

Member Companies of Western World Insurance Group

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Application
For
Schools

1. Name of School _____
Street address _____
City _____ State _____ Zip _____
Applicant's Web Site Address _____
2. Type of School Public Private Urban Trade/Vocational*
 For Profit Elementary Junior High High School College/University
 Non Profit Suburban Other _____ Medical/Vocational*
* Provide list of courses/brochure
3. Date established: _____ 4. Policy Period _____
5. Address of additional location to be insured (If same as above, write "Same").
Street address _____
City _____ State _____ Zip _____
Web Site address: _____
6. Number of students licensed for: _____
Average daily attendance _____
7. Hours of operation:

| | | |
|---------|-------|-------|
| | From | To |
| Day | _____ | _____ |
| Evening | _____ | _____ |
8. Annual Gross Sales (If for Profit) \$ _____ or Budget (If Not for Profit) \$ _____
9. Last inspected by (State/Municipality) _____ on ____/____/____ (Date)
Any violations? If yes, please provide full details on separate sheet of paper. Yes No
10. Describe all buildings, including dormitories. Use additional paper, if needed.
(A) Number of stories _____ Total square footage of building _____
(B) Construction of building _____
(C) Type of fire protection system _____
(D) The emergency evacuation plan _____
(E) Proposed new construction _____
(F) Cafeteria? Yes No If yes, with cooking facilities? Yes No
Ansul system over cooking surface? Yes No
(G) Ratio of on-duty staff to students _____

| | | | | |
|------------------------|------------------|-------|-------|-----------------|
| 11. Number of students | AGE GROUP | DAY | NIGHT | NO. OF TEACHERS |
| | 5 Thru 12 Years | _____ | _____ | _____ |
| | 13 Thru 18 Years | _____ | _____ | _____ |
| | Over 18 Years | _____ | _____ | _____ |

12. Do you accept handicapped students? Yes No
 If yes, state the number and degree of handicap # _____ Degree _____
 Certification/Training of Teachers/Staff _____

13. Please check the applicable equipment/activities:

| | | |
|--|---|--|
| <input type="checkbox"/> Pool | Size: _____ X _____ FT. | Depth: From _____ FT. to _____ FT. |
| <input type="checkbox"/> Diving Board | Height: _____ FT. | <input type="checkbox"/> Slide(s) Pool |
| <input type="checkbox"/> Tennis Courts | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Sandbox |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Baseball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Hockey | <input type="checkbox"/> Boxing | <input type="checkbox"/> Football |
| <input type="checkbox"/> Dive Team | <input type="checkbox"/> Other (List) _____ | <input type="checkbox"/> Slides |
| | | <input type="checkbox"/> Fencing |
| | | <input type="checkbox"/> Swings |
| | | <input type="checkbox"/> Trampoline |
| | | <input type="checkbox"/> Gymnastics |
| | | <input type="checkbox"/> Softball |
| | | <input type="checkbox"/> Jungle Gym |

Do you carry a Student Accident Policy? Yes No If yes, for all sports? Yes No
 Carrier _____
 Limits _____

14. Do you have an extended day program? Yes No Number of Students _____
 Hours of operation? From _____ to _____

15. Describe hiring procedures for **all** employees, including aides, attendants, custodial, etc. _____

16. Describe all "on the job" or off premises training/activities.*

*Attach copies of all contractual agreements including those involved in off-premises training.

17. Any dormitory facilities, fraternities and/or sororities? Yes No

18. Will students work under the direction of someone other than the insured? Yes No

19. Do you allow outside groups to use your premises? Yes No
 If so, are certificates of insurance obtained/required? Yes No

20. Are bus services provided? Yes No By the insured or independent contractors?
 If independent contractors, are certificates of insurance requested?

21. Property information (if applicable):
 Building: Construction type _____ Protection class _____
 Year built _____
 Year of update: Wiring _____ Plumbing _____ Heating _____ Roof _____

Protective Safeguards: Sprinklers _____ %
 Fire Alarms Yes No
 Burglar Alarm Yes No

Smoke detectors: Yes No
 If yes, central station _____ or local gong _____?
 If yes, central station _____ or local gong _____?

| SUBJECT OF INSURANCE | AMOUNT | COINS% | VALUATION | CAUSES OF LOSS | DEDUCTIBLE |
|----------------------------|--------|--------|-----------|----------------|------------|
| Building | | | | | |
| Business Personal Property | | | | | |
| Tool Floater* | | | | | |

*Any one floater item valued over \$1,000 must be scheduled.

22. LIMITS OF INSURANCE REQUESTED:

General Aggregate Limit (Other than Products-Completed Operations) \$ _____
 Products-Completed Operations Aggregate Limit \$ _____
 Personal and Advertising Injury Limit \$ _____ any one person or organization
 Each Occurrence Limit \$ _____
 Damage to Premises Rented to You (up to \$50,000 limit available) \$ _____ any one premise
 Medical Expense Limit (up to \$5,000 limit available) \$ _____ any one person
 Each Professional Incident Limit (if applicable) \$ _____

Effective Dates Desired: From _____ To _____

23. Has applicant had previous insurance for this school? If yes, please complete the following. Yes No

| Insurance Company | Policy Period | Limits of Liability | Premium | Type of Coverage | Occurrence or Claims Made |
|-------------------|---------------|---------------------|---------|------------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

24. During the past **five years**, have any claims been presented to your current or prior insurance carrier(s)? If yes, please provide full details. Include description of claim, amounts paid, and reserves. (Attach page if more space is needed) Yes No

25. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? If yes, please provide full details. Yes No

26. Has applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or non-renewed in the past three years? If yes, please provide full details. Yes No

27. If sexual molestation coverage desired, please complete Sexual Molestation Supplemental Application, A-71.

Applicant's Signature: _____

Date: _____

Title: _____

Producing Agent: _____