



UNITED NATIONAL INSURANCE COMPANY DIAMOND STATE INSURANCE COMPANY
HALLMARK INSURANCE COMPANY, INC.

APPLICATION FOR EDUCATORS LEGAL LIABILITY INSURANCE

CLAIMS MADE POLICY

This application is for a policy that states that the limit of liability can be exhausted by payment of covered defense expenses or loss.

The deductible is the amount of each claim that the Insureds must pay prior to the Insurer making any payment. This deductible payment is required for either defense expenses or loss, whichever comes first.

The Insurer does not have any obligation or duty to defend any Insureds.

1. Name of Educational Entity

2. Mailing Address

City

State

Zip Code

3. Telephone No. _____

4. Name & Title of person designated to receive notices from the Insurer

5. Date Established _____ 6. Enrollment _____ 7. No. of Employees _____

8. List any nonprofit or for profit subsidiaries to be considered for this insurance:

9. Total Amount of Outstanding Bonds _____ Current Bond Rating _____
How many years has this bond rating been in effect? _____ If less than 5 years,
please explain any change. _____

10. Is Educators Legal Liability insurance now in force for the Educational Entity? Yes _____ No _____

If yes, please provide

Current insurance company _____

Policy Term _____ Limit \$ _____

Deductible \$ _____ Premium \$ _____

11. Is General Liability insurance now in force for the Educational entity? If no, Yes _____ No _____

please explain. _____

12. Are there any pending disputes or complaints involving Individual Education Programs (IEP s)? If yes, please explain. _____ Yes _____ No _____

13. In the past 5 years, has Educators Legal Liability or similar liability insurance been declined, cancelled, nonrenewed, or rescinded? If yes, please explain. _____ Yes _____ No _____

14. In the past 5 years, has the Educational Entity or any person to be insured by this policy been the subject of any investigation by any regional, state, or federal regulatory agency? If yes, please explain. _____ Yes _____ No _____

15. In the past 5 years, has the Educational Entity been operating under any court orders? If yes, please explain. _____ Yes _____ No _____

16. Are there any pending complaints or investigations involving employee hiring, compensation, promotion, demotion, or termination of employment? If yes, please explain. _____ Yes _____ No _____

17. Are there any pending complaints involving the Americans with Disability Act? If yes, please explain. _____ Yes _____ No _____

18. In the past 5 years, has any claim been made, or is any claim now pending against the Educational Entity or any person to be insured by this policy? (If yes, please attach loss information including year of loss, brief description of loss, amount paid, defense expenses paid, and open reserve.) _____ Yes _____ No _____

19. Is the Educational Entity or any person to be insured by this policy aware of or have any knowledge of any fact or circumstance which could lead to a claim under this policy? If yes, please explain. _____ Yes _____ No _____

A complete CPA Audit must be attached to this Application, unless this requirement is changed by agreement of the Insurer.

Signed

(Must be signed by the Chairman, President, Superintendent, Principal or Headmaster on behalf of all Insureds)

Title

Date

The signer of this application, authorized and acting on behalf of all Insureds, declares that all statements and information provided by the Insureds is true, complete and accurate. It is agreed that this application is the basis of and becomes a part of the policy, should a policy be issued.

The signing of this application does not require the signer to purchase insurance, nor does the review of this application require the Insurer to issue a policy.

If a quotation is provided by the Insurer, the terms and conditions may not meet bid specifications.

ANTIFRAUD WARNING NOTICE TO ALL APPLICANTS: Any person who knowingly 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 also punishable by civil penalties in certain jurisdictions.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files on application for insurance or a 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 violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

To be completed by Producer:

Submitted By

Producer _____

Tax I.D. No. _____

(in states where required)

Surplus Lines License No. _____