

Church Mutual Insurance Company
3000 Schuster Lane, P.O. Box 357
Merrill, Wisconsin 54452

**SUPPLEMENTAL APPLICATION FOR
EDUCATORS LIABILITY ENDORSEMENT**
THIS IS AN APPLICATION FOR CLAIMS-MADE COVERAGE.

_____ (Name of Organization)		
_____ (Address)		
_____ (City)	_____ (State)	_____ (Zip Code)

1. Current enrollment (including day care/preschool, elementary schools [K-8], high schools [9-12], colleges):
Number of students _____ Number of special education students _____
Student/teacher ratio _____ Student/teacher ratio _____

2. Total number of employed teachers _____ Day care/preschool staff _____
Board members _____ Volunteers _____ Counselors _____ Administrators _____

3. Has the board established written policies or procedures for discipline, suspension, or dismissal of students? Yes No Describe: _____

4. Has the board established any written security procedures and policies (such as locker searches, metal detectors, strip searches, drug testing, on-premise security guards)? Yes No Describe: _____

5. Have the policies and procedures in 3. and 4. been reviewed by legal counsel? Yes No

6. Has the school developed a budget deficit within the last three years (if yes, we require financial records for the last three years)? Yes No

7. Within the scope of this proposed insurance:
 - (a) Have there been any claims or lawsuits made, or are any now pending against the organization, or any person who may be covered by this insurance? If yes, please provide details. If no, state "NONE": _____

 - (b) Does any person who may be covered by this insurance have any knowledge or information of any breach of duty, error, misstatement, misleading statement, or omission which could give rise to a claim against them? If yes, please provide details. If no, state "NONE": _____

8. Has the organization or anyone associated with the organization been involved in or have any knowledge of pending federal, state, or local action or proceeding (civil or criminal) or any inquiry, complaint, or notice of hearing or accreditation issues from any regulatory or legislative authority against the organization or anyone associated with the organization? Yes No If yes, please provide details:

WARRANTY:

The undersigned Officer of the Organization declares the statements set forth herein are true. The undersigned Officer agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, the undersigned will immediately notify the Company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Although the signing of this application does not bind the undersigned on behalf of the Organization to effect this insurance, the undersigned on behalf of the Organization agrees that this application and the said statements shall be the basis of any insurance contract or agreement which may be made. The Insurer is hereby authorized to make any investigation and inquiry in connection with this application.

It is agreed that any claim or action arising out of any wrongful act, wrongful employment practice, error, or omission which is known to any person proposed for this insurance prior to the issuance of the policy and not disclosed in this application is excluded from coverage.

Application or signing of the application does not bind coverage or require the Company or Agent to provide insurance. However, it is agreed that this application shall be the basis of the contract should a policy be issued, and this application shall be considered part of the contract.

An offer to provide coverage may include terms and conditions which are materially different from your previous coverage. The Company shall not be obligated to provide terms in accordance with previously provided coverage or currently requested coverage, and terms and conditions may be offered which are materially different from those requested.

IF A POLICY IS ISSUED, THIS APPLICATION WILL BE RETAINED ON FILE BY CHURCH MUTUAL INSURANCE COMPANY AND FORM A PART OF THE POLICY.

Signed: _____
Chairperson, President, or Other Authorized Signature

Title: _____

Date of Signature: _____