



# APPLICATION FORM – BOARD OF EDUCATION LIABILITY INSURANCE

This is an Application Form for insurance relating to claims made against the Insured during the Policy Period.

## ALL QUESTIONS MUST BE ANSWERED

1. (a) Name of Applicant: (Educational Entity) \_\_\_\_\_  
 \_\_\_\_\_
- (b) Address: \_\_\_\_\_  
 \_\_\_\_\_
2. (a) Date of Incorporation: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_
- (b) Conducted business continuously since: \_\_\_\_\_
- (c) Is the Applicant – please indicate:
- |   |  |
|---|--|
| (i) <input type="checkbox"/> School Board               | (vi) <input type="checkbox"/> College or CEGEP                     |
| (ii) <input type="checkbox"/> Private Elementary School | (vii) <input type="checkbox"/> University                          |
| (iii) <input type="checkbox"/> Private Secondary School | (viii) <input type="checkbox"/> Vocational School (describe) _____ |
| (iv) <input type="checkbox"/> Public Elementary School  | (ix) <input type="checkbox"/> Other: _____                         |
| (v) <input type="checkbox"/> Public Secondary School    | _____  |
- (d) (i) Limit of Liability requested: \_\_\_\_\_
- (ii) Deductible requested: \_\_\_\_\_

## THE EDUCATIONAL ENTITY

3. (a) Indicate the number of members comprising the Board of Directors \_\_\_\_\_ and attach as **Appendix "B"** a list of Directors of the Educational Entity showing their names, occupations and official titles.
- (b) The Board of Directors are:  Elected  Appointed  Both
- (i) If elected, by whom: \_\_\_\_\_
- (ii) If appointed, by whom: \_\_\_\_\_
- (c) How long is the term of office for Board Members? \_\_\_\_\_
- (d) In addition to the Board of Directors for the Educational Entity, are there any other operations or boards which should be included under the policy?  Yes  No
- If Yes, please provide name and description of operations: \_\_\_\_\_

Note: Only boards whose activities benefit the Insured can be added to the policy.

4. (a) (i) Total current budget: \$ \_\_\_\_\_
- (ii) Current year surplus: \$ \_\_\_\_\_ or deficit: \$ \_\_\_\_\_
- (iii) Accumulated surplus: \$ \_\_\_\_\_ or deficit: \$ \_\_\_\_\_
- (b) (i) Total amount bond authority: \$ \_\_\_\_\_
- Total present bonds issued, if any: \$ \_\_\_\_\_
- (c) (i) Total current student enrollment: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_
- (ii) Total international student enrollment: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_
- (iii) Expected student enrollment next year: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_
- (d) Do you have an international/exchange teacher program?  Yes  No
- If Yes, total number of teachers: \_\_\_\_\_

(e) Do you provide student housing?  Yes  No  
 If Yes, please indicate number of students provided accommodation: \_\_\_\_\_

(f) (i) Total number of buildings on school grounds: \_\_\_\_\_  
 (ii) Number of school buildings used for educational instruction: \_\_\_\_\_  
 (iii) Average number of students per class: \_\_\_\_\_

(g) (i) Total number of teachers: employed \_\_\_\_\_  
 under contract \_\_\_\_\_  
 (ii) Total number of other employees: \_\_\_\_\_  
 (iii) Total number of volunteers: \_\_\_\_\_

5. Does the Applicant have the following in current use and practice:

(a) a written program addressing the prevention of:

(i) legally prohibited discrimination (including that based on disabilities)  Yes  No  
 (ii) harassment (sexual or workplace)  Yes  No

(b) a written procedure for the handling of complaints of discrimination or harassment?  Yes  No  
 If No, how do you currently handle complaints? \_\_\_\_\_

(c) a protocol for background checks on employees/volunteers?  Yes  No

(d) written procedures for termination of employees?  Yes  No  
 If No, what is your current discipline or practice? \_\_\_\_\_

6. (a) Does the Applicant provide any services to outside third parties (parties other than staff or students)?  Yes  No

(b) Complete the attached form, **Appendix "A"**, for all persons employed by the Applicant who are members of a professional corporation or association as recognized by Federal or Provincial Legislation. This list should include doctors, nurses, psychologists, lawyers, engineers, dentists, architects and accountants, plus any other professions regulated by a recognized professional corporation or association. For those professionals who provide services to outside third parties please provide a detailed description of the service provided and to whom provided.

**PRIOR INSURANCE / PAST ACTIVITIES**

7. (a) Does the Applicant currently carry general liability insurance?  Yes  No  
 If Yes, does the policy provide coverage for personal injury?  Yes  No

(b) Provide details of the Educational Entity's current or expiring coverages.

	Name of Insurer	Limit of Policy	Deductible/Retention	Policy Period	Claims History
General Liability Insurance					
Directors' and Officers Liability Insurance					
E & O Liability Insurance					
Employment Practices Liability Insurance					
Board of Education Liability Insurance					

8. Has any school been closed or school activities disrupted during the past three years?  Yes  No  
If Yes, provide details: \_\_\_\_\_
9. Has the Educational Entity or any person(s) applying for this insurance given written notice under the provisions of any prior or current liability insurance policies, similar to that now proposed, of any claim made or any specific circumstances which may be expected to give rise to a claim being made?  Yes  No  
If Yes, provide details: \_\_\_\_\_
10. Has similar insurance on behalf of the Educational Entity been declined or cancelled or renewal thereof refused?  Yes  No  
If Yes, provide details: \_\_\_\_\_
11. Have any loss payments been made on behalf of any person(s) or entity(ies) proposed for this insurance under any insurance policy similar to that now proposed?  Yes  No  
If Yes, provide details: \_\_\_\_\_
12. Has any claim been made or is now pending against any person(s) or entity(ies) proposed for this insurance which would have fallen within the scope of such insurance had insurance similar to that now proposed been in force?  Yes  No  
If Yes, provide details: \_\_\_\_\_

**THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTIES TO THE INSURER**

13. Is any person proposed for this insurance cognizant of any Wrongful Act which she/he has reason to suppose might afford grounds for any claim falling within the scope of the proposed insurance?  Yes  No  
If Yes, provide details: \_\_\_\_\_
14. No fact, circumstance or situation indicating the possibility of a claim against which indemnification would be afforded by the proposed insurance is now known to any person(s) or entity(ies) applying for this insurance other than which is disclosed in this Application Form.  
It is specifically agreed by all concerned that if any person(s) or entity(ies) applying for this insurance has any knowledge of any such fact, circumstance or situation, any claim subsequently emanating therefrom will be excluded from coverage under the proposed insurance.

**DECLARATIONS AND SIGNATURE**

15. The undersigned is duly authorized to make representations and to sign on behalf of all person(s) or entity(ies) applying for this insurance, and declares that the statements herein are true.  
Signing of this Application Form does not bind the Insurer to complete the insurance, but it is agreed that this Application Form will be the basis of the contract should a policy be issued, and that this Application Form will be attached to and become a part of such policy, if issued.  
The Insurer is hereby authorized to make any investigation and inquiry in connection with this application as it may deem necessary.
16. It is warranted that the particulars and statements contained in the Application Form for the policy and any materials submitted herewith (which will be retained on file by the Insurer and which will be deemed attached hereto, as if physically attached hereto), are the basis for the policy and are to be considered as incorporated into and constituting a part of the policy.
17. It is agreed that in the event that there is any material change in the answers to the questions contained herein prior to the effective date of the policy, the Educational Entity will notify the Insurer and, at the sole discretion of the Insurer, any outstanding quotations may be modified or withdrawn.
18. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present application for insurance.

**N.B. COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION FORM HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Educational Entity**

\_\_\_\_\_  
**Duly authorized signing Officer**  
*(print in block letters)*

\_\_\_\_\_  
**Signature of the duly authorized signing Officer**

**COPIES OF THE FOLLOWING INFORMATION MUST BE ENCLOSED WITH THIS APPLICATION:**

- (i) MOST RECENT ANNUAL REPORT INCLUDING CONSOLIDATED AUDITED FINANCIAL STATEMENTS**
- (ii) BROCHURES, CALENDAR OF EVENTS AND/OR ENROLLMENT PACKAGE**

