



COLONIAL GENERAL INSURANCE AGENCY, INC.

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SCHOOLS—PRIVATE, TECHNICAL, TRADE AND VOCATIONAL SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

SCHOOL OPERATION

- 1. Type of School: [] Private Grade School [] Technical [] Alternative/Reform [] Medical
[] Private Middle School [] Trade [] Charter [] Military
[] Private High School [] Vocational [] Dental [] Public

If technical, trade or vocational, what trades are taught? _____

2. Total number of students enrolled: _____ Students' ages range from _____ to _____
Average daily attendance: _____ Percentage of students physically or mentally impaired: _____

3. Annual gross receipts from all operations (include tuition fees, food receipts, clothing, equipment sales, etc.): _____

4. Month(s) and Hour(s) of operation(s): _____

- 5. Indicate if instruction, training or certification is provided for any of the following:
[] Aviation [] Driving [] Hazardous Material [] Scuba and Skin Diving
[] Cheerleading [] Firearm [] Martial Arts [] Sports or Recreation
[] Dance [] Gymnastic [] Safety [] Swimming &/or Diving

6. Describe all operations on premises (wood shop, metalworking, shop, gymnasium, athletic facilities and grandstands): _____

7. Identify protective equipment used for any of the above activities/operations: _____

8. Describe any school sponsored sports teams or sporting events: _____

9. Are students or their parents required to sign liability waivers? [] Yes [] No
If yes, please attach a copy of the waiver wording that is used.

SCHOOL SPONSORED ACTIVITIES

10. Describe **any school sponsored exhibitions** (an exhibition for this purpose is an event sponsored by you, open to the public, where the participants are limited to members of the school or club): _____

11. Describe **any off-site activities**: _____

SCHOOL POLICIES/SECURITY

12. Are all **teachers properly licensed/registered** per state regulations? Yes No
If no, please explain: _____

13. Are **background checks** completed for all teachers and employees in compliance with state regulations? Yes No
If no, please explain: _____

14. Does the school have a **formal discipline program for students**? Yes No
If yes, please provide a copy of the program.

15. Does the school have a **“zero tolerance” policy regarding violent behavior**? Yes No
If yes, please provide a copy of any written policy.

16. Does the school have a policy regarding **visitors to school premises**? Yes No
If yes, please provide a copy of any written policy.

17. Do **school security systems** include any of the following:

<input type="checkbox"/> doorbell at main entrance	<input type="checkbox"/> self-locking door(s)
<input type="checkbox"/> remote release mechanism to open door(s)	<input type="checkbox"/> video monitors
<input type="checkbox"/> security cameras	<input type="checkbox"/> presence of security guards

18. Is there a **security guard** on premises? Yes No
If yes:

a. How many guards are **employees of the school**? _____
Are employed guards armed? Yes No

b. How many guards **contracted through a security firm**? * _____
Are contracted guards armed? Yes No

*For contracted security guards, a certificate of insurance and applicant named as an Additional Insured is required. If these requirements are not met, security guards are rated as employees at the appropriate security guard rate.

c. Are armed guards certified for use of firearms by the appropriate state agency or firearms certification school? Yes No

d. Explain the security guard’s **legal powers** and restrictions as respects arrests, searches and use of **weapons**.

e. Does the security guard work in conjunction with **local police** during their shift when apprehending fugitives? Yes No

NON-SCHOOL BUSINESS

19. Does the school have **other business ventures** for which coverage is not requested? Yes No
If yes, explain business venture(s) and name of insurer: _____

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 subjects such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN FLORIDA):

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

FRAUD WARNING (APPLICABLE IN MAINE):

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

LICENSED AGENT: _____
(Applicable in Iowa Only)

AGENT NAME: _____

AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

Agent's E-mail Address _____ Preferred Method of Correspondence? E-Mail Fax Regular Mail

Applicant's E-mail Address _____ Preferred Method of Correspondence? E-Mail Fax Regular Mail