



## Vocational Schools Supplemental

### SUBMISSION REQUIREMENTS

- **ACORD Application (for lines of coverage to be written)**
- **Statement of Values (for blanket and/or agreed value)**
- **List of Faculty Members by Position**
- **Brochure, Handbook, Student Application**
- **Currently Valued, Hard Copy Loss Runs**
- **Financial Statement**
- **Schedule of Vehicles**
- **Drivers List with License # and DOB**

#### This application consists of the following sections:

Section I – General Information

Section II – Security

Section III – Medical Training Schools

Section IV – Cosmetology / Beauty Schools

Section V – Culinary Arts Schools

Section VI – Driving Schools

Section VII – Music, Dance & Art Schools

Section VIII – Dormitories

Section IX – Abuse & Molestation

### GENERAL APPLICANT INFORMATION

Named Insured:

Website address:

Effective Date:

### SECTION I – GENERAL INFORMATION

1. Total Number of students enrolled: Average daily attendance:
2. Date school founded or chartered:
3. Programs / Classes / Degrees offered (list or attached):

4. Is the Applicant's institution accredited? Yes No  
**If yes, what is the name of the association(s) that provides the accreditation?**

Are all programs offered at the schools accredited by the above listed association(s)? Yes No

5. Do the Applicant's students serve time as interns/externs at outside companies/business? Yes No

If yes, are the students paid? Yes No

If students are paid, does the Applicant verify that the employer carries workers' compensation coverage to cover the Applicant's student? Yes No

If students are not paid, does the intern / extern company ask to be additional insured on the Applicant's liability policy? Yes No

Please attach any internship / externship contracts the Applicant signs with outside businesses.

6. Does the Applicant sign any hold-harmless agreements with anyone? Yes No  
If yes, please explain for whom and for what reason:

7. Does the Applicant provide services for outside customers? Yes No  
**If yes, what services do you provide:**

**How are students supervised:**

**What quality controls measures are in place:**

Are customers required to sign an agreement acknowledging they're using student labor? Yes No

8. Does the school offer job placement services for students? Yes No  
**If yes, is there a disclaimer signed by students acknowledging there are no job placement guarantees?** Yes No

9.	Does the Applicant have dormitories?	Yes	No
	<b>If yes, please complete section VII of the application.</b>		
10.	Does the Applicant have a cafeteria or restaurant on premises?	Yes	No
	Does the Applicant cook on premises?	Yes	No
	Does cooking protection comply with NFPA 96 requirements?	Yes	No
	Does the Applicant ever serve liquor on premises?	Yes	No
	Is the manual pull for extinguishing system readily accessible?	Yes	No
	Are there portable fire extinguishers in the kitchen area?	Yes	No
11.	Are there laboratories present in the school?	Yes	No
	Is the laboratory sprinklered?	Yes	No
	Are fire extinguishers present?	Yes	No
	Are chemicals stored in a locked area?	Yes	No
	Is proper safety apparel worn by students (goggles, masks, gloves)?	Yes	No
12.	Is the public ever invited on premise?	Yes	No
	If yes, explain how often and for what purposes:		
13.	Does the Applicant use volunteers?	Yes	No
	<b>If yes, explain how often and for what purposes:</b>		
14.	Does the Applicant have a medical facility/infirmary and/or dispense medication?	Yes	No
	Does the facility provide only immediate care/first aid?	Yes	No
	Does the facility only serve students and employees?	Yes	No
	Are there only over the counter drugs stored on premises?	Yes	No
	Are written instructions from parents required prior to dispensing any medications to minors?	Yes	No
	Is there any overnight care provided?	Yes	No
	How many beds are in the infirmary:		
	Are there written operational procedures in place?	Yes	No
	Is there a medical professional on staff?	Yes	No
	If yes, indicate which of the following and how many are employed by the insured. (Check all that apply)		
	RN:	Psychologist:	
	Physician:	Nurse Practitioner:	
	Dentist:	Physical Therapist:	
	Counselor:		
	Does the professional carry their own malpractice insurance?	Yes	No
	<b>If yes, who is the carrier and what limits are carried:</b>		
	Is medical history and care records kept for each patient?	Yes	No

## SECTION II – SECURITY

1.	Are there security guards at the school daily?	Yes	No
2.	Indicate the number of personnel providing security services		
	Employed:                      Unarmed Security:                      Armed Security:		
	Contracted:                      Unarmed Security:                      Armed Security:		
3.	When security is contracted to a third party, is the contractor's general liability/law enforcement professional liability policy required to name the educational institution as an additional insured?	Yes	No
	<b>If yes, does the third party maintain a minimum limit of liability coverage and indemnify the educational institution?</b>	Yes	No
	<b>If yes, indicate the minimum limit of liability of general/police professional liability coverage your institution requires: \$</b>		
4.	Do security personnel have arresting authority?	Yes	No
5.	If there is employed armed security, are they trained and/or re-certified annually to the standards required for public sector law enforcement personnel within the political subdivision for use of weapons?	Yes	No

6.	Are criminal background checks and psychological reviews provided for all employed security? If yes, how often are these checks and reviews conducted: Every                      months. <b>If no, explain:</b>	Yes	No
7.	Is the Applicant's Security Department accredited by the International Association of Campus Law Enforcement Administration (IACLEA)?	Yes	No
8.	Does a mutual aid agreement exist with local city or county police?	Yes	No
9.	Does the Applicant permit staff, volunteers, or visitors to carry open or concealed firearms on your premises?	Yes	No
10.	If the Applicant does not permit open and/or concealed carry of firearms on any premises for which the Applicant is requesting insurance coverage, do all locations have signage which conspicuously identifies the building as a Gun Free Zone?	Yes	No
11.	Do security personnel store weapons on premises?	Yes	No
	Do faculty, staff, or employees store weapons on premises?	Yes	No
12.	Does the Applicant's weapons ban policy have any exceptions?	Yes	No
	<b>If yes, please provide a copy.</b>		
13.	Does the Applicant have emergency call boxes located throughout the campus that are connected directly to campus security or police?	Yes	No
14.	Does the Applicant provide after-hours security escort service for students?	Yes	No

### SECTION III – MEDICAL TRAINING SCHOOLS

N/A

1.	Is Medical Malpractice Insurance in place? <b>If yes, who is the carrier and what limits are carried?</b>	Yes	No
2.	Is instruction given in blood taking?	Yes	No
3.	Do students practice taking blood on other fellow students?	Yes	No
4.	Is instruction given on the use of needles, or intravenous application?	Yes	No
5.	What is the length of the program:		
6.	Is there any type of internship program? <b>If yes, please explain:</b>	Yes	No
7.	Does the school offer job placement?	Yes	No
8.	Does the school offer job referrals?	Yes	No

### SECTION IV – COSMETOLOGY / BEAUTY SCHOOLS

N/A

1.	Are all flammable hair solutions and cleaning supplies stored away from heat sources?	Yes	No
2.	Are combs and brushes sterilized in between uses?	Yes	No
3.	Do students and instructors wear protective gloves or use barrier creams when handling permanent wave preparations to prevent skin irritation and skin disease?	Yes	No
4.	Is there adequate ventilation?	Yes	No
5.	What is the length of the program?		
6.	Is the public ever invited onto the premises? <b>If yes, please explain:</b>	Yes	No
7.	Does the school offer free or discounted services to the public? <b>If yes, please explain:</b>	Yes	No
8.	Are total receipts from public beauty services 10% or less of the total receipts?	Yes	No
9.	Are there any operations conducted off premises? <b>If yes, please explain:</b>	Yes	No

### SECTION V – CULINARY SCHOOLS

N/A

1.	Type of facility:                      School w/liquor                      School w/out liquor		
2.	Is the school part of a chain or franchise?	Yes	No
3.	Has the school ever been charged with a violation of any board of health regulations? <b>If yes, please explain:</b>	Yes	No
4.	Does cooking protection comply with NFPA 96 requirements?	Yes	No
5.	Is there an Automatic fire extinguishing system providing surface protection from all cooking surfaces (griddles, ranges, deep fry and boilers)?	Yes	No

- |     |   |     |    |
|-----|---|-----|----|
| 6.  | Are there metal hoods and ducts covering all cooking surfaces?  | Yes | No |
| 7.  | Are hoods equipped with removable filters or grease extractors vented to the outside of the building?                       | Yes | No |
| 8.  | Are cooking or heating devices installed with a minimum of 18 inches of safe clearance to combustible walls, ceilings, etc. | Yes | No |
| 9.  | Is the manual pull for the extinguishing system readily accessible and clearly identified?                                  | Yes | No |
| 10. | Are all gas fired cooking equipment and appliances equipped with automatic fuel shut off?                                   | Yes | No |
| 11. | Are all deep fat fryers equipped with thermostats that automatically shut fuel off, set to do so at 475 degrees?            | Yes | No |
| 12. | Are there portable fire extinguishers in the kitchen area?  | Yes | No |
| 13. | Is the public ever invited onto the premises?<br><b>If yes, please explain:</b>   | Yes | No |
| 14. | Does the school offer free or discounted meals to the public?<br><b>If yes, please explain:</b>                             | Yes | No |
| 15. | Is there an eating facility on the premises?<br><b>If yes, what type:</b>   | Yes | No |

#### SECTION VI – DRIVING SCHOOLS

N/A

- |     |   |     |    |
|-----|---|-----|----|
| 1.  | Is there a maintenance program for all vehicles?  | Yes | No |
| 2.  | Are MVRs ordered prior to hiring instructors?   | Yes | No |
| 3.  | Are pre-employment drug tests given?  | Yes | No |
| 4.  | Describe the garaging facilities:   |     |    |
| 5.  | Is personal use of covered vehicles strictly prohibited?                                | Yes | No |
| 6.  | Is the owner permitted to take a vehicle home?  | Yes | No |
| 7.  | Are any of the drivers' personal vehicles used as driver training vehicles?             | Yes | No |
| 8.  | Are records kept on all drivers with accidents or violations?                           | Yes | No |
| 9.  | Is follow-up action taken as needed?  | Yes | No |
| 10. | Are formal written procedures in place for dealing with driver accidents or violations? | Yes | No |
| 11. | Do all vehicles have dual controls?   | Yes | No |
| 12. | Are all vehicles clearly marked as driver training vehicles?                            | Yes | No |
| 13. | Please provide driver experience as follows   |     |    |
- |       |  |  |
|-------|--|--|
| Name: |  | Years experienced as a driving instructor: |
| Name: |  | Years experienced as a driving instructor: |
| Name: |  | Years experienced as a driving instructor: |
| Name: |  | Years experienced as a driving instructor: |
| Name: |  | Years experienced as a driving instructor: |

#### SECTION VII – MUSIC, DANCE & ART SCHOOLS

N/A

- |    |  |     |    |
|----|--|-----|----|
| 1. | Do students / school do any traveling?   | Yes | No |
|    | Are there any overnight trips? <b>If yes, please explain:</b>  | Yes | No |
| 2. | Does the school do any performances off site?<br><b>If yes, how often:</b>   | Yes | No |
| 3. | Does the school ever invite the public onto the premises?<br><b>If yes, how often:</b><br><b>Please provide details of the events:</b> | Yes | No |

- |    |  |     |    |
|----|--|-----|----|
| 4. | Does the school hold any events that charge a fee?<br><b>If yes, please explain:</b>       | Yes | No |
| 5. | Does the school ever contract out their services?<br><b>If yes, please explain:</b>        | Yes | No |
| 6. | Is there a theater, auditorium, or stadium on premises?<br><b>If yes, please describe:</b> | Yes | No |

#### SECTION VIII – DORMITORIES

N/A

- |     |  |     |    |
|-----|--|-----|----|
| 1.  | How many dormitory buildings are owned by the Applicant's institution:   |     |    |
| 2.  | What is the maximum number of stories:   |     |    |
| 3.  | Are the dormitories sprinklered in all areas?  | Yes | No |
| 4.  | Is each room equipped with hard-wired smoke detectors?   | Yes | No |
| 5.  | Are any of the following allowed in dorm rooms   |     |    |
|     | Incense burners                      Space heaters                      Microwaves                             |     |    |
|     | Hot plates                                  Candles                                  Toasters or Toaster ovens |     |    |
| 6.  | Does the dorm have a no smoking policy?  | Yes | No |
| 7.  | How many means of egress does each building have:  |     |    |
| 8.  | Are there emergency procedures in place including evacuation?  | Yes | No |
| 9.  | Is emergency lighting provided in the stairwells and hallways?   | Yes | No |
| 10. | If dorms are coed, are boys and girls housed on the same floor?  | Yes | No |
| 11. | Are staff members present in the dorms on all nights when students are?  | Yes | No |
| 12. | Is there a scheduled security patrol for each building?  | Yes | No |

#### SECTION IX – ABUSE & MOLESTATION

- |     |  |     |    |
|-----|--|-----|----|
| 1.  | Does your employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? | Yes | No |
| 2.  | Does the Applicant's state permit you to do criminal background investigations?  | Yes | No |
|     | If yes, does the Applicant routinely request and receive such background investigations?   | Yes | No |
|     | Are federal <u>and</u> state criminal background checks performed on   |     |    |
|     | Staff?                      Yes                      No                      Volunteers?   | Yes | No |
| 3.  | Does the Applicant verify employment related references?   | Yes | No |
| 4.  | Does the Applicant conduct personal interviews?  | Yes | No |
| 5.  | Does the Applicant have written procedures dealing with sexual abuse?<br><b>If yes, please attach a copy.</b>  | Yes | No |
| 6.  | Does the Applicant have a plan of supervision that monitors staff in day-to-day relationships with clients both on and off premises?   | Yes | No |
| 7.  | Does the school have a Sexual Awareness Program for students?  | Yes | No |
| 8.  | Does the school have specific training for the faculty on identifying and reporting incidents of sexual abuse and molestation?   | Yes | No |
| 9.  | Has the Applicant's organization ever had an incident which resulted in an allegation of sexual abuse? <b>If yes, please describe the incident:</b>  | Yes | No |
|     | Was a claim made against the organization?   | Yes | No |
|     | Was the case settled?  | Yes | No |
|     | Was the case taken to trial?   | Yes | No |
|     | How much money was paid in damages to the victim: \$   |     |    |
| 10. | Regarding coverage for Abuse & Molestation, does your current insurance program  |     |    |
|     | exclude coverage?  | Yes | No |
|     | limit coverage?  | Yes | No |
|     | If yes, please indicate limit of liability: \$   |     |    |
|     | Neither excludes nor limits coverage?  | Yes | No |

## SECTION X - WINTER WEATHER FREEZE-UP PROTECTION

**This section must be completed by all risks that have a location in one of the following states: AR, CT, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI**

1. Fire Protection and Testing
  - a. Is the building provided with an Automatic Fire Sprinkler System (AS)? Yes      No      N/A
    - i. If yes, approximately what percentage (%) of the building is sprinklered? %
    - ii. If yes, what type of sprinkler system is installed? Wet-Pipe      Dry-Pipe      Both
    - iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature requirement of NFPA-13, NFPA-13D, and NFPA-13R? Yes      No      N/A
      1. If no, please describe freeze prevention measures (temperature monitoring, heat trace, full insulation on piping or roof:
    - iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 13 months & includes a formal winterization review? Yes      No      N/A
    - v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? Yes      No      N/A
2. Emergency Water Response (domestic and AS water lines)
  - a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? Yes      No      N/A
  - b. Are water shutoff valves exercised (closed and reopened) at least annually? Yes      No      N/A
  - c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? Yes      No      N/A
3. Automatic Water Shutoff Devices
  - a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? Yes      No      N/A
4. Unused/Vacant Spaces
  - a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? Yes      No      N/A
5. Unheated Areas (attics, crawl spaces, exterior wall joists)
  - a. Are all domestic water lines located in areas heated to at least 45°F? Yes      No      N/A
    - i. If no, please describe freeze prevention measures (temperature monitoring, heat trace, full insulation):
6. Ice dams (if applicable)
  - a. Does the attic insulation meet the R rating recommended by the [DEPARTMENT OF ENERGY'S 1 - 8 ZONES?](http://www.energystar.gov/?C=HOME_SEALING.HM_IMPROVEMENT_INSULATION_TABLE) Yes      No      N/A  
 (WWW.ENERGYSTAR.GOV/?C=HOME\_SEALING.HM\_IMPROVEMENT\_INSULATION\_TABLE)  
**NOTE:** Manufacturers have created varying densities to allow for higher R-values in smaller cavities. Typically R-values are R-11 to R-15 for 2" X 4" construction, up to R-21 for 2"X6" construction, and R-38 for 12" spaces, such as within the attic.
7. General Comments:

## FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN 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.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.**

**The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.**

**\*Company refers collectively to Ubria Uf\_YhUddfcUW YX`Vm@c`F]g\_`GYfj jWgZ-bW**

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

Produced By: (Section to be completed by Producer/Broker)

PRODUCER

AGENCY

PRODUCER LICENSE NUMBER

AGENCY TAXPAYER ID OR SS NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)