



SCHOOL (K-12) COMMERCIAL APPLICATION

www.aauins.com
800.866.3897

HOME OFFICE USE ONLY	
Policy No. _____	Policy Type _____
Original Date _____	Premium Received \$ _____
Account No. _____	Denomination Code _____

Directions to the Agent

- Required:**
- 2 pictures of each building (front and rear)
 - A current copy of the three-year loss run
 - A campus diagram showing distances between buildings and dimensions of each building
 - A current cost guide estimate for each building

1.	<input type="checkbox"/> Quote needed by _____	<input type="checkbox"/> Bound (attach copy of binder)
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 Issued: _____	

Common Policy Information

1. Issue effective _____ Expiration _____

2. Remittance with app \$ _____
Pay Mode: Select One _____
* Complete the "Authorization for EFT Monthly Bill Payment Plan" and "EFT Financial Account Information" forms.

3. Insured is (First Named Insured and other Named Insureds): _____

4. Mailing Address: Street _____
City _____ State _____ Zip _____
Web site: _____ E-mail: _____

5. Insured is: Select One _____

6. Interest is: Select One _____ If Other (Describe) _____ Profit Nonprofit

7. Denomination Affiliation: _____

8. Number of Employees: _____

9. a. Has the insured had any coverage declined or nonrenewed within the last 3 years? Yes No
Missouri applicants – do not answer this question. Any application received for a Missouri applicant that has this question answered will have to be returned as it can no longer be accepted due to the state law.

If "yes," please explain: _____

b. Enter all claims from the past five years or attach loss runs from the previous carrier. Indicate "none" if no claims.

Date of Loss	Policy Type	Description of Claim	Amount Paid	Deductible Applied

10. Past Carrier Information

Name of Carrier	Renewal Date	No. of Years	Policy Type	Annual Premium
				\$
				\$
				\$

Agent Number: _____

Commercial Property Coverage Part

1. Description of Property – **(Please complete the Commercial Property Coverage Part Building Schedule)**
2. \$500 Deductible unless indicated otherwise \$ _____ Blanket Coverage Limit \$ _____
 90% Coinsurance unless indicated otherwise Select One \$ _____
Select One (Blanket Amount)
3. Number of Mortgagees: _____ If more than one, complete separate schedule -
 Identify Premises and Building. No. _____ Loan # _____
 Name and Address: _____
4. Time Element Coverages:
 - Business Income: Without Extra Expense \$ _____ Coinsurance Select
 Include Tuition Fees: Select one
 - With Extra Expense \$ _____ Coinsurance Select
 Include Tuition Fees: Select one
 - Business Income Including Rental Value Business Income other than Rental Value Rental Value
 - Extra Expense Only \$ _____ Limits of Loss Payment Select One
 If coverage is not blanketed, please provide specific schedule.
5. 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.
6. Additional Coverages and Endorsements: _____

Commercial Property Coverage Part Building Schedule

Location of Premises

1. (1) _____ Zip _____
 (2) _____ Zip _____
 (3) _____ Zip _____
 (4) _____ Zip _____

2. Building and Personal Property – Limits and Rating Information

Values: Select	Risk No	Risk No	Risk No	Risk No
	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____
Building	\$	\$	\$	\$
Personal Property	\$	\$	\$	\$
<input type="checkbox"/> Replacement Cost	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.
<input type="checkbox"/> Actual Cash Value	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.
<input type="checkbox"/> Inflation Protection	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.
<input type="checkbox"/> Agreed Value	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.
Green Upgrade Coverage	<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
Construction				
Year of Construction				
Occupancy				
Protection Class				
County				
Miles to Fire Dept.				
Feet to Hydrant				
Name of Fire Dept.				
Inside City Limits	<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

Institutional Property Survey

BUILDING INFORMATION	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____
Area: Total without Basement				
Basement Square Footage				
Number of Stories				
Date of Upgrading for Heat/Air Cond.	/	/	/	/
Electrical System				
Date of last electrical System Inspection				
Date of last Wiring Update/Inspection				
Date of last Plumbing Update/Inspection				
Date of last Roof Maintenance/inspection				
Are there any known structural concerns with the building?	<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
Grounded Lightning Protection (Steeple/Bell Tower)?	<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
Surge Suppression Equipment?	<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
PROTECTION	<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
Servicing of Extinguishers	Date	Date	Date	Date
Sprinkler System				
Commercial Kitchen	<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
Automatic Suppression System Over Cooking Surfaces	<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
Alarms: Smoke Detectors on each floor				
Heat Detectors				
Pull Alarms				
Central Detectors				
Burglar Alarms				
Name of Responding Company				Phone No.
Building on Historical Register	<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
Premises Inspected	<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
Recommendations Made:				

Commercial Property Coverage Part Building Schedule

Premises Address

1. (5) Zip
- (6) Zip
- (7) Zip
- (8) Zip

2. Building and Personal Property – Limits and Rating Information

Values: Select	Risk No	Risk No	Risk No	Risk No
	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____
Building	\$	\$	\$	\$
Personal Property	\$	\$	\$	\$
<input type="checkbox"/> Replacement Cost	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.
<input type="checkbox"/> Actual Cash Value	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.
<input type="checkbox"/> Inflation Protection	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.
<input type="checkbox"/> Agreed Value	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.
Green Upgrade Coverage	<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
Construction				
Year of Construction				

Commercial Property Coverage Part Building Schedule (Continued)

Occupancy				
Protection Class				
County				
Miles to Fire Dept.				
Feet to Hydrant				
Name of Fire Dept.				
Inside City Limits	<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

Institutional Property Survey

BUILDING INFORMATION	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____
Area: Total without Basement				
Basement Square Footage				
Number of Stories				
Date of Upgrading for Heat/Air Cond.	/	/	/	/
Electrical System				
Date of last electrical System Inspection				
Date of last Wiring Update/Inspection				
Date of last Plumbing Update/Inspection				
Date of last Roof Maintenance/inspection				
Are there any known structural concerns with the building?	<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
Grounded Lightning Protection (Steeple/Bell Tower)?	<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
Surge Suppression Equipment?	<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
PROTECTION	<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
Servicing of Extinguishers	Date	Date	Date	Date
Sprinkler System				
Commercial Kitchen	<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
Automatic Suppression Systems over cooking surfaces	<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
Alarms: Smoke Detectors on each floor				
Heat Detectors				
Pull Alarms				
Central Detectors				
Burglar Alarms				
Name of Responding Company	Phone No.			
Building on Historical Register	<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
Premises Inspected	<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
Recommendations Made:				

Commercial Property Coverage Part Building Schedule

Premises Address

1.	(9)		Zip
	(10)		Zip
	(11)		Zip
	(12)		Zip

2. Building and Personal Property – Limits and Rating Information

	Risk No	Risk No	Risk No	Risk No
Values: Select	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____
Building	\$	\$	\$	\$
Personal Property	\$	\$	\$	\$
<input type="checkbox"/> Replacement Cost	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.
<input type="checkbox"/> Actual Cash Value	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.
<input type="checkbox"/> Inflation Protection	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.
<input type="checkbox"/> Agreed Value	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.
Green Upgrade Coverage	<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
Construction				
Year of Construction				
Occupancy				
Protection Class				
County				
Miles to Fire Dept.				
Feet to Hydrant				
Name of Fire Dept.				
Inside City Limits	<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

Institutional Property Survey

	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____
BUILDING INFORMATION				
Area: Total without Basement				
Basement Square Footage				
Number of Stories				
Date of Upgrading for Heat/Air Cond.	/	/	/	/
Electrical System				
Date of last electrical System Inspection				
Date of last Wiring Update/Inspection				
Date of last Plumbing Update/Inspection				
Date of last Roof Maintenance/inspection				
Are there any known structural concerns with the building?	<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
Grounded Lightning Protection (Steeple/Bell Tower)?	<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
Surge Suppression Equipment?	<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
PROTECTION	<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
Servicing of Extinguishers	Date	Date	Date	Date
Sprinkler System				
Commercial Kitchen	<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
Automatic Suppression Systems over cooking surfaces	<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

Institutional Property Survey (Continued)

Alarms: Smoke Detectors on each floor				
Heat Detectors				
Pull Alarms				
Central Detectors				
Burglar Alarms				
Name of Responding Company	Phone No.			
Building on Historical Register	<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
Premises Inspected	<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
Recommendations Made:				

Comments

Inland Marine Coverage Part

1. Attach schedule for each coverage indicated. Show location, description (model #, etc.) and value for each item.
- | | |
|--|---|
| <input type="checkbox"/> \$250 Ded. unless indicated otherwise \$Select _____ | <input type="checkbox"/> Data Processing Equipment Coverage \$ _____ |
| <input type="checkbox"/> Accounts Receivable (non-rptg only) \$ _____ | <input type="checkbox"/> Maintenance Equipment Coverage \$ _____ |
| <input type="checkbox"/> Commercial Articles Coverage _____ | (\$5,000 Maximum) |
| <input type="checkbox"/> Musical Instruments \$ _____ | <input type="checkbox"/> Neon and Electric Sign Coverage \$ _____ |
| <input type="checkbox"/> Photographic Equipment \$ _____ | <input type="checkbox"/> Scheduled Property Endorsement \$ _____ |
| <input type="checkbox"/> Fine Arts \$ _____ | Select One |
| <input type="checkbox"/> Blanket Coverage for Fine Arts \$ _____ | <input type="checkbox"/> Valuable Papers & Records \$ _____ |
| <input type="checkbox"/> Breakage Coverage for Fine Arts \$ _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Contractors Equipment Coverage \$ _____ | _____ |
| _____
Select _____ | _____ |
2. Builders' Risk
- a. Are any buildings currently under construction? Yes No Amount of Contract: \$ _____
- b. Are current plans being discussed for new construction or alternations? Yes No
- c. Completed CP-11941 – Builder's Risk Supplemental Application is required when a building project is being considered.

Liability Coverage Part

A. LIMITS OF INSURANCE Occurrence/Aggregate Limit

Select One

Damage to Premises Rented To You Limit: Occurrence Limit

Medical Expense Limit per accident (select one option) Select One

Lost Wages: \$ _____

Hired and Non-Owned Automobile Liability.

* Corporal Punishment -- Number of Teachers: _____ Number of Administrators: _____

SEND CORPORAL PUNISHMENT GUIDELINES. Coverage is subject to review and approval of Insured's procedures. Not available on Day Nursery.

Employee Benefits Liability

Student Medical Coverage Yes No

Day Nursery Medical Coverage Yes No

Interscholastic Athletics Medical Coverage Yes No Number of Athletes _____

Directors and Officers Including Educators Legal Liability. Retro Date: _____ (mm/dd/yyyy) +++

NOTE: Coverage is non-binding subject to completion of the D&O/ELL Supplemental Application.

Employment Practices Liability (Occurrence/Aggregate)

\$100,000 \$200,000 \$250,000 \$300,000 \$500,000 \$750,000 \$1,000,000

NOTE: Coverage greater than \$500,000 or 25 employees is non-binding subject to approval of the EPL Supplemental Application.

Retention \$0 unless otherwise indicated: \$5,000 \$10,000

Retro Date: _____ (mm/dd/yyyy) +++

Are there any interruptions of claims-made coverage from the proposed retroactive date? Yes No. If yes, submit written details including the dates of such interruptions.

Counselors Liability Coverage:

Number of Counselors: _____

Number of Licensed Counselors: _____

Number of Fee Based Counselors: _____

NOTES:

- The Counselors Liability Supplemental Application must be submitted for quote or issue.
- If a Counselor has both a license and charges a fee, please include within the fee based counseling only. Licensed Ministers do not need to be included if they do not charge a fee.

Other _____

+++ Retro dates on claims-made coverage options will match the policy effective date unless a retro date is listed on the application. Retro dates over three years old should be referred to the underwriter for approval.

B. LIABILITY SURVEY

1. Indicate total student enrollment: K-8 _____ 9-12 _____ Day Nursery _____

2. Is this a state/county licensed operation? Yes No

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. School is accredited (list accrediting organization _____) or teachers have four year teaching degrees **or** teachers have four year degree and are state certified **or** the school has been in operation for a minimum of 10 years.

Liability Coverage Part (Continued)

6. Indicate the number of:
 Teachers _____ Psychologists _____ Student Nurses _____ Nurses _____
 School Business Administrators: _____ Principals: _____ Other: _____
 Full-time _____ Full-time _____
 Part-time _____ Part-time _____

7. Staff members or volunteers are part of a mandatory community services program, e.g., doing community service in lieu of going to prison.

8. Is there any infirmary? Yes No Hours available: _____

9. Is there a written, formal emergency safety program? Yes No

10. Dormitories:

	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____
# of students per floor				
2 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
Alarm Systems	Select	Select	Select	Select
	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____	Premises No. ____ Bldg. No. ____
# of students per floor				
2 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
Alarm Systems	Select	Select	Select	Select

11. a. Are residents of school dormitories required to hold the school harmless for damage to the residents' property by a signed agreement? Yes No

b. Are residents of school dormitories advised to carry appropriate insurance coverage on their personal property? Yes No

12. How often are trips taken outside the Continental U.S.? _____

Points of Destination _____

13. List all premises leased, rented or occupied, by, but not owned by, the applicant.

Address	Occupancy	% Occupied by Insured	Estimated Building Value(s)
			\$
			\$

14. List space rented to or used by others.

Address	Occupants	Square Feet Used	Frequency

Are Certificates of Insurance required? Yes No

15. Indicate exposures and provide details: Contractual Host Liquor Advertising Publishing

Snowmobiles Mobile Equipment, e.g., Cherry Pickers

16. List all aircraft owned, leased, chartered and/or repaired. Are hired or borrowed aircraft ever used?

17. Boats – Owned: Canoes # ____ Sailboats # ____ Length ____
 Rowboats # ____ Motorboats # ____ Motor H.P. # ____ Length ____

Liability Coverage Part (Continued)

18. 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
19. Lakes, dams or ponds on premises? Yes No Please describe: _____

 Are they used as beaches for swimming? Yes No
20. Activities or classes conducted or sponsored by school:
 Archery Gymnastics Riflery Snow Skiing
 Auto Repair Horseback Riding Scuba Diving Swimming
 Driver's Training Mountain Climbing/Rappelling Shop Class with Power Tools Other
21. Broadcasting: Radio Payroll: _____ Broadcast area _____
 TV Program hours: Live _____ Prerecorded _____
 Program content: _____
22. Sports offerings – Interscholastic/Intramural:
 Basketball Football Soccer Volleyball
 Baseball/Softball Gymnastics Swimming Wrestling _____
 Field or Ice Hockey Lacrosse Track/Cross Country Other _____
23. Bleachers and Grandstands? Yes No
 Outside #: _____ Capacity of each: _____
24. Trampolines or *rebounding equipment* owned or used? Yes No
25. Equestrian program? Yes No If Yes: Owned Non-Owned Number of Horses: _____
26. Security personnel:
 a. Employees of the school? Yes No
 Contracted from outside agency? Yes No
 Used on a regular basis? Yes No How often? _____
 Used just for special events? Yes No 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 are armed personnel required? _____
27. Maximum student to teacher ratio is 25 to 1.
28. Exposure is: Public School Vocational School Trade School Home School
29. Appropriate Fire Marshall Inspection Report and evidence of any remediation is on file.
30. Additional School Care:
 Before and/or After School Care (total number of children): _____
 Summer Day Camp Programs (total number of children): _____

Day Nursery Information (including Preschool)

A. General Information

1. Appropriate Fire Marshall Inspection Report and evidence of any required remediation are on file.
2. The day nursery is run by the insured?
3. Square footage of the building area used _____
4. Appropriate licensing requirements are met (e.g. state, county, city, etc.)
 If there are no licensing requirements, the minimum enrollment is 25.
5. Day care is provided in a residence.
6. Days and hours of operation:

7. Age Group	Adult/Child Ratio	Age Group	Adult/Child Ratio
2 weeks to 2 years	_____	5-10 years	_____
2 years	_____	10+ years	_____
3 years	_____	Adult Day Care	_____
4 years	_____		

8. Total number of children on premises at any given time: _____
9. Properly functioning UL-listed smoke detectors are installed in each room.
10. Properly functioning Carbon Monoxide (CO) detectors are installed.

B. Safety Information:

1. A written policy outlining the entity's fire protection program exists and routine fire drills are performed.
2. Emergency evacuation procedures are in effect (tornado, earthquake, etc.)
3. Strictly enforced guidelines are in effect for the authorized pick-up of children.
4. Electrical Outlets have cover protectors.

C. Medical Practices:

1. Medicines are kept in appropriately locked cabinets, procedures for their distribution are in place.
2. Record of injuries and action taken exists.
3. Parents sign permission slips authorizing emergency medical transportation or treatment.
4. Two on-duty staff members are certified in CPR and First Aid.

D. Personnel Information:

1. Written employment practices exist.
2. Corporal punishment is administered.

Agent Instructions: Complete this box when using this page as a "supplemental" application		
Policy No. _____	Name Insured _____	
Effective Date _____	Agent # _____	

Sexual Misconduct Liability

IF COVERAGE IS DESIRED, THE SUPPLEMENTAL SEXUAL MISCONDUCT QUESTIONNAIRE MUST BE COMPLETED AND SIGNED, OTHERWISE THE POLICY WILL BE ISSUED WITHOUT MISCONDUCT COVERAGE.

1. Does your organization have a formal written policy that includes procedures designed to prevent acts of sexual misconduct? Yes No
 - If yes, does your policy include a procedure in which you ask employees and volunteers if they have ever been accused of, participated in, or been convicted of sexual misconduct? Yes No
 - If no, would you be willing to implement a policy that includes employee/volunteer screening, risk management and claims response programs if the materials for setting this up were provided to you? Yes No
2. Are all employees, and those volunteers involved with any activity involving a minor (anyone under the age of 18), required to sign a release from which you keep on file that allows you to request a criminal background check? Yes No
3. Do you conduct criminal background and reference checks on employees and volunteers? Yes No
 - If yes, **check all that apply for employees and all that apply for volunteers.** For purposes of this question, a volunteer is anyone involved in a Nursery or School, or overnight activity involving minors, counseling of minors, or one-on-one mentoring of minors.

For employees we conduct:

Nationwide criminal background checks on ALL employees

Reference checks* on ALL employees

No criminal background checks on employees

No reference checks* on employees

Other _____

For volunteers we conduct:

Nationwide criminal background checks

Statewide criminal or statewide sexual offender background checks

Reference checks* on volunteers

No criminal background checks on volunteers

No reference checks* on volunteers

Other _____

* The reference check includes contacting, at a minimum, two organizations in which the applicant has worked with minors in the past e.g. other churches, scouts, etc.

4. Do you require that all volunteers be involved with your organization for at least six months before they are allowed in any position involving contact with minors? Yes No
5. Do you require that no minor is ever alone with only one adult on church premises or in any church-sponsored activity unless in a counseling situation. Yes No
6. Do you have a written response program in the event that a sexual misconduct event occurs? Yes No
7. Have you or any of your representatives ever submitted a claim for sexual misconduct liability to any insurer? If "yes," submit a detailed written explanation of the event. Yes No
8. Have any of your past or present ministers, employees, or volunteers ever been accused, charged, convicted, had a claim for damages submitted against, or sued in civil court for any type of sexual misconduct? If "yes," identify the person and submit a detailed written account. Yes No
9. Have you or any of your representatives ever received a complaint alleging sexual misconduct against any of your ministers, employees, or volunteers, even if no claim was ever submitted. If "yes," submit a detailed written explanation. Yes No
10. Have you or any of your representatives ever received a report, or investigated any event of alleged sexual misconduct against any of your ministers, employees, or volunteers, even if no claim was ever submitted? Yes No. If "yes," submit a detailed written account.

Sexual Misconduct Liability (continued)

- 11. Do you or any of your representatives have any investigation or inquiry pending at the time of this application, or knowledge of any information which may lead to an investigation or inquiry, regarding an event or occurrence of sexual misconduct involving you, or your officers, directors, trustees, elders, ministers, employees, or volunteers? If "yes," submit a detailed written account.
 Yes No

- 12. Has your insurance agent explained the GuideOne requirements for carrying Sexual Misconduct coverage at these limits and, if you are not currently in compliance, will you be working on a written plan that will incorporate all of the requirements so that they can be implemented within the next 6 months? (GuideOne may require a copy of your written plan for their file. Failure to provide evidence of compliance will result in a reduction in Sexual Misconduct coverage). Yes No

THE APPLICANT ACKNOWLEDGES THAT THE FOREGOING DISCLOSURES AND REPRESENTATIONS ARE DEEMED TO BE MATERIAL, AND THAT GUIDEONE INSURANCE IS RELYING UPON THE ACCURACY AND COMPLETENESS OF SAID DISCLOSURES AND REPRESENTATIONS IN REACHING A DECISION TO ISSUE SEXUAL MISCONDUCT LIABILITY COVERAGE TO THE APPLICANT. THIS SUPPLEMENTAL APPLICATION IMPOSES AN AFFIRMATIVE DUTY TO MAKE FULL AND FAIR DISCLOSURES UPON THE APPLICANT. THE INSURED IS OBLIGATED TO REPORT ANY CHANGES IN ANY OF THE FOREGOING RESPONSES TO THE COMPANY.

Sexual Misconduct Coverage _____

Occurrence/Aggregate Limit ____

* This coverage is non-binding.

Claims-made Coverage

- 1. Retroactive Date: _____ (mm/dd/yyyy) +++
 - 2. Are there any interruptions of claims-made coverage from the proposed retroactive date? Yes No
 If "yes," submit written details including the dates of such interruptions.
 - 3. Are any claims pending of which you or any ++authorized person are aware? Yes No If "yes," submit a detailed explanation.
 - 4. Are there any incidents or circumstances known to you or any ++authorized person, that have not yet been reported to the prior carrier, and for which there is a reason to believe that such incident or circumstance may give rise to a future claim under the proposed coverage? Yes No. If "yes," submit a detailed explanation.
- +++ Retro dates on claims-made Sexual Misconduct coverage will match the policy effective date. Refer requests for a retro date prior to the policy effective date to the underwriter for review.

++Authorized Person

Print name and title or position e.g. Pastor or Board Member

Date

++ Authorized person means any employee that is elected, appointed or authorized to give or receive notice of a claim, offense, incident, or circumstance.

Commercial Crime Coverage Part

Employee Dishonesty

Blanket \$ _____
 Schedule \$ _____ Positions and No. of employees for each _____
 \$ _____ (additional) – Provide schedule of employees

Forgery and Alteration \$ _____

Theft, Disappearance and Destruction (Form C)

Inside \$ _____ Outside \$ _____

Other _____

Institutional Crime Survey

1. Number of officers and employees who handle or have custody of money. _____
 Number of all other employees. _____
2. Does a guard regularly accompany the person taking the deposit to the bank? Yes No
 # of messengers used for deposits: _____ # of guards/messengers: _____
3. Is a safe used? Yes No Underwriter Lab approved? Yes No Classification _____
4. Is a burglar alarm system in use? Yes No Underwriter Lab approved? Yes No
 (Send copy of unexpired U.L. certificate for possible discount on either of the above.)
5. Audits:
 - a. All premises audited? Yes No Frequency: Cash & Accounts _____ Inventory of Supplies _____
 - b. Auditors: Select One _____ If Other, explain: _____
 - c. Are audit reports rendered directly to the Board of Trustees? Yes No
6. Does the Insured currently have an Employee Dishonesty Bond? Yes No
 If Yes, what is the limit of coverage? \$ _____
 If an increased limit of coverage is being requested or this is a request for a new bond, a copy of the latest "Auditor's Opinion" letter is required.
7. Check countersignature procedure:
 - All checks countersigned by (positions) _____
 - All checks above \$ _____ countersigned by (positions): _____
 - Do not require countersignature.
8. Are bank accounts reconciled by someone who is not authorized to make deposits or withdrawals? Yes No
9. Will money and securities be subject to joint control by two or more responsible employees? Yes No
 If yes, what positions have authority? _____
10. Will new employees complete and sign personal applications, including a record of employment? Yes No

Comments/Schedules

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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.: