



**ALL LINES AGGREGATE SCHOOL PACKAGE APPLICATION**  
 ALL QUESTIONS MUST BE ANSWERED IN ORDER TO SECURE A QUOTATION!!!

|                        |                                   |
|------------------------|-----------------------------------|
| PRODUCER NAME: _____   | DATE APPLICATION COMPLETED: _____ |
| AGENCY NAME: _____     | DATE QUOTE NEEDED TO AGENT: _____ |
| AGENCY LOCATION: _____ | DATE COVERAGE TO INCEPT: _____    |
| AGENCY WEB SITE: _____ | E MAIL ADDRESS: _____             |

|                          |                                 |
|--------------------------|---------------------------------|
| 1) NAMED INSURED: _____  | CONTACT NAME: _____             |
| STREET ADDRESS: _____    | PUBLIC or PRIVATE SCHOOL? _____ |
| CITY: _____ STATE: _____ | ZIP CODE: _____                 |

2) PROPOSED PLAN - Please enter limits and retentions desired. Insert "NA" if coverage is not desired.  
**NOTE: PROTECTED CELLS AUTOMATICALLY PULL DATA FROM THE SCHEDULE SHOWN IN SECTION 4)**

- A. Coverage I (Property - Real & Pers, Auto PhysDam, Bus Inc & Ext Exp, Prop in Transit and Data Proc Media & Equip - MAXIMUM LIMIT \$1,000,000 INCLUSIVE OF SIR)
- |   |                               |
|---|-------------------------------|
| _____ Per Loss Limit                    | Proposed SIR: <u>\$25,000</u> |
| _____ Quake (Annual Aggregate) Sublimit | <i>NOTE: \$25,000 minimum</i> |
| _____ Flood (Annual Aggregate) Sublimit |                               |
- B. Coverage II (General Liability) - MAXIMUM LIMIT \$10,000,000 INCLUSIVE OF SIR
- |                                       |                               |
|---------------------------------------|-------------------------------|
| _____ Liability Per Occurrence        | Proposed SIR: <u>\$50,000</u> |
| _____ Premises Medical Payments       | <i>NOTE: \$50,000 minimum</i> |
| _____ Liability Policy Aggregate      |                               |
| _____ Products / Completed Operations |                               |
- C. Coverage III (Automobile Liability - MAXIMUM LIMIT \$10,000,000 INCLUSIVE OF SIR)
- |                                 |                               |
|---------------------------------|-------------------------------|
| _____ Liability Per Accident    | Proposed SIR: <u>\$50,000</u> |
| _____ Un/Underinsured Motorists | <i>NOTE: \$50,000 minimum</i> |
| _____ No-Fault Coverage/PIP     |                               |
| _____ Auto Medical Payments     |                               |
- D. Coverage IV (CLAIMS MADE School Board Legal Liability - MAXIMUM LIMIT \$10,000,000 INCLUSIVE OF SIR)
- |  |                               |
|--|-------------------------------|
| _____ Liability Per Claim                | Proposed SIR: <u>\$50,000</u> |
| _____ Sexual Harassment Per Claim        | <i>NOTE: \$50,000 minimum</i> |
| _____ Sexual Abuse Per Claim             |                               |
| _____ Liability Policy Aggregate         |                               |
| _____ Sexual Harassment Policy Aggregate |                               |
| _____ Sexual Abuse Policy Aggregate      |                               |
- E. Coverage V (Workers' Compensation - MAXIMUM LIMIT \$200,000 EXCESS OF SIR)
- |                            |                                |
|----------------------------|--------------------------------|
| _____ Workers Compensation | Proposed SIR: <u>\$100,000</u> |
| _____ Employer's Liability | <i>NOTE: \$100,000 minimum</i> |
- F. Coverage VI (Crime - MAXIMUM LIMIT \$500,000 INCLUSIVE OF SIR)
- |   |                               |
|---|-------------------------------|
| _____ Employee Dishonesty                   | Proposed SIR: <u>\$25,000</u> |
| _____ Money & Securities (Inside Premises)  | <i>NOTE: \$25,000 minimum</i> |
| _____ Money & Securities (Outside Premises) |                               |
| _____ Money Orders & Counterfeit Currency   |                               |
| _____ Depositors Forgery                    |                               |
- G. Any other coverage required (please attach additional information as necessary):
- |  |                           |
|--|---------------------------|
| Requested Limit                            | Proposed Underlying Limit |
| _____ <a href="#">Excess Property</a>      | _____                     |
| _____ <a href="#">Excess Liability</a>     | _____                     |
| _____ <a href="#">Excess Workers' Comp</a> | _____                     |

3) CURRENT PROGRAM INFORMATION

| COVERAGE TYPE           | CARRIER NAME | LIMITS | RETENTION | RETRO DATE | PREMIUM |
|-------------------------|--------------|--------|-----------|------------|---------|
| A. Property (incl APD)  | _____        | _____  | _____     | _____      | _____   |
| B. General Liability    | _____        | _____  | _____     | _____      | _____   |
| C. Automobile Liability | _____        | _____  | _____     | _____      | _____   |
| D. School Board Legal   | _____        | _____  | _____     | _____      | _____   |

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|                                    |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|
| E. Workers' Comp                   |  |  |  |  |  |
| F. Crime                           |  |  |  |  |  |
| G.                                 |  |  |  |  |  |
| H.                                 |  |  |  |  |  |
| I.                                 |  |  |  |  |  |
| Expiring Loss Fund (if applicable) |  |  |  |  |  |

**4) PROPERTY INFORMATION**

**NOTE: YOU MUST FORWARD A COMPLETE PROPERTY SCHEDULE WITH THIS APPLICATION!**

PROTECTION CLASS

APPRAISAL DATE

**A. Values - IMPORTANT THAT 100% REPLACEMENT COST VALUES BE SHOWN**

\$ VALUES

% OF TOTAL

|   |  |  |
|---|--|--|
| Total Building Values                                     |  |  |
| Total Contents Values                                     |  |  |
| Total Auto Physical Damage Values (all licensed vehicles) |  |  |
| Total Equipment Values                                    |  |  |
| Total EDP Equipment Values                                |  |  |
| Total EDP Media Values                                    |  |  |
| Total EDP Extra Expense Values                            |  |  |
| Total Accounts Receivable Values                          |  |  |
| Total Valuable Papers Values                              |  |  |
| Total Business Interruption Values                        |  |  |
| Total Extra Expense Values                                |  |  |
| Total Rental Income Values                                |  |  |
| Total Transit Values                                      |  |  |
| Total Course of Construction Values                       |  |  |
| Total All Other Miscellaneous Values                      |  |  |
| Total Property Values:                                    |  |  |

**B. If flood coverage is requested, provide details of the flood exposure. List property values (Real & Personal) within Federally-defined flood plains (prefix A & V):**

**LOCATION ADDRESS & DESCRIPTION**

\$ VALUES @ LOCATION

% OF TOTAL

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

**C. Construction Details - THIS SECTION MUST BE COMPLETED IN ORDER TO SECURE A QUOTATION!**

**ISO CLASSIFICATION**

# OF LOCATIONS

% OF TOTAL

|                                      |  |  |
|--------------------------------------|--|--|
| [1] Frame or Brick Veneer            |  |  |
| [2] Brick                            |  |  |
| [3] Non-Combustible                  |  |  |
| [4] Masonry Non-Combustible          |  |  |
| [5] Semi-Fire Resistive              |  |  |
| [6] Fire Resistive                   |  |  |
| Any Other Classifications (describe) |  |  |
| Total # of Locations:                |  |  |

**D. Protection Details - THIS SECTION MUST BE COMPLETED IN ORDER TO SECURE A QUOTATION!**

**CLASSIFICATION**

# OF LOCATIONS

% OF TOTAL

|  |  |  |
|--|--|--|
| Sprinklered                                  |  |  |
| Burglar Alarm - Local Sound                  |  |  |
| Central Station Alarms (both Burglar & Fire) |  |  |
| Security Guards                              |  |  |
| Smoke Detectors                              |  |  |
| All Other Types of Protection (describe)     |  |  |

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Total # of Locations: \_\_\_\_\_

5) GENERAL LIABILITY

**NOTE: YOU MUST FORWARD COMPLETE FINANCIAL INFORMATION WITH THIS APPLICATION!**

A. GL Rating Information

| CATEGORY                          | ENROLLMENT | AVERAGE DAILY<br>ATTENDANCE | ABSENTEEISM<br>RATE | TRUANCY<br>RATE |
|-----------------------------------|------------|-----------------------------|---------------------|-----------------|
| Pupils                            |            |                             |                     |                 |
| Elementary & Junior High Students | _____      | _____                       | _____               | _____           |
| Senior High Students              | _____      | _____                       | _____               | _____           |
| Totals by Category:               | _____      | _____                       | _____               | _____           |

| Employees              | TOTAL NUMBER | % OF TOTAL |
|------------------------|--------------|------------|
| Teachers               | _____        | _____      |
| Coaches                | _____        | _____      |
| Nurses                 | _____        | _____      |
| Nurse Practitioners    | _____        | _____      |
| Physicians             | _____        | _____      |
| Other (describe) _____ | _____        | _____      |
| Total Employees:       | _____        | _____      |

| Stadiums / Exhibition Centers | USAGE | CONSTRUCTION | SEATING CAPACITY | RECEIPTS |
|-------------------------------|-------|--------------|------------------|----------|
| 1. _____                      | _____ | _____        | _____            | _____    |
| 2. _____                      | _____ | _____        | _____            | _____    |
| 3. _____                      | _____ | _____        | _____            | _____    |
| 4. _____                      | _____ | _____        | _____            | _____    |
| 5. _____                      | _____ | _____        | _____            | _____    |

| Swimming Pools   | OPEN TO PUBLIC? | # LIFEGUARDS | POOL DEPTH | # DIVING BOARDS | BOARD HEIGHT |
|--|-----------------|--------------|------------|-----------------|--------------|
| 1. _____   | _____           | _____        | _____      | _____           | _____        |
| 2. _____   | _____           | _____        | _____      | _____           | _____        |
| 3. _____   | _____           | _____        | _____      | _____           | _____        |
| 4. _____   | _____           | _____        | _____      | _____           | _____        |
| 5. _____   | _____           | _____        | _____      | _____           | _____        |
| Please describe required lifeguard training & certification: |                 | _____        |            |                 |              |

B. Lead Exposure Questionnaire

1. Does School have any procedures for testing lead exposure levels in paint, dust, drinking water and soil at any buildings built prior to 1980? \_\_\_\_\_  
Explain. \_\_\_\_\_
2. Have there been any adverse results arising out of the testing procedures described in B.1. above? \_\_\_\_\_ Please explain.  
\_\_\_\_\_
3. Describe follow-up / abatement procedures. \_\_\_\_\_  
\_\_\_\_\_

C. Independent Contractor Operations Questionnaire

1. Does the School ever make use independent contractors? \_\_\_\_\_ If yes, please describe the contractor types used & purposes:  
\_\_\_\_\_
2. Does the School require the following: \_\_\_\_\_

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- \_\_\_\_\_ Certificate of Insurance?
  - \_\_\_\_\_ Limits at least equal to those carried by the School (if general contractor)?
  - \_\_\_\_\_ Is the School named as an Additional Insured on the contractor's policy?
  - \_\_\_\_\_ Are there Hold Harmless Agreements used in all of the School's contracts?
3. Do you hold any special events in which you do not transfer liability to the contractor performing the special event? \_\_\_\_\_

**D. Athletic Participants Questionnaire**

1. Is a signed consent form from parents or guardians required and kept on file? (If "Yes", please attach a copy) \_\_\_\_\_
  2. Are medical exams required and copies of doctors' permission forms kept on file for all athletes? \_\_\_\_\_
  3. Are certified trainers and coaches used in the athletic program? \_\_\_\_\_
  4. Is there a physician in attendance at all sporting events? \_\_\_\_\_
  5. Is applicant securing AD&D / sports excess medical insurance on its participants? \_\_\_\_\_  
 If so, what carrier, limits, and coverage are in place? \_\_\_\_\_
  6. Number of trampolines? \_\_\_\_\_
  7. Ratable athletic activities: # of PARTICIPANTS

|                               |       |
|-------------------------------|-------|
| Baseball                      | _____ |
| Basketball                    | _____ |
| Boxing                        | _____ |
| Cheerleading                  | _____ |
| Diving                        | _____ |
| Field Hockey                  | _____ |
| Football                      | _____ |
| Golf                          | _____ |
| Gymnastics                    | _____ |
| Ice Hockey                    | _____ |
| Rugby                         | _____ |
| Soccer                        | _____ |
| Softball                      | _____ |
| Swimming                      | _____ |
| Tennis                        | _____ |
| Track & Field                 | _____ |
| Volleyball                    | _____ |
| Weight Lifting                | _____ |
| Wrestling                     | _____ |
| All Other Athletic Activities | _____ |
- Total # of Participants: \_\_\_\_\_

**E. Living Quarters / Dormitories Questionnaire**

|    | <i>NUMBER of RESIDENTS</i> | <i>BUILDING CONSTRUCTION</i> | <i>AGE of BUILDING</i> | <i>NUMBER of FLOORS</i> | <i>SPRINKLERED? (Yes / No)</i> | <i>SMOKE / FIRE DETECTORS?</i> |
|----|----------------------------|------------------------------|------------------------|-------------------------|--------------------------------|--------------------------------|
| 1. | _____                      | _____                        | _____                  | _____                   | _____                          | _____                          |
| 2. | _____                      | _____                        | _____                  | _____                   | _____                          | _____                          |
| 3. | _____                      | _____                        | _____                  | _____                   | _____                          | _____                          |
| 4. | _____                      | _____                        | _____                  | _____                   | _____                          | _____                          |
| 5. | _____                      | _____                        | _____                  | _____                   | _____                          | _____                          |

**F. Services Questionnaire (please show receipts associated with each)**

|             | <i>FOOD</i> | <i>LIQUOR</i> | <i>OTHER</i> | <i>TOTAL</i> |
|-------------|-------------|---------------|--------------|--------------|
| Cafeterias  | _____       | _____         | _____        | _____        |
| Restaurants | _____       | _____         | _____        | _____        |
| Stores      | _____       | _____         | _____        | _____        |
| Totals:     | _____       | _____         | _____        | _____        |

**G. Other Questions**

1. Do you operate a day care facility? \_\_\_\_\_ Daily Attendance? \_\_\_\_\_ # Care Staff? \_\_\_\_\_
2. Please attach additional information regarding extracurricular activities (e.g. newspapers, yearbooks, radio stations, etc.) \_\_\_\_\_



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- c. Have there been any disputes or suits involving voting or voting rights violations? \_\_\_\_\_
- d. Has any person, former employee, or job applicant made claim alleging unfair or improper treatment regarding employee hiring, remuneration, advancement, or termination of employment? \_\_\_\_\_
- 3. Does your School administer or act in a fiduciary capacity for any employment benefit or any self-insurance fund? \_\_\_\_\_
- 4. Does your School follow a formal, written procedure for employee disputes / complaints? \_\_\_\_\_

8) COMMENTS - PLEASE USE THIS AREA TO ELABORATE ON ANY INFORMATION PROVIDED ELSEWHERE IN THIS APPLICATION

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9) FRAUD WARNING REQUIREMENTS

| STATE | STATUTORY REFERENCE             | POLICY APPLICATION WARNING STATEMENT  |
|-------|---------------------------------|---|
| AL    | NONE                            |   |
| AK    | NONE                            |   |
| AZ    | NONE                            |   |
| AR    | IC § 23-66-503                  | The following statement must be included on applications for insurance: <b>Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</b>   |
| CA    | NONE                            |   |
| CO    | IC § 10-1-127                   | The following statement must be permanently affixed to all printed applications for insurance: <b>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.</b> |
| CT    | NONE                            |   |
| DE    | NONE                            |   |
| DC    | IC § 22-3255.09                 | The following statement must be conspicuously included on all insurance application forms: <b>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.</b>   |
| FL    | IC § 817.234; Inf Bulletin 96-1 | The following statement must be included on all application forms: <b>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.</b>   |
| GA    | NONE                            |   |
| HI    | IC § 431:10C-307.7              | The following statement must be included on all motor vehicle application forms: <b>For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.</b>  |
| ID    | NONE                            |   |
| IL    | NONE                            |   |
| IN    | NONE                            |   |
| IA    | NONE                            |   |
| KS    | NONE                            |   |

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|    |                                    |   |
|----|------------------------------------|---|
| KY | IC § 304.47-030                    | The following statement must be included on all applications: <b>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.</b>  |
| LA | IC R.S. § 40:1424                  | The following statement must either be permanently affixed to or included as part of all applications: <b>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.</b>  |
| ME | IC 24-A § 2186                     | The following statement must be permanently affixed to all applications: <b>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.</b>  |
| MD | NONE                               |   |
| MA | NONE                               |   |
| MI | NONE                               |   |
| MN | NONE                               |   |
| MS | NONE                               |   |
| MO | NONE                               |   |
| MT | NONE                               |   |
| NE | NONE                               |   |
| NV | NONE                               |   |
| NH | NONE                               |   |
| NJ | NJAC § 11:16-1.2;N.J.S.A. 17:33A-6 | The following statement must be prominently and clearly included on all application forms: <b>Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</b>   |
| NM | IC § 59A-16C-8                     | The following statement must be permanently affixed to all applications for insurance: <b>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.</b>   |
| NY | 11 NYCRR 86.4                      | The following statement must be included on all insurance applications for commercial insurance and accident and health insurance <b>except</b> automobile insurance:<br><b>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.</b><br>The following statement must be included on all insurance applications for <b>automobile</b> insurance:<br><b>Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, 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.</b> |
| NC | NONE                               |   |
| ND | NONE                               |   |
| OH | IC § 3999.21                       | The following statement must be included on or attached as an addendum to all applications for insurance: <b>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.</b>  |
| OK | IC 36 § 3613.1                     | The following statement must be included either on or attached as an addendum to every insurance policy or application: <b>WARNING: Any person who knowingly, and with intent to injury, 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.</b>  |

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|    |   |  |
|----|---|--|
| OR | Bulletin 98-5                                 | Warning statements are not mandatory, but may be included on applications. The following is the suggested language:<br><b>Any person who knowingly and with intent to defraud or solicit another to defraud an insurer; (1) by submitting an application, or (2) by filling a claim containing a false statement as to any material fact, may be violating state law.</b>  |
| PA | 75 Pa. C.S.A. § 1822                          | The following statement must be included on all applications for insurance: <b>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 payment of a fine of up to \$15,000.</b>   |
| RI | NONE  |  |
| SC | NONE  |  |
| SD | NONE  |  |
| TN | IC § 56-47-112; IC § 56-53-111                | The following statement must be permanently affixed to all applications for insurance: <b>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.</b>  |
| TX | NONE  |  |
| UT | IC § 34-2-110 -<br>Workers' Compensation ONLY | The following statement must be prominently displayed or printed on all applications for Workers' Compensation insurance: <b>Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed 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.</b> |
| VT | NONE  |  |
| VA | RL § 52-40                                    | The following statement must be permanently affixed to or included as part of all insurance applications: <b>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.</b>   |
| WA | NONE  | All applications for insurance must contain a statement, permanently affixed to the application, that clearly states in substance: <b>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.</b>  |
| WV | NONE  |  |
| WI | NONE  |  |
| WY | NONE  |  |

### COVERAGE NOTICE

If this account meets our underwriting standards, liability coverage will be quoted as follows:

- \* Automobile Liability, General Liability and Law Enforcement Liability will be quoted on an OCCURRENCE basis.
- \* School Board Legal Liability will be quoted on a CLAIMS-MADE basis.

The information provided in this application and all schedules are true and correct to the best of my knowledge.

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_