

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

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:
 Pool Size: _____ X _____ FT. Depth: From _____ FT. to _____ FT.
 Diving Board Height: _____ FT. Slide(s) Pool Sandbox Trampoline
 Tennis Courts Martial Arts Soccer Wrestling Gymnastics
 Basketball Baseball Slides Football Softball
 Hockey Boxing Fencing Swings Jungle Gym
 Dive Team Other (List) _____

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: _____

Title: _____

Date: _____