

**TEXTBOOK INSURANCE PROGRAM
PROFESSIONAL UNDERWRITERS**

SUPPLEMENTAL APPLICATION FOR PRIVATE SCHOOLS

This application must accompany the School and College Supplemental Application

Does the school have any of the following exposures?

- Camps* Hall Rental Temple, Church or any Other House of Worship
 Fund Raising Activities Before &/or After School Programs Post High School Program

Camp Exposure

* Complete the Supplemental Application for Camps.

Dormitory Exposure

N/A

Check off the correct description:

- Smoke/Heat detectors: In all dorms In some areas
- Detectors are: Hard wired Battery operated
- Sprinklers in: All dorms In some areas
- Fire Extinguisher: On each floor Manual pull alarm on each floor
- Central station fire alarms: In the dorms
- Are visitors to dorms screened? Yes No
- Are doors locked at night? Yes No
- Who is responsible for nightly lockup? _____
- Number of units in each building? _____
- How many stories high are the dorm buildings? _____
- Adequate exits according to local code? Yes No
- Planned evacuation program in place? Yes No
- How often are drills conducted to test this? _____
- What appliances are prohibited from the dorms? _____
- _____
- _____

How is this enforced? _____

Hall Rental Exposure N/A

Does the insured charge for use of premises? Yes No

If yes, please provide the rental receipts. \$ _____

What part of the premises is rented out? _____

What is the square footage? _____

Do you ALWAYS require the entity that is renting the premises to name the school as an Additional Insured? Yes No

Temple, Church or any Other House of Worship N/A

What is the square footage for the house of worship? _____

Is the house of worship open to the public? Yes No

Fund Raising Activities

What type of fund raising activities (Bingo, dinners, bazaars, etc.) does the school have?

Before and After School Programs N/A

What are the hours for the Before and/or After School Programs?

Before School Program _____ After School Program _____

How old are the children that are enrolled in these programs? _____

What is the teacher to student ratio for these programs? _____

What type of activities do they have in these programs?

Does the school sponsor any special activities off-site? Please explain. Yes No

What activities? _____

How transported? _____

Post High School Program N/A

How many students are in the post high school program(s)? _____

Please provide details regarding the program (exactly what the students studying, is it a degree program, etc.):

Are there any off-site activities for this program? Yes No

If so, please explain: _____

Fine Arts

Does the insured own any fine arts, paintings, torahs, gold/silver articles, etc.? Yes No

Please provide a detailed schedule and location of where these items are located.

What type of security is provided to protect the fine arts? _____

Please attached the following information to your submission:

1- Current financials

2- School Brochures

Fraud Warning – For those states for which ACORD has developed a state-specific Fraud Warning. ACORD 63 (e.g., Arkansas, Colorado, Ohio & Oklahoma), such form must be read and signed by the applicant and attached to each copy of the application required to be submitted.

**For other states except Nebraska and Oregon:
Any person who knowingly and with Intent to defraud any insurance company or another 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 the person to criminal and [NY: Substantial] civil penalties. In TN, VA and ME insurance benefits may also be denied.**

The answers to the above questions constitute a complete and accurate disclosure of all facts relating to the questions. To the best of my knowledge there are no known losses, acts, or omissions, which will result in claims under the insurance being applied for.

Signature of Authorized Representative of Insured/Date

Signature of Agent/Date

Title