



4600 Cox Road, Glen Allen, VA 23060
(800) 431-1270 Fax (804) 527-7966

Schools Questionnaire

(To be attached to ACORD applications)

NAMED INSURED: _____

Insured's E-mail address: _____

Insured's Website address: _____

Please attach the following:

- | | |
|--|--|
| ACORD Applications (For all lines of coverage to be written) | Loss Runs |
| Statement of Values (For blanket &/or agreed amount property coverage) | Brochure, Handbook, Student Application |
| Financial Statement (Mandatory for Vocational & Charter schools) | Other Applicable Supplemental Questionnaires |

This application consists of the following sections:

Section I – General Information

Section II – Trade/Vocational Schools

Section III – Charter Schools

Section IV – Athletics

Section V – Student Travel

Section VI – Student Accident Coverage

Section I - General Information

- Type of school:
 - Private Elementary (Grades: ____ through ____)
 - Private Secondary (Grades: ____ through ____)
 - Trade or Vocational (Also complete Section II)
 - Charter (Grades: ____ through ____) (Also complete Section III)
 - Correspondence (Curriculum: _____)
 - Other (Describe & list grades: _____)
- Maximum student capacity in school: _____
Average number of students enrolled each session: _____
- Date school founded or chartered: _____
- What are your annual receipts: From tuition? \$ _____ From sale of merchandise? \$ _____
(Describe merchandise sold : _____)
From services you or your students provide to outside customers? \$ _____ Other sources? \$ _____
(Describe: _____)
- Age range of students: _____
- Do you have an after school program for elementary students? Yes No
If yes, please complete a Markel Insurance Company Child Care supplement.
- Do you have vocational education or classes? Yes No
If yes, also complete Section II.
- Do you have an athletics program? Yes No
If yes, also complete Section IV.
- Do you provide driver training classes? Yes No
If yes, explain who teaches and how many students take the course annually: _____

10. Describe the director or principal's background and qualifications: _____

11. Do you have a swimming pool? Yes No
If yes, please complete a Markel Insurance Company Swimming Pool Supplement.
12. Do you have dormitories? Yes No
13. Do you have a cafeteria or restaurant on premises? Yes No
If yes, do you cook on premises? Yes No
If yes, do you ever serve liquor on premises? Yes No
If you do serve liquor, please explain how often, for what purpose and if a charge is made: _____

14. Is the public ever invited on the premises? Yes No
If yes, explain how often, for what purpose and if a charge is made: _____

15. Do you use volunteers? Yes No
If yes, explain how often and for what purpose: _____
16. Do you hire subcontractors for any reason? Yes No
If yes, explain how often and for what purpose: _____

- If yes, are certificates of insurance required from subcontractors with limits equal to or greater than your own liability limits? Yes No
17. Do you perform criminal background checks on all employees & volunteers? Yes No
If no, please explain why not: _____

18. Do you want Abuse or Molestation coverage? Yes No
If yes: Do you have a formal, written policy regarding abuse? Yes No
Is the staff trained to recognize signs of abuse? Yes No
Is there a formal policy requiring incident reporting? Yes No
Is there a procedure in place that helps mitigate situations that could lead to abuse allegations? Yes No
Have there ever been any abuse claims or incidents reported? Yes No
If yes, explain circumstances and details: _____

19. Do you want Corporal Punishment coverage? Yes No
If yes: Is there a formal, written policy regarding corporal punishment? Yes No
If yes, explain the policy: _____
Have there ever been any abuse claims or incidents reported? Yes No
If yes, explain circumstances and details: _____

20. Do you have a medical facility/infirmary and/or dispense medication? Yes No
- If yes: Do you serve only students and employees? Yes No
- Are there only over the counter drugs stored on premises? Yes No
- Are written instructions from parents required prior to administering any medications to minors? Yes No
- Is all medication stored in its original containers and inaccessible to children? Yes No
- Is there a medical professional on staff, i.e., an M.D., P.A., R.N. or L.P.N.? Yes No
- If yes, does the professional carry their own malpractice insurance? Yes No
- If yes, do you request a certificate of insurance as proof? Yes No
- Describe any other procedures in place for dispensing medication _____
-
21. Do you accept special needs students? Yes No
- If yes, describe types of students and accommodations that have been made for them: _____
-
22. Do your students travel on school-sponsored trips? Yes No
- If yes, complete Section V.
23. Do you rent or lease your facility to outside entities? Yes No
- If yes, are certificates of insurance required showing you as an additional insured? Yes No
- Describe who rents your facility and for what purpose? _____
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24. Do you sponsor student exchange programs, either sending students out or taking students in? Yes No
- If yes, attach a detailed description of the program and describe safety measures.
25. Is your school primarily focused on one major type of student or theme, such as discipline problems, gifted, fine arts, math, science, etc.? Yes No
- If yes, explain the focus and curriculum: _____
-
26. Are all visitors to the school required to sign in and sign out? Yes No
27. Does the school have metal detectors at all entrances? Yes No
28. Are there security guards and/or police officers in the school daily? Yes No
29. Are students required to stay on school grounds during lunch? Yes No
30. Does the school perform random metal detector checks on students? Yes No
31. Does the school perform random sweeps of lockers, backpacks, etc.? Yes No
32. Do all doors except the main entrance remain locked or attended during school hours? Yes No
33. Are state standardized learning skills tests administered to your students? Yes No
34. Are all students encouraged to anonymously report rules violations and threats of violence? Yes No

35. List the number of staff members by categories as follows:

Professional	Full Time	Part Time	Independent Contractor	Volunteer
Counselors				
Directors and/or Officers				
Emergency Medical Technicians (EMT's)				
Nurse Practitioners				
Physical Therapists				
Psychologists – Academic				
Psychologists – Non-academic				
Registered Nurses (RN)				
Teachers with degrees				
Teachers without degrees				
Others (specify):				

Section II – Vocational/Trade Schools and Vocational Education Classes

1. Programs/Classes/Degrees offered (list or attach): _____

2. Do students work with power equipment of any type (mobile, stationary, machinery, etc.)? Yes No
If yes, describe safety measures and supervision: _____

3. Any woodworking, welding or spray painting of any type? Yes No
If yes, describe dust control, spraying safeguards, machine guards, ventilation, protection & supervision: _____

4. Any use of chemicals? Yes No
If yes, describe types, quantities & how stored: _____

5. Do your students serve time as interns/externs at outside companies/businesses? Yes No
If yes, are the students paid? Yes No
If they're paid, do you verify that the employer carries workers' compensation insurance to cover your students? Yes No
If not paid, does the outside company ask to be an additional insured on your liability insurance? Yes No
Attach copies of any internship/externship contracts you sign with outside businesses.
6. Do you sign any hold-harmless agreements with anyone? Yes No
If yes, explain with whom and for what reason _____
7. Do you provide services for outside customers? (Example: Students perform auto body repair for customers who pay less than a professional body shop would charge.) Yes No
If yes: What service do you provide? _____
How are students supervised? _____
What quality control measures are in place? _____
Are customers required to sign an agreement acknowledging they're using student labor? Yes No

8. Does the school offer job placement services for students? Yes No
 If yes, is there a disclaimer signed by students acknowledging there are no job placement guarantees?
 Yes No

Section III - Charter Schools

1. Explain the school's curriculum and focus: _____

2. Does the school allow students to take classes from remote locations? Yes No
 If yes, what percent of total students learn from a remote location? _____

Section IV – Athletics

1. Do you require all participants to carry Student Accident Insurance? Yes No
2. Are your coaches and instructors trained in physical education? Yes No
 If no, what qualifications do they have to coach or instruct sports? _____
3. Are all participants in extra-curricular sports required to have a medical exam? Yes No
4. Is someone trained in first aid always present during practices, games &/or events? Yes No
5. Please check all sports played & indicate whether they're interscholastic (I) or intramural (A):
- | | |
|---|--|
| <input type="checkbox"/> Archery____
<input type="checkbox"/> Baseball____
<input type="checkbox"/> Basketball____
<input type="checkbox"/> Bungee Jumping____
<input type="checkbox"/> Cheerleading____
<input type="checkbox"/> Climbing (Mountain, Rock or Wall)____
<input type="checkbox"/> Cross Country Track____
<input type="checkbox"/> Diving____
<input type="checkbox"/> Equestrian____
<input type="checkbox"/> Field Hockey____
<input type="checkbox"/> Football (tackle)____
<input type="checkbox"/> Football (touch or flag)____
<input type="checkbox"/> Golf____
<input type="checkbox"/> Gymnastics____
<input type="checkbox"/> Ice Hockey____
<input type="checkbox"/> La Crosse____
<input type="checkbox"/> Pole Vaulting____ | <input type="checkbox"/> Polo, Other____
<input type="checkbox"/> Polo, Water____
<input type="checkbox"/> Racing____
<input type="checkbox"/> Rugby____
<input type="checkbox"/> Scuba Diving____
<input type="checkbox"/> Shooting____
<input type="checkbox"/> Skiing, Snow____
<input type="checkbox"/> Skiing, Water____
<input type="checkbox"/> Sky Diving____
<input type="checkbox"/> Soccer____
<input type="checkbox"/> Softball____
<input type="checkbox"/> Swimming____
<input type="checkbox"/> Tennis____
<input type="checkbox"/> Trampoline____
<input type="checkbox"/> Volleyball____
<input type="checkbox"/> Wrestling____
<input type="checkbox"/> Other____ (Describe):_____ |
|---|--|

Section V – Student Travel

1. How many trips are sponsored each year? _____

2. Are all trips within the United States, U.S. Territories and/or Canada? Yes No
If no, where are trips taken? _____
3. Do any trips last more than one day? Yes No
If yes, describe duration, destination(s) and purpose: _____
4. What is the ratio of chaperones to students by age group? _____

5. Are separate permission and waiver agreements required from both parents for each trip a student takes? Yes No
If no, explain your procedure for permissions and waivers: _____
6. Do all parents receive detailed information about the trip (place, transportation, supervision, times), objectives, necessary provisions and instructions prior to the trip? Yes No
7. Do you hire an outside firm to arrange the trips? Yes No
8. Are students allowed to drive their own cars on trips? Yes No
If yes, are they allowed to transport other students? Yes No
9. Is proof of insurance required for anyone who drives their own vehicle on a school trip? Yes No
10. Is there a formal policy regarding emergencies and trained personnel on all trips? Yes No

Section VI – Excess Student Accident Coverage

Note: All sports are automatically included EXCEPT tackle football and ice hockey which are excluded

1. Numbers of students by grades: Full time daycare students _____ K – 8 _____ 9 – 12 _____
2. Current Accident Medical carrier: _____
3. Prior Accident Medical premiums and losses:
Policy year: _____
Premium: \$ _____ \$ _____ \$ _____
Losses: \$ _____ \$ _____ \$ _____
4. Plan Desired:
Plan A \$10,000 Accident Medical Expense/\$10,000 Accidental Death & Dismemberment, \$0 Deductible
Plan B \$25,000 Accident Medical Expense/\$25,000 Accidental Death & Dismemberment, \$0 Deductible

Additional Comments: _____

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: An investigative consumer report may be requested by the insured to which this application is assigned as to the consumer's character, general reputation, personal characteristics and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance for which this application is made. The applicant will be informed of the name and address of the consumer-reporting agency that furnished the report.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld:

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____ City/State/Zip _____