



Allied American Underwriters

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800.866.3897

HIGHER EDUCATION COMMERCIAL SUPPLEMENTAL APPLICATION

HOME OFFICE USE ONLY

Policy No. _____	Policy Type _____
Original Date _____	Premium Received \$ _____
Account # _____	Denomination Code _____

Directions to the Agent

- Required:**
- **ACORD Application for all Coverages Desired**
 - **Latest Audited Financial Statements (for ELL, D&O, EPL only)**
 - **A Current Copy of the Three-Year Loss Run from the Carrier(s)**
 - **Campus Diagram with Distance Between Buildings**
 - **Statement of Values**

1. <input type="checkbox"/> Quote Needed By _____	<input type="checkbox"/> Bound (Attach Copy of Binder)	Effective Date _____
2. Indicate Additional Policies Requested (Attach Application):		
<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Umbrella	<input type="checkbox"/> Commercial Auto
3. Indicate All Existing GuideOne Insurance Policy Numbers for This Named Insured:		

General Policy Information

- Name Insured: _____
- Mailing Address Street, City, State, Zip Code: _____

Common Policy Information

- Denomination Affiliation: _____
- Number of Employees: _____

Commercial Property Coverage Part

- Limited Flood Coverage \$25,000 (Coverage is restricted in Zones A and V)
If the Limited Flood option is selected, coverage will be added on an amendment to the policy effective 30 calendar days from the policy effective date. **Note:** Coverage is not available if the insured is currently experiencing flooding or is in immediate peril of flooding.
- List any buildings on the National Historical Register: _____

Inland Marine Coverage Part

Builder's Risk:

- Are any Buildings Currently Under Construction? Yes No Amount of Contract: \$ _____
- Completed CP-11941 – Builder's Risk Supplemental Application is Required When Builder's Risk Coverage is Needed.
- Are Current Plans Being Discussed for New Construction or Alterations? Yes No

Liability Coverage Part

- Lost Wages: \$2,500 \$5,000
- Number of Educators: _____ Number of Administrators: _____
- Employee Benefits Liability
 - Non-Owned and Hired Auto Liability
 - Counselors Liability Coverage: If requested, complete Supplemental Application 1605
 - Other: _____

B. LIABILITY SURVEY

1. Total Student Enrollment: _____
 Full-time on Campus: _____ Part-time on Campus: _____ On-Line Only Students: _____

2. Is the Entity Accredited? Yes No If yes, by whom? _____

3. Location of All Premises You Own, Rent or Occupy That Have Not Been Previously Listed.

Address	Classification	Exposure

4. Additional Interests/Certificate Recipients – List Name, Address and Relationship to Insured. If More Than One, Send a Schedule.

5. Staff Members or Volunteers Are Part of a Mandatory Community Services Program, e.g., Doing Community Service in Lieu of Going to Prison.

6. Is There an Infirmary? Yes No Hours Available: _____

7. Is There a Written, Formal Emergency Program? Yes No

8. Dormitories:

	Prem. Bldg.	Prem. Bldg.	Prem. Bldg.	Prem. Bldg.
Two or More Exits Per Floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler System	Select One	Select One	Select One	Select One
Alarms:				
Smoke Detectors	Select One	Select One	Select One	Select One
Heat Detectors	Select One	Select One	Select One	Select One
Pull Alarms	Select One	Select One	Select One	Select One
Central Detectors	Select One	Select One	Select One	Select One
Burglar Alarms	Select One	Select One	Select One	Select One

Name of Responding Company: _____

Telephone Number: _____ Contact Number: _____

9. How Often Are Trips Taken Outside the Continental U.S.? _____

Points of Destination: _____

Average Number of Individuals Traveling at One Time: _____ Average Length of Stay: _____

10. List Space Rented or Used by Others:

Address	Occupants	Square Feet Used	Frequency

Are Certificates of Insurance Required? Yes No

11. Indicate exposures and provide details: Contractual Host Liquor Advertising Publishing
 Snowmobiles Mobile Equipment, e.g., Cherry Pickers

12. Broadcasting: Radio Payroll: \$ _____ TV Broadcast Payroll: \$ _____

Radio and/or TV Broadcast Area: _____

TV Program hours: Live: _____ Pre-recorded: _____

Program Content: _____

13. List all aircraft owned, leased, chartered and/or repaired: _____

Are hired or borrowed aircraft ever used? Yes No

14. Boats – Owned: Canoes # _____ Sailboats # _____ Length _____
 Rowboats # _____ Motorboats # _____ Motor H.P. # _____ Length _____

15. Swimming Pools: # _____
 Pool is Fenced and Locked When Not In Use Pool Depth is Marked
 There Are No Diving Boards There is No Swimming Without a Lifeguard on Duty

16. Lakes, Dams or Ponds on Premises? Yes No Please Describe: _____

Are They Used as Beaches for Swimming? Yes No Please Describe: _____

17. Activities or Classes Conducted or Sponsored by School:
 Auto Repair Mountain Climbing/Rappelling Scuba Diving
 Driver's Training Riflery
 Gymnastics Other _____

18. Trampolines or Rebounding Equipment Owned or Used? Yes No

19. Equestrian Program? Yes No If Yes, Number of Horses: Owned # _____ Non-owned # _____

20. Sports Offering – Interscholastic/Intramural:
 Basketball Football Soccer Wrestling
 Baseball/Softball Gymnastics Track Other
 Field or Ice Hockey Lacrosse Volleyball

21. Bleachers and Grandstands:
Outside: # _____ Capacity of Each: _____

22. Security Personnel:
a. Employees of the School? Yes No
Contracted from Outside Agency? Yes No
Used on a Regular Basis? Yes No If Yes, How Often? _____
Used just for Special Events? Yes No If Yes, How Often? _____
b. When Contracted Through an Outside Service, Are Certificates of Insurance Required? Yes No
c. How Many Security Personnel Are Armed? _____
How Frequently is Armed Personnel Required? _____

Educators Legal Liability Including Directors & Officers and Employment Practices Liability (Not Available in CT, DC, FL, NY and WA)

NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE COVERAGE

If Similar Coverage is Requested on an Umbrella Policy, Coverage Must be Specifically Requested on the Umbrella Application.

Limits Requested

Each Claim Limit: \$1,000,000 Aggregate Limit: \$ _____ (\$1M to \$5M Available)
ELL and D&O Deductible: \$5,000 EPL Deductible: \$10,000
Prior Educators Legal Liability, Directors and Officers and Employment Practices Liability Coverage Trigger: Select One
Retro Date for Prior Claims-Made Coverage for ELL/D&O: _____ Retro Date for EPL: _____
Any Interruptions of Educators Legal Liability, Directors and Officers, or Employment Practices Liability Claims-Made Coverage From the Proposed Retro Date? Yes No
If Yes, Provide Details Including Dates of Interruptions: _____

Employee Information

1. Number of Employees: Full-time: _____ Part-time: _____ Temporary: _____ Seasonal: _____
2. Total Number of Voluntary Terminations:
Current year: _____ Prior Year: _____ 2 Prior Years: _____
3. Total Number of Involuntary Terminations:
Current year: _____ Prior Year: _____ 2 Prior Years: _____

Prior Insurance and Claims Information

All Questions Answered "Yes" Require Further Explanation or Details in the Remarks Section or on an Attached Document.

1. Incurred Losses (Last 3 Years):

Date of Loss	Date Claim Made	Description of Incident or Claim	Amount Paid	Amount Reserved	Claim Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Report Additional Losses, if any, on an Attached Page.

2. Any Claims Pending Against Any Insured (Including Employees, Independent Contractors or Volunteers) of Which You or Any Other Director, Officer or Administrator are Aware? Yes No
If Yes, Have All Such Pending Claims Been Reported to the Prior Carrier? Yes No
If Any Pending Claims Have Not Been Reported to the Prior Carrier, Please Explain: _____
3. Any Employment Related Claims, Administrative Proceedings, Hearings, Demands or Lawsuits Been Made Against Any Entity or Person Proposed for this Insurance During the Past Three Years, Whether Insured or Not? Yes No
4. Any Incidents or Circumstances Known to You (or to Any Other Director, Officer or Administrator), That Have Not Yet Been Reported to the Prior Carrier, and for Which There is Reason to Believe That Such Incident or Circumstance May Give Rise to a Future Claim Under the Proposed Coverage? Yes No
If Yes, Please Explain: _____

Underwriting Information

1. Year the Educational Entity was Established and Started Operation: _____
2. Name of Organization That Applicant is Accredited With: _____
3. First Year Accredited: _____
4. Ever Lost Accreditation? Yes No
If Yes, Provide Date and Explain: _____
5. Has the Entity Ever Been Cited or Criticized by Any Accrediting or Regulatory Agencies? Yes No
If Yes, Please Explain: _____
6. Inspections or Monitoring by Any State or Federal Regulatory Agencies? Yes No
If Yes, Provide Name and Purpose of Agency: _____
7. Operating Under the Control of Any State or Federal Regulatory Agencies? Yes No
If Yes, Please Explain: _____
8. Any Past Incidents of Discrimination, Civil Rights Violations, Integration or Segregation? Yes No
If Yes, Please Explain: _____
9. Written and Established Policies or Procedures for:

Dismissal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Corporal Punishment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suspension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student Use of School Grounds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disciplinary Actions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Incident Reporting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Internet Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	Body Searches	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are all involuntary terminations reviewed by Human Resources? Yes No

- 11. Background Checks Conducted on the Following:**
- | | | | |
|---|--|--|--|
| Administrators, Deans, Managers, and Directors | <input type="checkbox"/> Yes <input type="checkbox"/> No | All Other Employees | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Teaching Faculty, Educators, Professors
Counselors, Nurses | <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No | Volunteers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of Tenured Faculty: _____ | | Number of Faculty on Track for Tenure: _____ | |
- 12. Is tenure granted?** Yes No
Have guidelines for tenure been reviewed by Legal Counsel: Yes No
- 13. Employment Application Used During the Hiring Process?** Yes No
- 14. Employment Application and/or Employee Handbook Including an "Employment At Will" Statement?** Yes No
- 15. Employee Handbook Distributed to all Employees?** Yes No
- 16. Do Employees Sign Verification They Received Handbook?** Yes No

Comments/Schedules

Name of Applicant:			
Policy No./Quote No.:	City:	State:	Zip:

INSURANCE FRAUD WARNING:

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 fact 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 AL, AR, CA, CO, DC, FL, LA, ME, MD, NM, NJ, OH, OK, OR, RI, TN, VA, VT, WA, and WV).

Fraud Statement to Alabama, Arkansas, Louisiana, Maryland, New Mexico, Rhode Island, and West Virginia

Applicants: 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 restitution, fines, or confinement in prison, or any combination thereof.

Fraud Statement to California Applicants: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Fraud Statement to Colorado Applicants: 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Fraud Statement to the District of Columbia Applicants: 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.

Fraud Statement to Florida Applicants: 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.

Fraud Statement to Oregon and Vermont Applicants: 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 fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Fraud Statement to Ohio Applicants: Any person who, with intent to defraud or knowing that he/she 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.

Fraud Statement to Oklahoma Applicants: WARNING: Any person who knowingly, and with intent to injure, 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.

Fraud Statement to Maine, Tennessee, Virginia, and Washington Applicants: 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.

ACKNOWLEDGEMENT AND SIGNATURES:

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

INSURED MUST SIGN THIS APPLICATION IN ORDER FOR IT TO BE VALID

Authorized Insured Representative:		Date:	
Print Name:		Title or Position:	
Agent No.:	Agency:	Producer's Signature:	License No.: