

Named Insured: _____

Location Addresses: 1. _____
 2. _____
 3. _____
 4. _____

I. Facility

	Location Number			
	1	2	3	4
1. Is the school licensed? (Y/N)				
2. Does the school have a cafeteria? (Y/N)				
3. Are fire drills conducted at least semi-annually? (Y/N)				
4. Are emergency evacuation routes posted? (Y/N)				
5. What was the date of the last Health Department inspection? (Mo./Yr.)				
6. What was the date of the last Fire Marshall inspection? (Mo./Yr.)				

7. Describe the overall results of the Health Department's inspection, or attach a copy of the report:

8. Describe the overall results of the Fire Marshall's inspection, or attach a copy of the report:

II. Students

	Number of Students				% Physically Disabled			
	Location				Location			
Age Group	1	2	3	4	1	2	3	4
0 to 3 years								
4 to 7 years								
8 to 12 years								
13 to 17 years								
18 and over								

III. Staff

	Location Number			
	1	2	3	4
1. What is the staff to student ratio?				
2. Do the hiring procedures include:				
▪ background and reference checks? (Y/N)				
▪ screening for criminal records? (Y/N)				
▪ credential checks? (Y/N)				
3. Is corporal punishment an accepted discipline method? (Y/N)				

IV. Field Trips

- Describe the number and types of field trips taken annually: _____
- Is signed permission obtained from parents or guardians? Yes No
- Describe your procedure for monitoring students during a field trip, or attach a copy of your procedure: _____
- How are students transported? Charter Service Employees'/Volunteers' Vehicles
 Agency's Own Vehicles Other, describe: _____

V. Safety Policies

- Do you carry an accident insurance policy on your students? Yes No
- Describe your procedure for handling medication, injury, or illness; or attach a copy of your procedure: _____
Does the staff have training in CPR and emergency first aid? Yes No
Is a first aid kit kept on premises? Yes No
- Describe the procedure for releasing children to others, or attach a copy of your procedure: _____
- Are emergency phone numbers for both parents and physicians maintained and updated regularly for each student? Yes No
- Describe your intruder prevention policy, or attach a copy of your policy: _____
- Describe your policy regarding guns and drugs on the school grounds, or attach a copy of your policy: _____
Is the school placarded as a "Drug Free/Gun Free Zone"? Yes No
- Does the school have zero tolerance policy towards students who violate school rules, especially those who engage in acts of violence? Yes No

VI. Playground

1. Do you have playground equipment? (If "Yes", complete the remaining questions.) Yes No
2. What playground equipment do you have, and when was it installed? _____
3. How tall is the tallest piece of playground equipment? _____
4. What type of protective surfacing material is used under and around the equipment? _____
 How thick is this protective surfacing material? _____
 How far out does the protective surfacing extend beyond the equipment? _____
5. Is access to the playground completely restricted by fences or gates? Yes No
6. Is supervision provided during play sessions? Yes No

VII. Activities

1. Check all non-athletic activities that are available at the school:

<input type="checkbox"/> Summer Day Camp	<input type="checkbox"/> Dormitory	<input type="checkbox"/> Day Care	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Summer Overnight Camp	<input type="checkbox"/> Arts and Crafts	<input type="checkbox"/> Music	<input type="checkbox"/> Computer Skills
<input type="checkbox"/> After School Non-athletic Activities, describe: _____			
 2. Check all athletic activities that are available at the school:

<input type="checkbox"/> Swimming	<input type="checkbox"/> Martial Arts (Contact)	<input type="checkbox"/> Baseball
<input type="checkbox"/> Boxing (Contact)*	<input type="checkbox"/> Basketball	<input type="checkbox"/> Racquetball*
<input type="checkbox"/> Rope Course	<input type="checkbox"/> Tackle Football*	<input type="checkbox"/> Handball*
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Flag Football	<input type="checkbox"/> Soccer
<input type="checkbox"/> Other, describe: _____		
- *Are protective mouth, head, and eyewear required? Yes No

FRAUD STATEMENT

Please read the statement applicable to your state and the final statement. Then sign, date and return with your application.

- CALIFORNIA:** In addition, any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.
- 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.
- 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 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 or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- 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.
- MASSACHUSETTS: NOTICE:** If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.
- MICHIGAN:** 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 one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.
- MINNESOTA:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and 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 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 THE 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.
- 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.
- OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.
- 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 the person to criminal and civil penalties.
- RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.* DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? YES NO
- UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."
- 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.
- WISCONSIN:** 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.
- ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

12/03 _____
Signature of Applicant

Date