PREMISES INFORMATION

Location 1:

Street Address: _____

City: _____ State: _____ Zip Code: _____

This location is: ☐ Owned ☐ Leased

Primary exposure at this location:

☐ School ☐ Office ☐ Student Housing ☐ Staff Housing

☐ Other: _____

Sprinklered? ☐ Yes ☐ No Percentage: _____%

Number of Buildings:	_____	Number of Stories:	_____
Year of Construction:	_____	Electrical Updates:	_____

Plumbing Updates: _____

Roofing Updates: _____

Location 2:

Street Address: _____

City: _____ State: _____ Zip Code: _____

This location is: ☐ Owned ☐ Leased

Primary exposure at this location:

☐ School ☐ Office ☐ Student Housing ☐ Staff Housing

☐ Other: _____

Sprinklered? ☐ Yes ☐ No Percentage: _____%

Number of Buildings:	_____	Number of Stories:	_____
Year of Construction:	_____	Electrical Updates:	_____
Plumbing Updates:	_____	Roofing Updates:	_____

Location 3:

Street Address: _____

City: _____ State: _____ Zip Code: _____

This location is: ☐ Owned ☐ Leased

Primary exposure at this location:

☐ School ☐ Office ☐ Student Housing ☐ Staff Housing

☐ Other: _____

Sprinklered? ☐ Yes ☐ No Percentage: _____%

Number of Buildings:	_____	Number of Stories:	_____
Year of Construction:	_____	Electrical Updates:	_____
Plumbing Updates:	_____	Roofing Updates:	_____

Location 4:

Street Address: _____

City: _____ State: _____ Zip Code: _____

This location is: ☐ Owned ☐ Leased

Primary exposure at this location:

☐ School ☐ Office ☐ Student Housing ☐ Staff Housing

☐ Other: _____

Sprinklered? ☐ Yes ☐ No Percentage: _____%

Number of Buildings:	_____	Number of Stories:	_____
Year of Construction:	_____	Electrical Updates:	_____
Plumbing Updates:	_____	Roofing Updates:	_____

**For schedules with more than 4 locations, please include a completed SOV with the submission.*

V. ATHLETIC PROGRAMS

☐ N/A

14. Does the Applicant obtain a signed release from all parents of athletic participants including a hold harmless agreement? ☐ Yes ☐ No
15. Does the Applicant have a student accident policy in place? ☐ Yes ☐ No
16. Are medical evaluations mandatory for all students prior to joining an athletic team? ☐ Yes ☐ No
17. Does the Applicant have a concussion management protocol in place? ☐ Yes ☐ No
- a. Does the Applicant distribute this written protocol to coaches and parents? ☐ Yes ☐ No
- b. Does the Applicant have a training program in place to help coaches and staff to recognize the signs of traumatic brain injury? ☐ Yes ☐ No
- c. Are athletic participants required to stay out of play until a written note from a doctor is received, clearing the student to play again? ☐ Yes ☐ No
18. Does the Applicant have any equestrian teams or saddle animals? ☐ Yes ☐ No
19. Does the Applicant have a formal athletic facility and equipment maintenance protocol in place? ☐ Yes ☐ No

VI. ADDITIONAL SCHOOL PROGRAMS

☐ N/A

20. Provide a list of all planned special events at the Applicant's premises:

21. Does the Applicant have any school programs or clubs involving the following activities:

- | | | |
|---|---------------------------------------|--|
| ☐ Rock Climbing/Indoor Walls | ☐ Equestrian | ☐ Outdoor Adventure Courses |
| ☐ Firearms/Rifling | ☐ Archery | ☐ Animal Husbandry |
| ☐ Cosmetology Programs | ☐ Other: _____ | |

22. Does the Applicant offer field trips? ☐ Yes ☐ No
- a. How many field trips per year? _____
- b. Are all trips within the United States? ☐ Yes ☐ No
- c. If no, how many trips are international per year? _____
- d. Are permission slips and waivers required for all attendees? ☐ Yes ☐ No
- e. Are staff vehicles ever used to transport students? ☐ Yes ☐ No
23. Does the Applicant offer student housing? ☐ Yes ☐ No
- a. If yes, please submit a completed Richmond National Habitation Supplemental with your submission.

VII. TRADE/VOCATIONAL SCHOOLS

☐ N/A

24. Provide a list of programs and certifications offered by the insured:

25. Does the Applicant offer job placement services upon graduation? ☐ Yes ☐ No

26. Does the Applicant offer internship programs with external companies? ☐ Yes ☐ No

27. Does the Applicant offer programs that include over the road training? ☐ Yes ☐ No

28. Does the Applicant or students sell any goods or services? ☐ Yes ☐ No

a. Products sold: _____ Annual Revenue: \$ _____

b. Services Offered: _____ Annual Revenue: \$ _____

29. Do students work with power equipment or heavy machinery? ☐ Yes ☐ No

30. Do students work with chemicals? ☐ Yes ☐ No

a. Describe: _____

31. Do students conduct any wood working, spray painting, or welding? ☐ Yes ☐ No

32. Does the Applicant offer any security training or concealed carry classes? ☐ Yes ☐ No

33. Are students awarded any professional designations at graduation? ☐ Yes ☐ No

a. Describe: _____

VIII. SECURITY & SAFETY INFORMATION

34. Are all visitors required to sign in prior to entering the premises? ☐ Yes ☐ No

35. Does the Applicant have a written security plan in place? ☐ Yes ☐ No

a. If yes, select all the plan includes:

- | | | |
|---|---|--|
| ☐ Evacuation Procedures | ☐ Active Shooter Procedures | ☐ Chain of Command |
| ☐ Law Enforcement Protocol | ☐ Parent Notification Protocol | ☐ Access Control Protocol |
| ☐ Lockdown Protocol | ☐ Bomb Threat Protocol | ☐ Severe Weather Protocol |
| ☐ Other: _____ | | |

36. Are staff members permitted to carry firearms? ☐ Yes ☐ No

a. Teachers? ☐ Yes ☐ No

b. Resource Officers? ☐ Yes ☐ No

c. Administrative Staff? ☐ Yes ☐ No

d. Contracted Security? ☐ Yes ☐ No

37. Do security personnel have arrest authority? ☐ Yes ☐ No

38. Are criminal background checks and psychological evaluation required for all security personnel? ☐ Yes ☐ No

39. Does the Applicant conduct regular drug testing on security personnel? ☐ Yes ☐ No

40. Do security personnel carry tasers? ☐ Yes ☐ No

41. Does the Applicant have an anti-bullying policy in place? ☐ Yes ☐ No

42. Is the Applicant's premises equipped with CCTV cameras? ☐ Yes ☐ No

43. Are all exits clearly marked in the event of a fire? ☐ Yes ☐ No

44. Who performs building and/or on-site maintenance, service, and repair for each of the following:

- a. Janitorial operations: ☐ Employee ☐ Contractor
- b. Landscaping/Lawncare: ☐ Employee ☐ Contractor
- c. Snow & Ice Removal: ☐ Employee ☐ Contractor ☐ N/A
- d. General Maintenance: ☐ Employee ☐ Contractor

- e. Are all subcontractors required to list the Applicant as additional insured? ☐ Yes ☐ No
- f. Are all subcontractors required to carry equal or greater Liability limits? ☐ Yes ☐ No

45. Is there a playground on the premises?

☐ Yes ☐ No

- a. If yes, please describe the equipment: _____

46. Does the Applicant have a commercial kitchen on their premises?

☐ Yes ☐ No

- a. Does all cooking protection comply with NFPA 96 standards? ☐ Yes ☐ No
- b. Is there an automatic fire extinguisher system over all cooking surfaces? ☐ Yes ☐ No
- c. Is the kitchen equipped with portable fire extinguishers? ☐ Yes ☐ No
- d. Do all gas cooking appliances have an automatic gas shut off? ☐ Yes ☐ No
- e. Are all hoods equipped with removable filters or grease extractors? ☐ Yes ☐ No

IX. ABUSE OR MOLESTATION

47. Does the Applicant have a written sexual abuse prevention policy in place?

☐ Yes ☐ No

- a. If yes, does the plan include:

- i. "Rule of Two" or "Rule of Three" stating that no child is to be left with Unobservable one-on-one contact with an adult? ☐ Yes ☐ No
- ii. Procedures for reporting suspicious events or instances of sexual abuse? ☐ Yes ☐ No
- iii. Programs and procedures to train all staff on sexual abuse prevention? ☐ Yes ☐ No

48. Are all employees required to have criminal background checks prior to having access to children?

☐ Yes ☐ No

49. Does the Applicant have systems in place to confirm children are only released to their correct parent, guardian, or assigned pickup?

☐ Yes ☐ No

50. Do classrooms have windows to allow for outside supervision?

☐ Yes ☐ No

51. Does the Applicant utilize volunteers?

☐ Yes ☐ No

- a. If yes, are they required to be background checked?

☐ Yes ☐ No

52. Does the Applicant prohibit the use of corporal punishment?

☐ Yes ☐ No

X. LOSS HISTORY

53. During the past five years, has the Applicant incurred any liability related claims? ☐ Yes ☐ No
a. If yes, please attach an explanation and supporting documentation.

54. During the past five years, has an insurer ever cancelled or non-renewed similar insurance to the Applicant or has the Applicant's insurance ever been cancelled due to non-payment of premium or audit? ☐ Yes ☐ No
a. If yes, please describe: _____

55. Is the Applicant aware of any occurrences, facts, circumstances, incidents, situations, damages, or accidents arising out of or related to your operations that might give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? ☐ Yes ☐ No
a. If yes, please attach an explanation and supporting documentation.

56. Has the Applicant incurred a Liability claim that was not covered by insurance? ☐ Yes ☐ No
a. If yes, please attach an explanation and supporting documentation.

XI. FRAUD WARNING

General Fraud Warning: 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.

Applicant Notice to Applicants in:

Alabama	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.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	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.
California	Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	WARNING: 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.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
Louisiana	Any person who knowingly presents a false or fraudulent claims 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.
Maine	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.
Maryland	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.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	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 civil fines and criminal penalties.
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.
Ohio	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 false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: 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.
Pennsylvania	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.
Rhode Island	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.
Tennessee	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.
Virginia	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.

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.
West Virginia	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.

XII. REPRESENTATION AND WARRANTY

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Name of Applicant: _____

Print name and title of the person authorized on behalf of the Applicant:

First Name: _____

Last Name: _____

Title: _____

Signature of person authorized to execute on behalf of the Applicant:

Signature: _____ Date: _____

Producer Name: _____

Producer Signature: _____ Date: _____