Richmond National Insurance Company
11013 West Broad Street, Suite 300
Glen Allen, VA 23060

SCHOOL BOARD LEGAL LIABILITY APPLICATION

I. INSTRUCTIONS

1. All application questions must be fully answered. If more space is needed, continue on a separate sheet and indicate the question number.
2. If a question does not apply, write "N/A".
3. When applicable, provide copies of:
   a. Loss runs, dated within 60 days of submission, covering the past five (5) or more years.
   b. Expiring Declarations Page with retroactive date (if applicable)
   c. Current Budget
   d. Current Year End Financial Statement

II. GENERAL INFORMATION

1. Legal Name of Entity: _____

2. Human Resource Contact: Name _____
   Email _____
   Phone Number _____

3. Address: _____
   City: _____ State: _____ Zip Code: _____
   County: _____

4. When was entity established: _____

5. Entity's website: www._____

6. How many schools comprise this district? _____

7. Entity's location is:
   - ☐ Rural (not located within 25 miles of 250,000 population)
   - ☐ Suburban (located within 25 miles of 250,000 population)
   - ☐ Urban (located within a population of 250,000 or more)

8. Type of Educational Entity: (Check all that apply)
   - ☐ Public
   - ☐ Private
   - ☐ Private Parochial
   - ☐ Charter
   - ☐ Vocational/ Career
   - ☐ Educational Service District
   - ☐ 2- or 4-year College or University
   - ☐ Special Needs / Behavioral
   - ☐ Graduate / Professional (ex. Medical, Law, Dental)
   - ☐ Other (Specify): _____
   - ☐ Not-For-Profit
   - ☐ For-Profit
   - ☐ Distance/ Online Learning

a. If private school or community college, do you provide financial aid for students? ☐ Yes ☐ No
b. Do you offer scholarship money? ☐ Yes ☐ No
c. Do you have students living on campus? ☐ Yes ☐ No
d. If educational service district, provide complete description of responsibilities of your district:

_____

_____

9. Have you had on-site monitoring visits by state or federal regulatory agencies within the last three (3) years, outside of routine visits? ☐ Yes ☐ No
If yes, provide name of agency and the purpose of the visit: _____

_____

10. Are all entities requesting coverage identified as 501 (c)(3), tax exempt organizations by the Internal Revenue Service? ☐ Yes ☐ No

11. Has the entity been criticized by the state board of education? ☐ Yes ☐ No
If yes, attach details.

12. Board Members/ Trustee are:
☐ Elected ☐ Appointed

If elected, are they elected by: ☐ Single member districts or ☐ At Large

III. STUDENT INFORMATION

1. Please indicate the following:

	Current Year	Last Year	Next Year Estimate
Teacher/Student Ratio			
Teacher/ Student Ratio Average Class Size			

2. Student Enrollment:

	Current Year		Last Year		Next Year Est.	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
K-8						
9-12						
Pre-school						
2- or 4-year undergraduate						
Graduate						
Other:						
TOTAL						

3. Has the entity established written policies and procedures governing students in the following areas?

Transfer	☐ Yes ☐ No	Attendance	☐ Yes ☐ No
Demotion	☐ Yes ☐ No	Extracurricular Activities	☐ Yes ☐ No
Promotion	☐ Yes ☐ No	Locker Use	☐ Yes ☐ No
Corporal Punishment	☐ Yes ☐ No	Parking Facility Use	☐ Yes ☐ No
Dress Code	☐ Yes ☐ No		

4. Please indicate the number of Special Education Students:
   Current Year:_____ Last Year: _____ Next Year Estimate: _____

5. Has the entity established written policies and procedures governing special students in the following areas? (Special students are those requiring special programs or services)

Transfer	☐ Yes ☐ No	Attendance	☐ Yes ☐ No
Demotion	☐ Yes ☐ No	Extracurricular Activities	☐ Yes ☐ No
Promotion	☐ Yes ☐ No	Locker Use	☐ Yes ☐ No
Corporal Punishment	☐ Yes ☐ No	Parking Facility Use	☐ Yes ☐ No
Dress Code	☐ Yes ☐ No		

6. Is the student handbook, including the above policies and procedures, distributed to all students at the time of enrollment? ☐ Yes ☐ No

7. Do you have written policies and procedures for drug testing students? ☐ Yes ☐ No
   a. Do these procedures allow for random drug testing of students? ☐ Yes ☐ No

8. Do you allow strip searches on students? ☐ Yes ☐ No
   a. Do you have a written policy regarding your strip search policy? ☐ Yes ☐ No
      If you allow strip searches, provide a copy of the policy.

9. Do you have written policies and procedures that addresses student sexual orientation & gender identity? ☐ Yes ☐ No

10. Have the following policies been reviewed by an attorney?

Student Policies	☐ Yes	☐ No	☐ N/A
Special Student Policies	☐ Yes	☐ No	☐ N/A
Drug Testing Policies	☐ Yes	☐ No	☐ N/A
Strip Search Policy	☐ Yes	☐ No	☐ N/A
Sexual Orientation & Gender Identity Policies	☐ Yes	☐ No	☐ N/A

11. Do you allow field trips for students? ☐ Yes ☐ No
    a. If yes, do you require a signed permission slip from parents or legal guardians for each student? ☐ Yes ☐ No
    b. Do you allow students to take field trips to the following institutions/ places?
       i. Amusement Parks? ☐ Yes ☐ No
       ii. Swimming Pools? ☐ Yes ☐ No
       iii. Inside a Jail or Detention Facility? ☐ Yes ☐ No
       If yes, explain purpose: _____
       _____
    c. Are students always accompanied by an adult? ☐ Yes ☐ No

12. Does this entity operate daycare facilities or services? ☐ Yes ☐ No
If yes, provide details: _____

_____

IV. EMPLOYEE INFORMATION

1. Employee Count:

	CURRENT YEAR	
	Full Time	Part Time
Certified Teaching Faculty		
Non-certified Teaching Faculty		
Medical Personnel		
Administration		
Counselors / Psychologists		
Volunteers		
Security/ Law Enforcement		
Other (Specify):		
TOTAL		

2. Are nurses / psychologists: ☐ Employed or ☐ Contracted
Do they have medical malpractice coverage? ☐ Yes ☐ No

3. Are bus drivers: ☐ Employed or ☐ Contracted

4. Percent of workforce that are union members: _____%

5. Do you use an employment application during your hiring process? ☐ Yes ☐ No
If yes, does it contain:
   a. An employment at will statement. ☐ Yes ☐ No
   b. Authorization to check references & criminal conviction records? ☐ Yes ☐ No
   c. The Applicant's signature attesting that all representations are true? ☐ Yes ☐ No
   d. An equal employment opportunity statement? ☐ Yes ☐ No

6. Do you conduct background checks on all:
Applicants ☐ Yes ☐ No New Hires ☐ Yes ☐ No Volunteers ☐ Yes ☐ No

Do your background checks on the above include: (check all that apply:

TYPE	TEACHERS	OTHER EMPLOYEES	VOLUNTEERS
Credit	☐	☐	☐
Personal References	☐	☐	☐
Prior Employers	☐	☐	☐
Criminal Checks	☐	☐	☐

Driving Record		☐			☐			☐
Academic Credentials		☐			☐			☐
Licenses		☐			☐			☐
Other		☐			☐			☐

7. Total number of terminations over the past year: _____

8. Total number of employee-initiated terminations over the past year: _____

9. Do you have a risk manager on staff? ☐ Yes ☐ No

10. Who is responsible for the Human Resources or Personnel Functions? Title: _____

11. Who is designated to handle all employment-related incidents? Title: _____

12. Are the persons in #9 & #10 above educated and experienced in employment practice issues? ☐ Yes ☐ No

13. Do you require all employment terminations to be reviewed by the person listed in #9 & #10 above prior to the termination? ☐ Yes ☐ No

14. Have you informed supervisory personnel, in writing, of their responsibility to provide You with prompt notice of any claims, incidents or allegations? ☐ Yes ☐ No

15. Do you have a written personnel policies and procedures manual? ☐ Yes ☐ No

16. Do the written policies and procedures governing teachers/ supervisory personnel and non-professional employees address the following areas?

Hiring	☐ Yes ☐ No	Sexual Harassment	☐ Yes ☐ No
Termination	☐ Yes ☐ No	Medical Leave	☐ Yes ☐ No
Background Checks	☐ Yes ☐ No	Grievance Checks	☐ Yes ☐ No
Suspension	☐ Yes ☐ No		

17. Date of Manual: _____
Date of last revision/update: _____

18. Has the manual been reviewed by an attorney prior to implementation? ☐ Yes ☐ No
Is the manual periodically reviewed and updated by an attorney? ☐ Yes ☐ No

19. Does the written manual apply to all departments? ☐ Yes ☐ No
If no, which departments have their own manual? _____

20. Is the manual distributed to all employees? ☐ Yes ☐ No

21. Is the manual reviewed with them as part of their employee orientation? ☐ Yes ☐ No

22. Do you have written policies and procedures in place for drug testing:

Bus Drivers ☐ Yes ☐ No
Teaching Faculty ☐ Yes ☐ No
Other Employees ☐ Yes ☐ No

Do these procedures allow for random drug testing of:

Bus Drivers ☐ Yes ☐ No
Teaching Faculty ☐ Yes ☐ No
Other Employees ☐ Yes ☐ No

V. OPERATIONS INFORMATION

1. In the last three (3) years, have you been involved in any school mergers/closings or plan to do so within the next twelve (12) months? ☐ Yes ☐ No
   If yes, then:
   a. Has your attorney reviewed the plan? ☐ Yes ☐ No
   b. Were any employees or are any expected to be laid off as a result of the merger/closing? ☐ Yes ☐ No
   c. If schools are merging, did the merged school carry school board liability coverage? ☐ Yes ☐ No

2. Are any school openings expected in the next eighteen (18) months? ☐ Yes ☐ No
   a. **If yes,** what is the estimated increase in personnel? _____
   b. What is the estimated increase in enrollment? _____

3. Do you expect a reduction in staff in the next eighteen (18) months? ☐ Yes ☐ No
   If yes, has your attorney reviewed your staff reduction plan? ☐ Yes ☐ No

4. Did any of the following take place in the last three (3) years? **If yes, attach details.** ☐ Yes ☐ No
   a. Strikes, slowdown or other disruptions: ☐ Yes ☐ No
      If yes, did it involve: ☐ teachers or ☐ other employees?
   b. Lay-offs or staff reductions? ☐ Yes ☐ No
      If yes, did it involve: ☐ teachers ☐ tenured teachers or ☐ other employees?

5. Is your attorney an employee of the entity or on retainer?
   ☐ Employee ☐ Retainer

6. Does the district have written guidelines for administrative hearings and appeals? ☐ Yes ☐ No
   If yes, have these guidelines been reviewed by an attorney? ☐ Yes ☐ No

7. Does your attorney regularly participate in all grievances or administrative hearings? ☐ Yes ☐ No
   If no, why not? _____
   _____

8. How many administrative hearings have taken place in the last 12 months? _____
   a. How many involved students? _____
   b. How many involved teachers? _____

c. How many involved other staff?_____
d. In what areas were these hearings?_____

9. Do you have an emergency plan in place in case of a natural or terrorist catastrophe regarding early student dismissal and student evacuation? ☐ Yes ☐ No
   If no, attach an explanation.
   If yes, have you notified parents of this procedure? ☐ Yes ☐ No

10. Does this entity have a law enforcement presence on campus? ☐ Yes ☐ No
    If yes, is separate Police Professional Liability Insurance maintained? ☐ Yes ☐ No

11. Do you have metal detectors or other screening devices in any of the schools? ☐ Yes ☐ No

12. Do you have a written policy and procedure on handling threats of violence in the schools? ☐ Yes ☐ No

13. In the past year, have you had any violent acts involving threats of violence involving weapons/guns or threats of violence at any school, including bomb threats? ☐ Yes ☐ No
    If yes, how many and the type of violence/threat: _____
    _____

14. Do you have a written policy and procedure on active shooter situation? ☐ Yes ☐ No
    If no, provide an explanation: _____
    _____

VI. FINANCIAL INFORMATION

1. Provide budget figures for the past three years:

YEAR	REVENUE	EXPENDITURES

Provide an explanation for any budget deficits: _____
_____

2. Has state or federal aid been reduced or eliminated in the past year? ☐ Yes ☐ No

3. Do you expect a budget reduction in the next year? ☐ Yes ☐ No
   a. If yes, how much? $_____
   b. What programs will be affected? ☐ Programs ☐ Personnel ☐ Other:

4. What is the amount of outstanding bonds? _____

5. Latest bond rating (Moody's or Standards & Poor's) _____

6. Has any bond been defeated in the past 3 years? ☐ Yes ☐ No

If yes, what was bond for? _____

7. Has your public entity been in default on principal or interest of any bond? ☐ Yes ☐ No

VII. INSURANCE AND LOSS HISTORY

POLICY PERIOD	CARRIER	PER CLAIM/ AGGREGATE LIMIT	DEDUCTIBLE	RETROACTIVE DATE	PREMIUM
					$
					$
					$
					$
					$

If you are requesting prior acts coverage you will be asked to upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.

1. Has such insurance been declined, canceled, or not renewed? ☐ Yes ☐ No
   If yes, please explain: _____

2. Current general liability carrier: _____
   Expiration Date: _____
   Limits: _____

3. Is the entity operating under any court orders? ☐ Yes ☐ No
   If yes, please explain why: _____

4. Has any claim been made/presented to your current or prior insurers? ☐ Yes ☐ No

5. Has any claim been made against the entity that was not covered by insurance? ☐ Yes ☐ No

6. Has any person, former employee or job applicant made claim alleging unfair or improper treatment regarding hiring, salary, advancement, demotion, suspension or termination? ☐ Yes ☐ No

7. Has any entity been formally criticized by the state board of education? ☐ Yes ☐ No

8. Have any lawsuits regarding disputes of integration, segregation, discrimination or civil rights violations been filed in the past five (5) years? ☐ Yes ☐ No

9. Has any claim been made or is one now pending against any person in his/her official capacity as an official employee or volunteer of the entity? ☐ Yes ☐ No

10. Does any board member, employee or volunteer have any knowledge of any ☐ Yes ☐ No

negligent act, error, omission, or breach of duty which may reasonably be expected to give rise to a claim?

11. Is the Applicant aware of any claims, acts, omissions, incidents, or circumstances Which might reasonably be expected to be the basis of a claim or suit? ☐ Yes ☐ No

12. Have any of the claims, acts, omissions, incidents, or circumstances identified in response to the preceding question been reported to an insurance carrier? ☐ Yes ☐ No

13. Does the Applicant carry General Liability Insurance: ☐ Yes ☐ No
    If yes, provide:
    a. Insurer: _____
    b. Limits: _____
    c. Does the coverage include Products/ Completed Operations Hazards? ☐ Yes ☐ No

VIII. FRAUD WARNINGS

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.

For applicants in the following states, districts, and territories, the below notice supersedes the previous paragraph:

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	***For your protection, California law requires the following to appear on this form: 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 for 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 any 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 of the third degree.
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	Application: 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. Claim: 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 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.
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 any 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	General: 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. Auto: Any person who 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.
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 a 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	General: 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. Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to $15,000.
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.

IX. NOTICE TO APPLICANT

NOTICE: THE INSURANCE COVERAGE FOR WHICH THE APPLICANT IS APPLYING IS WRITTEN ON A CLAIMS MADE AND REPORTED POLICY, WHICH APPLIES ONLY TO **CLAIMS** FIRST MADE AND REPORTED DURING THE **POLICY PERIOD** AS STATED IN THE DECLARATIONS, OR ANY APPLICABLE **EXTENDED REPORTING PERIOD**. THE LIMIT OF LIABILITY TO PAY **DAMAGES** WILL BE REDUCED AND MAY BE EXHAUSTED BY **CLAIM EXPENSES**, AND **CLAIM EXPENSES** MAY BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT, IF APPLICABLE. IN NO EVENT WILL WE BE LIABLE FOR **DAMAGES** OR **CLAIM EXPENSES** IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. IT IS IMPORTANT THAT YOU REPORT ANY KNOWN CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS THAT COULD RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO POTENTIALLY COVER SUCH CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS. WE WILL NOT PROVIDE COVERAGE, AND COVERAGE IS EXPRESSLY EXCLUDED, FOR CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS OF WHICH THE APPLICANT HAS KNOWLEDGE AND/OR IS AWARE PRIOR TO THE EFFECTIVE DATE OF THIS POLICY, IF OFFERED AND ACCEPTED. PLEASE READ THE ENTIRE **APPLICATION** CAREFULLY BEFORE SIGNING.

X. 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:		
Signature of person authorized to execute on behalf of the applicant:		**Date:**
Print name and title of person authorized on behalf of the applicant:		
Agent/Broker Name:		