



**Professional
Governmental
Underwriters, Inc.**

The Authority.

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**Renewal
Claims Made School Board
Legal Liability
Insurance Application**

Renewal of policy # _____

I. Applicant Information

Next Yr. Est.

1. Legal name of Entity _____

Number of Students _____

2. Address _____

Teacher/Student ratio _____

3. City _____ County _____

Number of Disabled Students _____

State _____ Zip _____

Teacher/Disabled Student ratio _____

4. Have you had on-site monitoring visits by state or federal regulatory agencies? Yes No

Number of Special Ed. Students _____

If "yes", provide name of agency and purpose of visit.

Teacher/Special Ed. Student ratio _____

Average Class size _____

5. Student Enrollment (if a college, the number of students should include the full-time equivalent of part-time students)

6. List the number of each of the following:

Employees _____

Teaching Faculty _____

Non-Professional _____

Administration _____

Counselors/Psychologists _____

Other _____

II. Financial Information

1. Current budget – Please provide actual amounts from all sources.

Year	Actual Revenues	Actual Expenditures	Surplus (+) Deficit (-)	Accumulated Surplus

2. How much of the operating budget is:
State aid? _____ Federal aid? _____

4. Has any bond or tax increase been defeated in the last year? Yes No

3. A. What is the entity's bond rating?
Current _____ Previous _____ Not rated

If "yes", explain: _____

B. Has entity been in default of principal or interest on any bond? Yes No

5. Do you expect a budget reduction in the next year? Yes No

If "yes", explain: _____

Please give amount and impact of shortfall: _____

III. Operational/Administrative Information

1. Have there been any school mergers or closings or are there any plans to do so in the next 12 months?

Yes No

If "yes", explain: _____

2. Any school openings in the next 18 months?

Yes No If "yes", explain: _____

3. Do you expect a reduction in staff in the next 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 year?

Explain all "yes" answers below. Yes No

A. Strike, slowdown or other disruptions?

B. Lay-off of staff or reduction in service?

C. Disputes involving integration, segregation, discrimination or violations of civil rights?

D. Has any employee been suspended, dismissed, demoted, transferred or tenure contract non-renewed?

Explanations: _____

5. Does this entity operate daycare facilities or services?

Yes No

Details of services _____

III. Operational/Administrative Info.

6. Has entity been criticized by the state board of education? Yes No
7. Is entity operating under a court's supervision? Yes No

If "yes", provide details: _____

8. Do guidelines provide for administrative hearings and appeals? Yes No
- A. How many hearings/appeals have taken place in the last 12 months? _____
- B. How many hearings/appeals from "8A" are in the area of special education? _____
- In what areas? _____

IV. Claims History – Incidents – Insured/ Uninsured Losses – Current and Prior 2 Years

1. Does any board member, employee or volunteer have any knowledge of any negligent act, error, omission, or breach of duty which may reasonably be expected to give rise to a claim? Yes No
2. 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

Disclosure to the Company is required of any such acts which become known to the applicant between the date of application and the date when coverage becomes effective. These acts shall include EEOC notice.

Section IV "yes" answers must be explained fully giving date of incident, complainant's name, cause of action, damages claimed, amount of settlement and legal cost paid and current status of each open incident/claim including open loss reserve, open loss adjustment/defense cost reserve and paid defense costs to date.

V. Current Insurance Coverage Information (Please answer for coverages now in force.)

1.	Policy Type	Company Name	Expiration Date	Limits	Deductible	Premium (\$)
	General Liability					

2. Has any such insurance been declined, canceled or not renewed? Yes No

If "yes", please explain: _____

3. Is sexual molestation covered under your General Liability policy? Yes No

VI. Authorized Entity Representative

1. The official designated to receive any and all notices from the insurer to the entity concerning any policy issued as a result of this application shall be (please type or print).

Name _____ Title _____

2. Entities Attestation - The authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true; that no fact, circumstance nor situation indicating the probability of a claim or action now known to any entity official or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. It is further acknowledged that the signing of this application does not bind the signer to purchase the insurance, but it is agreed this form shall be the basis of the contract should a policy be issued, and this form will serve as the basis of and will be referenced in the policy.

STATE NOTICES

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime. (Note: This notice is required by New York insurance regulations, but may also be a crime in other states.)

FRAUD WARNING – APPLICABLE IN KENTUCKY, MINNESOTA, OHIO AND 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.

NEW JERSEY FRAUD WARNING – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Authorized signatory of entity _____ Date _____

Title _____ Phone Number _____

VII. Agency Information

Contact _____

Agency Name _____ Telephone Number _____

Address _____ Fax Number _____

City _____ State _____ Zip _____ E-Mail Address _____