



Care Providers
Insurance Services

19111 N. Dallas Parkway, Suite 250, Dallas, TX 75287
800-620-9314 * Fax 800-224-7145

School/Educational Facilities Renewal Application

Insured Name: _____ Eff Date: _____

Website: _____ Address: _____

City/St: _____ Zip: _____

Contact Person: _____ Tel #: _____ Email: _____

Insurance Agency

Agency Name: _____ City/State: _____

Contact Person: _____ Tel #: _____ Email: _____

For Profit // Non-Profit

General Information

1) Type of School: Private Charter Annual Revenue _____

2) Total # of Employees _____ Total # of Volunteers _____

3) # of Students: Pre K-8 _____ 9-12th _____ Post High _____

If more than 1 location, please attach a breakdown per location.

4) Day Care: # of children _____ N/A

5) Afterschool program that enrolls children not attending the school? Yes No

a) If yes: # of non-school children: _____

6) Type of security for schools: Guards Security Cameras Other _____

A) If guards are utilized: Are the guards armed? Yes No

i) If armed, are they: Contracted Services Volunteer Employed

If contracted, are certificates obtained from the security service? Yes No

If yes, please provide the name of the insurance carrier _____

Please attach a copy of the certificate of insurance.

Hired/Non-Owned Auto N/A

1) Do you hire vehicles? Yes No If yes, what types? _____

a) Annual # of vehicles hired: _____ Annual cost of hire _____

2) How many employees/volunteers driver personal vehicles for business use:

a) Regularly: _____ Occasionally: _____

Residential Facilities

N/A

1) Annual # of students by grade: Pre-K _____ K-5 _____ 6-8 _____ 9-12 _____

2) Annual # of teachers: _____

3) Number of beds available: _____ Number of Units: _____

Camps

N/A

1) Is the camp held on premises? Yes No

2) Day Camp: a) Number of days _____ Number of Campers _____

3) Does the camp provide overnight services? Yes No

a) Number of days _____ Number of Campers _____

Athletics

1) Are sports programs available for students? Yes No If yes, please complete below.

Football (tackle) Lacrosse Rugby Hockey Gymnastics Soccer

Rock Climbing Competitive Cheerleading Equestrian Skiing

a. Are signed parental releases including an assumption of risk statement obtained for all sports participants before they are allowed to participate? Yes No

b. Is a sports physical required for all students? Yes No

c. Is the property safety equipment provided & required for all sports? Yes No

d. Are written safety guidelines in place for all sports? Yes No

e. Is student/sports accident coverage obtained for all students? Yes No

2) Concussion Protocol:

a. Does your organization have a written concussion policy that is in compliance with current state legislation? Yes No

b. Do you distribute the written policy to coaches, parents and players and require parent's acknowledgement that they have received and reviewed? Yes No

c. Does your concussion policy require a medical doctor's release prior to the child returning to play? Yes No

d. Does your concussion policy mandate that all coaches participate in concussion training at least once every two years? Yes No

e. Does your organization utilize baseline training? Yes No

3) Have you added any new sports programs in the past 12 months? Yes No

If yes, please list: _____

Professional Liability N/A

<u>Title</u>	<u>Employees</u>		<u>Vols</u>	<u>Contractor</u>	<u>Interns</u>
	<u>F/T</u>	<u>P/T</u>			
Teacher/Aide/Child Care Worker					
Principal/Assistant Principal					
Sports Coach or Trainer					
Tutor (paid)					
Counselor - Unlicensed					
Dietician/Nutritionist					
Nurse LPN or RN					
Psychiatrist/Psychologist/Clergy					
Social Worker					
Therapist – Physical/Speech/Hearing					
Physician					
TOTAL					

Changes

1) Please describe any changes in your operations (eg. Programs administered, services provided, etc.) in the past 12 months: _____

2) I have reviewed the expiring policy and subsequent endorsements, if any.

Please QUOTE per expiring policy: Yes No If no, Please QUOTE with the following changes: _____

Losses

1) Have you had any losses in the past 12 months? Yes No

If yes, please describe _____

_____ Date _____ / _____	_____ Date _____
(Insured's Signature)	(Agent's Signature)