

EDUCATORS ELITE

Higher Education Supplemental Application

Name of Insured _____
 Address _____

Enrollment:

Full Time Students _____ Part Time Students _____
 Full Time Professors _____ Part Time Professors _____

Housing:

Of Dorms _____
 # Of Students living on Campus _____
 # Of Fraternity & Sorority Houses _____
 # of Students living in Fraternity & Sorority Houses _____

Do all resident halls contain adequate fire suppression devices? Yes ___ No ___
 Have overhead sprinkler systems been installed in all resident halls? Yes ___ No ___
 Have overhead sprinkler systems been installed in all Fraternity & Sorority Houses? Yes ___ No ___
 Is there a smoke alarm in every dorm room? Yes ___ No ___

Are any dorms over 5 stories high? Yes ___ No ___
 If yes, what percentage are over 5 stories _____

Is there a security guard posted at the front desk of every dorm? Yes ___ No ___
 Are there closed circuit cameras monitoring all entryways? Yes ___ No ___
 Is there a "key card" security procedure in place? Yes ___ No ___

Is there at least one resident advisor living in every dorm? Yes ___ No ___
 Is there a formal visitor sign in policy? Yes ___ No ___

Athletics

Indicate Classification: NAIA _____ NCAA Div. 2 _____ Not Classified _____
 NCAA Div. 1 _____ NCAA Div. 3 _____ No Athletics _____

Number of Men's Teams _____ Number of Woman's Teams _____

Are there any intramural teams or clubs? Yes ___ No ___

Please indicate if your institution sponsors any teams or clubs that are involved in the following activities:

Archery _____ acrobatics _____ Scuba diving _____
 Ski diving _____ platform diving _____ Horse related activities _____
 Rugby _____ football _____ motor sports / auto racing _____

Do you have any sports facilities that seat more than 2,500 spectators? Yes ___ No ___
 If yes, please attach a list of all the stadiums and their seating capacity.

Do you allow spectators to "tail gate" prior to events? Yes ___ No ___
 Are their published rules that limit the times of the tail gating? Yes ___ No ___

Water Hazards

Are there any bodies of water located on or adjacent to any campus locations? Yes _____ No _____
If yes, are there any institution sponsored activities or operations? Yes _____ No _____
If yes, please describe them.

Total Number of Pools _____
Number of pools with diving boards or platforms _____

Are all pool managers properly certified? Yes _____ No _____
Is there a certified lifeguard during all operating hours? Yes _____ No _____
Do you own any boats? Yes _____ No _____
If yes, how many? _____
Are any over 50 feet long? Yes _____ No _____
Do you have a crew team or club? Yes _____ No _____

Food and Beverage / Alcohol Policy

Do you have a formal written Student Alcohol policy? Yes _____ No _____
Does it prohibit student drinking on campus? Yes _____ No _____

Do you contract out your food service operations (cafeterias, vending machines, on site restaurants)?
Yes _____ No _____

Do you contract out the catering and serving of alcohol at all events you host? Yes _____ No _____

Do you own or control any facilities that sell alcohol? Yes _____ No _____
If yes, how many? _____
What is the total alcohol sales? _____

Do any of these facilities generate more than 40% of their total revenue from alcohol sales?
Yes _____ No _____
If yes, how many locations? _____
Are any of these locations "on campus"? Yes _____ No _____

Student Counseling Services

Number of Employed counselors _____
Number of contracted / volunteer counselors _____
What percentage are students? _____
What percentage hold board certifications? _____

Do you provide the following counseling services?
Suicide Prevention Yes _____ No _____
Substance abuse Yes _____ No _____
Family planning / Pregnancy avoidance Yes _____ No _____
Sexual assault or abuse Yes _____ No _____

Marriage and family counseling Yes _____ No _____
 Do you operate any telephone hotlines? Yes _____ No _____
 Is there a formal procedure to manage potentially violent or suicidal students?
 Yes _____ No _____
 Is there a formal procedure used to notify a parent or guardians of a students deteriorating mental health?
 Yes _____ No _____

Student Infirmary

Does your institution maintain a clinic or infirmary? Yes _____ No _____
 Is it limited to students and or employees? Yes _____ No _____

Indicate the total number of each type of employee whose purpose is to treat students.

Employed Physicians _____
 Contracted Physicians _____
 Employed physician assistants or nurse practitioners _____
 Contracted physician assistants or nurse practitioners _____
 Employed nurses, athletic trainers or other allied health personnel _____
 Contracted nurses, athletic trainers or other allied health personnel _____

Number of infirmary beds for overnight stays _____

Does your institution own, operate, or control any medical facilities, clinics, hospitals that serve the public?
 Yes _____ No _____
 Do you own, operate or control any pharmacies? Yes _____ No _____

Please provide a list of the medical services you provide.

Campus Security

Please provide the number of individuals employed in the following groups:

Employed armed security _____
 Contracted armed security _____
 Employed unarmed security _____
 Contracted unarmed security _____

Do security personnel have the authority to arrest people? Yes _____ No _____
 Is there a mutual aid agreement in place with the local authorities? Yes _____ No _____
 Do you conduct psychological reviews and background checks on all employed security personnel?
 Yes _____ No _____

Does your institution require its security firms to carrier a minimum of \$1 million of GL insurance and name your institution as additional insured? Yes _____ No _____

Daycare Facilities

Do you operate a daycare center? Yes _____ No _____
 What is the maximum amount of children in your care? _____
 Do students work in these facilities? Yes _____ No _____
 Is a certified teacher or daycare worker present at all time? Yes _____ No _____

Foreign Operations

Does your institution sponsor foreign travel? Yes _____ No _____
How many students travel abroad annually? _____
Do you require each student to sign a liability waiver, hold harmless agreement, or assumption of risk form? Yes _____ No _____

Automobile

Please provide the number of vehicles:

<u>Service</u>	<u>Transportation of people</u>
PPT _____	PPT (seating 6 or less) _____
Light _____	Passenger (seating 7 to 15)) _____
Medium _____	Passenger (seating over 15 people) _____
Heavy _____	
X- Heavy / Tractors _____	
Ambulances _____	
Police / Security cars _____	

What is the maximum distance your organization will transport students before resorting to airplanes, trains, etc? _____

Do you allow students to operate your vehicles? Yes _____ No _____
Do you provide any shuttle services? Yes _____ No _____
Does your organization have a policy on when it is permissible for security personnel to engage in high-speed chases? Yes _____ No _____

IMPORTANT NOTICE

IN GRANTING COVERAGE TO ANY OF THE INSURED, THE INSURER HAS RELIED UPON THE DECLARATIONS AND STATEMENTS IN THIS APPLICATION FOR COVERAGE. ALL SUCH DECLARATIONS AND STATEMENTS ARE THE BASIS OF COVERAGE AND SHALL BE CONSIDERED INCORPORATED IN AND CONSTITUTING PART OF THE POLICY SHOULD ONE BE ISSUED.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT AND SHOULD A POLICY BE ISSUED, IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, SHOULD A POLICY BE ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND

THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

IF AND WHEN A POLICY IS ISSUED, THIS APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL. THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT BY SIGNING BELOW WHERE INDICATED, THAT THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

NOTICE TO ARKANSAS APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO COLORADO APPLICANTS: “IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.”

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: “WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.”

NOTICE TO FLORIDA APPLICANTS: “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 IN THE THIRD DEGREE.”

NOTICE TO KENTUCKY APPLICANTS: “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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.”

NOTICE TO LOUISIANA APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO MAINE APPLICANTS: “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.”

NOTICE TO MINNESOTA APPLICANTS: “A PERSON WHO SUBMITS AN APPLICATION OR FILES CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW MEXICO APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO NEW YORK APPLICANTS: “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, 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 SUCH 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 OKLAHOMA APPLICANTS: "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY" (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: “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.”

NOTICE TO TENNESSEE APPLICANTS: “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.”

NOTICE TO VIRGINIA APPLICANTS: “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.”

Signature of Owner, Partner, Member, Principal, or Officer
Authorized to Sign as Applicant

Applicant's Printed Name: _____

Title: _____

Date: _____

Producer _____ Name: _____

License _____ #: _____