

SCHOOL QUESTIONNAIRE

Name of organization: _____

Website address (URL): www. _____

1. Number of students in each age group:
 _____ age 0-5 _____ age 6-12 _____ age 13-18 _____ age 19+
2. How many teachers? _____
3. Is school licensed? YES NO
4. Are teachers certified by the state? YES NO
5. If school was built prior to 1980, has premises been inspected and certified lead free? YES NO
6. Does school provide student housing? YES NO
If yes, complete Residential Facility questionnaire
7. Does school have an infirmary? YES NO
If yes, describe staff and services provided: _____

8. Does school have any commercial cooking equipment? YES NO
If yes, complete Commercial Cooking Questionnaire
9. Does school have an employed or volunteer nurse? YES NO
10. Does school provide driver's education training? YES NO
If yes, is education limited to classroom training only? YES NO
11. Is corporal punishment allowed? YES NO
12. Is corporal punishment coverage desired? YES NO
13. Does school have any stadiums, bleachers or grandstands? YES NO
14. Does school hold special events or fundraisers? YES NO
If yes, complete Special Event questionnaire
15. Do you have outdoor play area? YES NO
If yes,
 - a. Is outdoor play area fenced? YES NO
 - b. Does the value of your outdoor equipment, including surfacing, exceed \$25,000? YES NO
If yes, value is \$_____ at _____ (location)
If more than one location, attach a schedule of locations with value at each.
 - c. Was all equipment manufactured after 1992? YES NO
 - d. Does all equipment meet safety standards outlined in the 1991 CPSC Handbook for Public Playground Safety? YES NO
 - e. Was all equipment manufactured by a commercial manufacturer? YES NO
 - f. Was all equipment installed by an insured contractor? YES NO
 - g. Does your state, local government or other regulatory authority require inspection of your playground? YES NO

16. Indicate any of the following activities offered:

<input type="checkbox"/> Archery	<input type="checkbox"/> Football-flag	<input type="checkbox"/> Martial Arts-contact
<input type="checkbox"/> Baseball/Basketball	<input type="checkbox"/> Football-tackle	<input type="checkbox"/> Riflery
<input type="checkbox"/> Boxing	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Soccer
<input type="checkbox"/> Climbing/Rappelling	<input type="checkbox"/> Lacrosse/Rugby	<input type="checkbox"/> Track and Field
<input type="checkbox"/> Downhill skiing	<input type="checkbox"/> Martial Arts-non-contact	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Equine/Horseback Riding		
<input type="checkbox"/> Swimming or Diving- complete Pool questionnaire if there is a pool on school premises.		

List any additional activities: _____

17. What types of burglar alarms are in place? none local central station

other _____

18. Is there a written school safety plan? YES NO

If yes, does the plan include:

Restricted access to school buildings during school hours YES NO

Restricted access to school buildings after school hours YES NO

Hall patrols during and after school hours YES NO

Exterior grounds patrols during and after school hours YES NO

Interior video surveillance YES NO

Exterior video surveillance YES NO

Recording of all incoming phone calls YES NO

Monitoring of internet access of students YES NO

Metal detectors at all entrances YES NO

Restriction of traffic to one directional in pick-up and drop off areas YES NO

Use of armed security YES NO

If yes to k, are security officers employees YES NO

19. Do you provide accident insurance for students? YES NO

If yes,

a. Insurance company name: _____ Policy number: _____

Policy period: _____ Limits: _____

b. Accident insurance:

applies to all students applies to sports participants is optional, at student's expense

20. Does your school offer special education programs? YES NO

If yes, students are (indicate all that apply):

Developmental impairment

Learning impairment

Emotional impairment, including mentally ill, suicidal and violent

Physical impairment

21. Is restraint of students allowed? YES NO

If yes, how many incidents of restraint have occurred in the past year? _____

AUTO COVERAGE:

22. Is auto coverage desired for owned and/or non-owned vehicles? YES NO

If yes, complete the Auto Questionnaire and provide Acord Auto applications

ABUSE COVERAGE:

23. Is abuse coverage desired? YES NO

If yes, complete questions 24-28

24. Type of abuse coverage currently in place:

None

Occurrence Included in GL or Sublimit: _____

Claims Made Included in GL or Sublimit: _____

25. **As respects abuse:**

a. Have any claims been filed or allegations been made, against your organization or anyone working on behalf of your organization alleging abuse? YES NO

b. Are you aware of any occurrences that could lead to a claim? YES NO

If yes to above, explain: _____

26. Describe any operational procedures you use to control the potential for abuse: _____

27. Does your facility have written policies that address abuse? YES NO

a. Are policies reviewed with new employees and volunteers? YES NO

b. Does policy require all clients be instructed to report possible incidents of abuse? YES NO

c. Does policy require employees to formally report all incidents of potential abuse to the organization's director or board of directors? YES NO

d. Does policy require known or suspected abuse incidents be reported to proper authorities? YES NO

28. Provide the following information:

	Employees	Volunteers
a. Total number with client contact?		
b. Is unsupervised contact allowed with clients?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Education verified?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Personal references checked?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. Written application required?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. State 10-digit fingerprint criminal record check	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. Federal 10-digit fingerprint criminal record check if in state less than 5 years	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
h. Federal 10-digit fingerprint criminal record check regardless of time in state	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
i. Are all controls indicated in e-h required prior to any client contact?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
j. How long are records kept documenting all screening activities outlined above?	_____ years	_____ years

Federal checks require a second set of 10-digit fingerprint cards

Explain any "no" responses to question 28: _____

EDUCATOR'S PROFESSIONAL LIABILITY COVERAGE:

29. Is professional liability coverage desired? YES NO

If yes, complete questions 30-35

30. List the number of educators who desire primary coverage:

Professional Educators	# of Professionals
Classroom Teachers	
Teacher Aids, Student Teachers, Daycare Workers	
Special Education Teachers	
Guidance Counselors, Vocational Counselors, Psychological Counselors	
School Nurse	
Other professionally trained educators (including administrators)	

31. Are any services provided under contract by teachers and counselors who are not your employees? YES NO

If yes, do you verify the following, at least annually?

a. Certificate of insurance YES NO

b. State license and/or board certificate YES NO

32. Does educational facility have written procedures in place regarding suspension, dismissal and discipline of students? YES NO

If yes, are these procedures reviewed annually with all teachers? YES NO

33. Is your organization aware of any circumstances, which may result in any claim being made or any claims or suits which have been made during the past five years, against the entity or any of its past or present officers or employees? YES NO

If yes, explain: _____

34. Has any similar insurance for the entity, present officers or employees ever been cancelled? YES NO

If yes, explain: _____

35. Prior insurance carrier: _____ Claims Made Occurrence

Completed by: _____ Date completed: _____

AUTO QUESTIONNAIRE

Name of organization: _____

Website address (URL): www._____

1. Does your organization own or lease vehicles? YES NO
2. Are all owned or leased vehicles being submitted to us for coverage? YES NO
If yes, attach Acord Auto applications.
3. Does your organization prohibit employees and volunteers from driving on your behalf if their MVR indicates any of the following:
 - a. More than 2 moving violations and/or accidents within a 3 year period YES NO
 - b. Reckless driving, DUI or any felony driving conviction within a 5 year period YES NO
4. Is **hired auto liability** coverage desired? YES NO
If yes, does your annual vehicle rental expense exceed \$2,500? YES NO
If yes, what is your annual vehicle rental expense? _____
5. Is **non-owned auto liability** coverage desired? YES NO
If yes,
 - a. Total number of: _____ **employees** _____ **volunteers**
 - b. Complete the following chart, indicating number of employees and volunteers that use their personal vehicles on behalf of your organization.

Type of Usage	Number of Employees with Daily or Weekly Usage	Number of Volunteers with Daily or Weekly Usage	Annual MVR Required?	Proof of Personal Auto Insurance Required on a Renewal Basis?	100/300 or 300 CSL Personal Auto Limits Required?
Errands			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Transport others			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Home visitation			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Home meal delivery			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Comments _____

Completed by: _____ Date completed: _____