

Benchmark

MANAGEMENT GROUP, INC.

1730 Park Street, Suite 214 Naperville, IL 60563
Phone: (630) 778-7000 Fax: (630) 778-7007

PUBLIC SCHOOL PROGRAM APPLICATION

INSTRUCTION & GENERAL INFORMATION

In order to best assess your needs and provide you with an integrated and tailored program, we need the following:
Completion of this application and any application supplemental applications.
Up to date schedules
Five (5) years of currently valued loss runs.

SCHOOL INFORMATION

Named Insured: _____
Phone: _____ Fax: _____
Mailing Address: _____
Physical Address: _____
County: _____
Contact/Title: _____ E-mail: _____

SUBMITTING AGENCY

Agency Name: _____
Mailing Address: _____
FEIN: _____ Lic. #: _____
Producer Name: _____ Email: _____
Phone: _____ Fax: _____
CSR Name: _____ Email: _____

KEY DATES

Date Submitted: _____ Effective Date: _____
Bid Meeting Date: _____ Quote Needed Date: _____

All agents participating in this program must comply with their state licensing requirements.

Any person who knowingly and with intent to defraud any insurance company or another 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 facts material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR; in ME and VA, insurance benefits may also be denied.)

The undersigned declares that to the best of his/her knowledge, the information set forth in this application is true and complete.

Signature of School District Authorized Representative

Title

Date

Signature of Agent or Broker

Title

Date

COVERAGE REQUESTED	EXPIRING PROGRAM						
	Limits	Deductible	Limits	Deductible	Premium	Current Carrier	OCC/CM
<input type="checkbox"/> General Liability	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Educators' Legal	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Law Enforcement	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Auto Liability	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Auto Phys. Dmg.	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Property	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Inland Marine	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Crime	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Excess Liability	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Equip. Breakdown	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____	_____	_____

Yes No Has any company canceled or non-renewed any of these coverages? If yes, describe: _____

PREMIUM AND LOSS HISTORY

Provide insurance company loss runs, currently valued and showing all paid and reserved losses including loss expense for the past five (5) years.

Yes No Have there been any losses paid or reserved over \$25,000 in the past five (5) years?
 If yes, describe: _____

Yes No Does the applicant have any knowledge of any incident(s), accident(s) or occurrence(s) that may
 result in a claim? If yes, describe: _____

RISK MANAGEMENT

Yes No Are you in compliance is all federal, state, and local requirements? If no, please explain: _____

Yes No Do you have a Safety Committee?

Yes No Do you have a Building Maintenance Program?

Yes No Have there been any recent school mergers or closings?

Yes No Are there any school openings planned in the next 12 months?

Yes No Is there a written policy on corporal punishment?

Yes No Is there a written policy on extracurricular activities?

Yes No Is an accidental policy purchased for students, especially regarding athletic participation?

SECTION I – PROPERTY & ALLIED LINES

An electronic spreadsheet for your use is available at www.bmgins.com/applications/bmg_schedule.xls. If you already have a spreadsheet developed, please ensure that all required fields (*highlighted in red*) on our spreadsheet is included in order for us to process your quote. All other information must be completed prior to binding or policy issuance. **COLOR PHOTOS MUST BE PROVIDED TO BIND COVERAGE.**

A. COMMERCIAL BUILDING AND PERSONAL PROPERTY

I. ADDITIONAL PERILS REQUESTED

Equipment Breakdown

LIMITS

DEDUCTIBLE

Earthquake

Flood

Wind/Hail

II: SPECIFIC AND BLANKET INSURANCE

1. Specific: Coinsurance 80% 90% 100%

2. Blanket: Coinsurance 90% 100%

III. ADDITIONAL BUILDING AND PERSONAL PROPERTY COVERAGE

1. Replacement Cost: _____

2. Functional Replacement Cost: _____

IV. EXTRA EXPENSE COVERAGE

Limit: _____

UNDERWRITING INFORMATION:

Yes No Any vacant or unoccupied buildings? If yes, describe: _____

Yes No Any major remodeling in process or being contemplated?

Yes No Any new construction in process or being contemplated?

Yes No Do any buildings have pre-1977 electrical systems? If yes, what are the replacement plans? _____

Yes No Entry or intrusion alarms local, central station or other?

Yes No Any buildings with roofs over 15 years old? If yes, list: _____

Yes No Any buildings with urethane roofs? If yes, list: _____

Yes No Are chemicals properly stored and secured?

Yes No Are fire suppression systems in place over open flame and oil cooking?

Yes No If the property is located in a rural fire protection district or in an area protected by a rural fire department, have you paid the appropriate dues or subscription payments (*Only applicable in Oklahoma*)

B. IDENTITY THEFT COVERAGE

Yes No Full-time employees (*including faculty*)? If yes, how many? _____

Yes No Human Resource Director? If yes, provide the following:

Name: _____

Phone: _____ Email: _____

C. COMMERCIAL INLAND MARINE

PROPERTY	LIMIT	DEDUCTIBLE
Property in Transit	_____	_____
Musical Instruments and Band Uniforms	_____	_____
Computer Equipment	_____	_____
Other (<i>Please list: _____</i>)	_____	_____
Total:	_____	_____

D. CRIME

To bind coverage, we will need an itemized schedule including values, locations and serial numbers.

Number of employees (*who handle money*): Class A _____ Class B/C _____

Check all security provisions that apply:

- Yes No Audits: If other than annual, how frequent? _____
- Yes No Monthly reconciliation of bank statements?
- Yes No Countersignatures required?
- Yes No Employee background checks on those who handle money?

FORM	LIMIT	DEDUCTIBLE
Forgery or Alteration (<i>Form B</i>)	_____	_____
Loss Inside Premises (<i>Form C</i>)	_____	_____
Loss Outside Premises (<i>Form C</i>)	_____	_____
Increased Limit for Specific Period	_____	_____
From: _____	To: _____	
Honesty Blanket (<i>Agreement 1</i>)	_____	_____
Honesty Blanket Position (<i>Agreement 2</i>)	_____	_____
Faithful Performance Blanket (<i>Agreement 3</i>)	_____	_____
Faithful Performance Blanket Position (<i>Agreement 4</i>)	_____	_____
Excess Indemnity	_____	_____

Name/Position: _____

SECTION II – COMMERCIAL GENERAL LIABILITY

A. COVERAGE AND LIMITS

ADDITIONAL INSURED: Provide details of the interest of the district to such organizations or individuals: _____

- Yes No Are any services contracted out to third parties such as janitorial, nurses, driver, etc.?
If yes, describe: _____
- Yes No Are Certificates of Insurance required? If yes, provide minimum limits: _____

B. SIZE AND SCOPE OF OPERATIONS

	Number of Schools	Number of Students	Number of Teachers	Number of Nurses/Doctors	Other
Administration	_____	_____	_____	_____	_____
Day Care/Pre-School	_____	_____	_____	_____	_____
Primary (K-8)	_____	_____	_____	_____	_____
High School (9-12)	_____	_____	_____	_____	_____
Alternative Schools	_____	_____	_____	_____	_____
Adult Education	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

C. UNDERWRITING INFORMATION

PLAYGROUNDS

- Yes No Regular, documented inspection and maintenance of playgrounds?
- Yes No Fall cushioning material meets CPSC guidelines?
- Yes No Supervisor to Student ratio requirements meet state requirements?

OTHER EXPOSURES

<input type="checkbox"/> Yes <input type="checkbox"/> No	Any Healthcare other than Nurses?	EXCLUDE
<input type="checkbox"/> Yes <input type="checkbox"/> No	Arenas, Bleachers, Gymnasiums, Stadiums, etc.?	If yes, complete questionnaire below.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Assembly Halls and Auditoriums (<i>Used by third parties</i>)?	If yes, complete questionnaire below.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Athletic Programs?	If yes, complete questionnaire below.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Broadcasting (<i>Internet, Radio, TV, etc.</i>)?	If yes, describe below.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Day Care, Day Camp, Before/After School?	If yes, complete questionnaire below.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dormitories or Student Housing?	EXCLUDE.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Field Trips (<i>Other than to competitive events</i>)?	If yes, complete questionnaire below.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Joint Venture Activities (<i>i.e. Special Ed. Cooperative</i>)?	If yes, describe below.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Public Use of Facilities?	If yes, complete questionnaire below.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Publishing?	If yes, describe below.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Security or Law Enforcement (<i>Provided by school</i>)?	If yes, complete questionnaire below.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Events (<i>Carnival, fairs, etc.</i>)?	If yes, complete questionnaire below.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Swimming Pools?	If yes, complete questionnaire below.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vocational Training?	If yes, describe below.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Watercraft?	If yes, describe below.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Others not listed: _____?	If yes, describe below.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Others not listed: _____?	If yes, describe below.

SECTION III – EDUCATORS’ LEGAL LIABILITY (Claims Made Form)

REQUESTED RETRO DATE: _____

A. FISCAL

What is the amount of any outstanding bonds? _____

What is your latest *Moody’s* or *Standard & Poor’s* bond rating? _____

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | State or Federal oversight or aid reductions in last three (3) years? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | State Board of Education criticism in the last three (3) years? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Budget deficits in the last five (5) years? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Budget reductions anticipated in the next 12 months? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any bonds been defeated in the last three (3) years? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any bond defaults on principal or interest? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any staff reductions in the last 12 months or anticipated in the coming year? |

B. STUDENT POLICY INFORMATION

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is drug testing allowed? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are strip searches allowed? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have the student handbooks been reviewed by attorney? |

C. EMPLOYEE PRACTICES INFORMATION

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any strikes, work slowdowns, or other disruptions in the last three (3) years? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Formal hiring, discipline, and termination procedures? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Human Resources manual in place and updated annually? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Attorney review of manual and employee handbook? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Employee handbook provided to all personnel? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Personnel records maintained and secured? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Medical records kept separate from personnel records? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Employee grievance procedures in place? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Written guidelines for administrative hearings and appeals? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Policies and procedures for drug testing employees? |

SECTION IV – COMMERCIAL AUTO APPLICATION

An electronic spreadsheet for your use is available at www.bmgins.com/applications/bmg_schedule.xls. If you already have a spreadsheet developed, please ensure that all required fields (highlighted in red) on our spreadsheet is included in order for us to process your quote. **All other information must be completed prior to binding or policy issuance. COLOR PHOTOS MUST BE PROVIDED TO BIND COVERAGE.**

Number of Bus Drivers: _____ Number of Other Drivers: _____

Where are vehicles stored, and how are they secured? _____

UNDERWRITING INFORMATION

- Yes No All owned and leased vehicles are covered under this program?
- Yes No Any locations with a concentration of vehicles where values exceed \$500,000?
If yes, provide a schedule of locations and vehicles stored at each: _____
- Yes No Evacuation plans for bus fleet (*hurricane zones only*)?
- Yes No Proof of insurance required for personal vehicles used on District business?
- Yes No Personal use of District vehicles allowed (*other than Superintendent*)?
- Yes No Any transportation services other than for students?
- Yes No Are there any contracted bus drivers?
- Yes No Bus drivers in compliance with State and DOT requirements?
- Yes No Driver files are separate from personnel files?
- Yes No Pre-trip and post-trip inspections of busses with records maintained?
- Yes No Fleet Maintenance Program?
- Yes No Is there a policy in place for bus replacement?
- Yes No Initial and annual Motor Vehicle Record Check on drivers?
- Yes No Accident investigation procedures?
- Yes No Any drivers with DUI arrest/conviction in last five (5) years?
- Yes No Any drivers with more than three (3) moving violations in last five (5) years?
- Yes No Random drug screening for CDL drivers by outside provider?
- Yes No Random drug screening for drivers of cars/pickups/vans?
- Yes No Are owned or leased vehicles made available to third parties? If yes, describe: _____

PUBLIC SCHOOL SUPPLEMENTAL QUESTIONNAIRE

Named Insured: _____ Effective Date: _____

ARENAS, BLEACHERS, GYMNASIUMS, STADIUMS, ETC.

TOTAL NUMBERS: _____

Total receipts: _____

Arena, Bleachers, Gymnasiums and Stadiums: _____

Yes No Regular and documented inspections?

Seating capacity: _____

Yes No Protected from unauthorized entry?

ASSEMBLY HALLS AND AUDITORIUMS *(Used by Third Party)*

Number of days in use annually: _____

Description and location of each facility: _____

Description and list of events held at facility: _____

Yes No Require Certificate of Insurance from outside user?

ATHLETE PROGRAMS

Yes No Physical required of athletes?

Yes No Parental consent required and documented?

Yes No Consent forms have Hold Harmless and Waiver provisions?

Yes No Accident insurance provided for students?

Yes No Trained medical assistance available at all athletic events?

Yes No Security provided at athletic events?

ATHLETIC PROGRAMS: (Check box if present)

Archery

Field Hockey

Softball

Baseball

Football

Swimming

Basketball

Golf

Tennis

Crew

Gymnastics

Track & Field

Cross Country

Ice Hockey

Wrestling

Downhill Skiing

Soccer

Other: _____

DAY CARE, DAY CAMP, BEFORE / AFTER SCHOOL

Total number of facilities: _____

Yes No If other, Certificates of Insurance on file?

Gross receipts: _____

Yes No If other, District named as additional insured?

Number of employees: _____

Yes No Any off premises operations?

Ratio of staff to children: _____

Yes No Parental consent forms required?

Yes No Day care facility for employees' children?

Yes No Activities away from premises?

Yes No Day care operations?

Yes No Controls over release of children?

Yes No Before and after school care programs?

Yes No Emergency evacuation plans and drills?

Yes No Students employed to care for children?

Yes No Lockdown procedures in place?

Yes No Facilities licensed? If yes, by whom? _____

Yes No Person trained in first aid available?

Operated by school or other: _____

Yes No Criminal background checks on staff?

FIELD TRIPS *(Does Not Apply to Competitive Activities or Events)*

Number, duration and types of field trips within a 50 mile radius of the school: _____

Number, duration and types of field trips that are more than 50 miles away or involve overnight stays: _____

Yes No Parent permission slips required?

Yes No Criminal history checks on volunteers?

Yes No Students required riding in district vehicles?

Yes No Students always accompanied by adults?

Yes No Any unusual trips *(i.e. jails or amusement parks)*?

Yes No Volunteers allowed transporting students?

Yes No Supervisor to student ratio requirements?

PUBLIC USE OF FACILITIES *(Complete for Each Separate Activity)*

FACILITY

ACTIVITY/GROUP

FREQUENCY OF USE

Yes No Are formal written rules and procedures for facility use provided for each group?

SECURITY OR LAW ENFORCEMENT *(Provided by School)*

- | | | | | | |
|------------------------------|-----------------------------|--|--|-----------------------------|---------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Employed full-time police force? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Formal rules and procedures in place? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Employed full-time security force? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | After hour and weekend patrols? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Contracted security force? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Holding cells? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are employed police or security staff certified? If no, describe training requirement: _____ | Number of security personnel? _____ | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | SRO's provided by local police or sheriff? | Number of personnel with arrest authority? _____ | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Contracts or interlocal agreements in place? | Number of personnel that carry firearms? _____ | | |

SPECIAL EVENTS *(Carnivals, Fairs, Etc.)*

DESCRIPTION OF EVENT

Name and type of event: _____

Size and location: _____

Duration: _____

Yes No Bleachers used at any event?

Provider of premises, funds and personnel: _____

List Sponsors / Co- Sponsors and their responsibility: _____

SWIMMING POOLS

COLOR PHOTOS REQUIRED OF ALL SLIDES AND DIVING BOARDS

Pool Name: _____

Pool Location: _____

Pool Size: _____

Number of lifeguards: _____

Yes No Lifeguard certified?

Yes No Diving boards/slides?

Yes No Swimming and diving areas segregated by rope?

Description of security and access controls in place: _____

Yes No Open to public?

Description and provide gross receipts: _____

Yes No Safety equipment available?

OTHER EXPOSURES

BROADCASTING: _____

JOINT VENTURE ACTIVITIES: _____

PUBLISHING: _____

VOCATIONAL TRAINING: _____

WATERCRAFT: _____

OTHER: _____

OTHER: _____

Please return completed application set and all required additional information to:

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