



Head Start Program
P.O. Box 440549, Kennesaw, GA 30160
Telephone: (678) 290-2100 Fax: (678) 290-2200
Email applications to: news@markelcorp.com
Website: markelinsurance.com

NAMED INSURED: _____

Insured's E-mail address: _____

Insured's Website address: _____

Please attach the following:

ACORD Applications (For all lines of coverage to be written)

Brochure, Handbook, Student Application

Statement of Values (For blanket &/or agreed amount property coverage)

Other Applicable Supplemental Questionnaires

Loss Runs

Financial Statement (Mandatory for Vocational, Boarding & Charter schools, schools with athletic programs or any time Educator's Liability is requested)

This application consists of the following sections:

Section I – General Information

Section V – Athletics

Section II – Trade/Vocational Schools

Section VI – Student Travel

Section III – Charter Schools

Section VII – Educator's Liability

Section IV – Residential (Boarding) Schools

Section VIII – Student Accident Coverage

Section I - General Information

1. Type of school:

- ☐ Pre-K
- ☐ Private Elementary (Grades: ____ through ____)
- ☐ Private Secondary (Grades: ____ through ____)
- ☐ Trade or Vocational (Also complete Section II)
- ☐ Charter (Grades: ____ through ____) (Also complete Section III)
- ☐ Correspondence (Curriculum: _____)
- ☐ Residential/Boarding (Also complete Section IV)
- ☐ Camp Exposure
- ☐ Other (Describe & list grades: _____)

2. Maximum student capacity in school: _____

Current Enrollment: _____ Prior Year Enrollment: _____

Student: Pre-K: _____ K-8: _____ 9-12: _____

3. Date school founded or chartered: _____

4. What are your annual receipts: From tuition? \$ _____ From sale of merchandise? \$ _____

(Describe merchandise sold : _____)

From services you or your students provide to outside customers? \$ _____ Other sources? \$ _____

(Describe: _____)

5. Age range of students: _____

6. Do you have child care, after school care or a preschool program?

If yes, please indicate the staff to child ratios here:

Infants, ages 0-1	_____ # Staff	_____
Toddlers, ages 1-2	_____ # Staff	_____
Toddlers, ages 2-3	_____ # Staff	_____
Preschoolers, ages 3-5	_____ # Staff	_____ # Children
School age children	_____ # Staff	_____ # Children
	_____ Total	_____ Total

7. Do you have vocational education or classes? ☐ Yes ☐ No

If yes, also complete Section II.

8. Do you have an athletics program? ☐ Yes ☐ No

If yes, also complete Section V.

9. Do you provide driver training classes? ☐ Yes ☐ No

If yes, explain who teaches and how many students take the course annually: _____

10. Describe the director or principal's background and qualifications: _____

11. Do you have your own playground? ☐ Yes ☐ No

If yes, indicate the type of surface under the play equipment and depth in inches: ☐ Coarse Sand: _____"

☐ Double Shredded Mulch: _____" ☐ Engineered Wood Fibers: _____" ☐ Fine Gravel: _____"

☐ Fine Sand: _____" ☐ Medium Gravel: _____" ☐ Shredded Tires: _____" ☐ Wood Chips: _____"

☐ Other (type & depth): _____

Do you have playground equipment with a primary platform higher than 6 feet? ☐ Yes ☐ No

Is any play apparatus higher than 8 feet? If yes, please describe ☐ Yes ☐ No

Do you have any jumping pillows? ☐ Yes ☐ No

12. Do you have a swimming pool? ☐ Yes ☐ No

If yes, please complete a Markel Insurance Company Aquatics Supplement.

13. Do you have dormitories? (Please complete Section IV) ☐ Yes ☐ No

14. Do you have a cafeteria or restaurant on premises? ☐ Yes ☐ No

If yes, do you cook on premises? ☐ Yes ☐ No

If yes, is there a deep fat fryer? ☐ Yes ☐ No

Describe fire protection in cafeteria: _____

If yes, do you ever serve liquor on premises? ☐ Yes ☐ No

If you do serve liquor, please explain how often, for what purpose and if a charge is made: _____

15. Is the public ever invited on the premises? ☐ Yes ☐ No

If yes, explain how often, and for what purposes: _____

16. Do you use volunteers? ☐ Yes ☐ No

If yes, explain how often and for what purpose _____

17. Do you hire subcontractors for any reason? ☐ Yes ☐ No
If yes, explain how often and for what purpose: _____

If yes, are certificates of insurance required from subcontractors with limits equal to or greater than your own liability limits? ☐ Yes ☐ No
18. Do you perform criminal background checks on all employees & volunteers? ☐ Yes ☐ No
If yes, which of the following do you use to perform the checks? ☐ County criminal record search
☐ State criminal record search ☐ National criminal index search ☐ State prison search
☐ Federal prison search ☐ Sex offender search ☐ Criminal index search ☐ Nationwide U.S. Wants & Warrants search ☐ Teacher license ☐ Education verification ☐ FBI
If no, please explain why not: _____

19. Do you want Abuse or Molestation coverage? ☐ Yes ☐ No
If yes: Do you have a formal, written policy regarding abuse? ☐ Yes ☐ No
Is the staff trained to recognize signs of abuse? ☐ Yes ☐ No
Is there a formal policy requiring incident reporting? ☐ Yes ☐ No
Is there a procedure in place that helps mitigate situations that could lead to abuse allegations?
☐ Yes ☐ No
Have there ever been any abuse claims or incidents reported? ☐ Yes ☐ No
If yes, explain circumstances and details: _____

20. Do you want Corporal Punishment coverage? ☐ Yes ☐ No
If yes: Is there a formal, written policy regarding corporal punishment? ☐ Yes ☐ No
If yes, explain the policy: _____
Have there ever been any abuse claims or incidents reported? ☐ Yes ☐ No
If yes, explain circumstances and details: _____

Is Corporal Punishment administered? ☐ Yes ☐ No
21. Do you have a medical facility/infirmary and/or dispense medication? ☐ Yes ☐ No
If yes: Do you serve only students and employees? ☐ Yes ☐ No
Are there only over the counter drugs stored on premises? ☐ Yes ☐ No
Are written instructions from parents required prior to administering any medications to minors?
☐ Yes ☐ No
Is all medication stored in its original containers and inaccessible to children? ☐ Yes ☐ No
Is there a medical professional on staff, i.e., an M.D., P.A., R.N. or L.P.N.? ☐ Yes ☐ No
If yes, does the professional carry their own malpractice insurance? ☐ Yes ☐ No
If yes, do you request a certificate of insurance as proof? ☐ Yes ☐ No
Is a log kept to record each time a medication is administered? ☐ Yes ☐ No
Describe any other procedures in place for dispensing medication _____

22. Do you accept special needs students? ☐ Yes ☐ No
If yes, describe types of students and accommodations that have been made for them: _____

23. Do your students travel on school-sponsored trips? ☐ Yes ☐ No
If yes, complete Section VI.
24. Do you rent or lease your facility to outside entities? ☐ Yes ☐ No
If yes, are certificates of insurance required showing you as an additional insured? ☐ Yes ☐ No
Describe who rents your facility, for what purpose, and estimated receipts? _____

25. Do you sponsor student exchange programs, either sending students out or taking students in? ☐ Yes ☐ No
If yes, attach a detailed description of the program and describe safety measures.
26. Is your school primarily focused on one major type of student or theme, such as discipline problems, gifted, fine arts, math, science, etc.? ☐ Yes ☐ No
If yes, explain the focus and curriculum: _____

27. Are all visitors to the school required to sign in and sign out? ☐ Yes ☐ No
28. Does the school have metal detectors at all entrances? ☐ Yes ☐ No
29. Are there security guards and/or police officers in the school daily? ☐ Yes ☐ No
30. Are students required to stay on school grounds during lunch? ☐ Yes ☐ No
31. Does the school perform random metal detector checks on students? ☐ Yes ☐ No
32. Does the school perform random sweeps of lockers, backpacks, etc.? ☐ Yes ☐ No
33. Do all doors except the main entrance remain locked or attended during school hours? ☐ Yes ☐ No
34. Are all students encouraged to anonymously report rules violations and threats of violence? ☐ Yes ☐ No
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Section II – Vocational/Trade Schools and Vocational Education Classes

1. Programs/Classes/Degrees offered (list or attach): _____

2. Do students work with power equipment of any type (mobile, stationary, machinery, etc.)? ☐ Yes ☐ No
If yes, describe safety measures and supervision: _____

3. Any woodworking, welding or spray painting of any type? ☐ Yes ☐ No
If yes, describe dust control, spraying safeguards, machine guards, ventilation, protection & supervision: _____

4. Any use of chemicals? ☐ Yes ☐ No
If yes, describe types, quantities & how stored: _____

5. Do your students serve time as interns/externs at outside companies/businesses? ☐ Yes ☐ No
 If yes, are the students paid? ☐ Yes ☐ No
 If they're paid, do you verify that the employer carries workers' compensation insurance to cover your students? ☐ Yes ☐ No
 If not paid, does the outside company ask to be an additional insured on your liability insurance? ☐ Yes ☐ No

Attach copies of any internship/externship contracts you sign with outside businesses.

6. Do you sign any hold-harmless agreements with anyone? ☐ Yes ☐ No
 If yes, explain with whom and for what reason _____
7. Do you provide services for outside customers? (Example: Students perform auto body repair for customers who pay less than a professional body shop would charge.) ☐ Yes ☐ No
 If yes: What service do you provide? _____
 How are students supervised? _____
 What quality control measures are in place? _____
 Are customers required to sign an agreement acknowledging they're using student labor? ☐ Yes ☐ No
8. Does the school offer job placement services for students? ☐ Yes ☐ No
 If yes, is there a disclaimer signed by students acknowledging there are no job placement guarantees? ☐ Yes ☐ No

Section III - Charter Schools

1. Explain the school's curriculum and focus: _____
2. Does the school allow students to take classes from remote locations? ☐ Yes ☐ No
 If yes, what percent of total students learn from a remote location? _____
3. Has charter ever been revoked or pending investigation? ☐ Yes ☐ No

Section IV – Residential Schools

1. Please indicate which type of boarding school this is:
☐ Boarding/Day (Majority of students board but some commute locally)
☐ Day/Boarding (Majority of students commute, a few live on campus)
☐ Five Day (students go home on week-ends)
☐ All boarding
2. Please mark all of the following that apply:
☐ All girls school ☐ All boys school ☐ Co-ed school
☐ Specialized arts school ☐ Religious school ☐ Military school
☐ Boot camp school ☐ Therapeutic school (describe: _____)
3. Please complete the following about the dormitories:
 a. Maximum number of stories _____
 b. Sprinklered in all areas? ☐ Yes ☐ No
 c. Smoke detectors are all hard-wired? ☐ Yes ☐ No

- d. Are any of the following allowed in dorm rooms: ☐ Incense burners ☐ Space heaters
☐ Candles ☐ Hot plates ☐ Hot pots ☐ Microwaves ☐ Toasters or toaster-ovens
☐ Other cooking or devices that generate heat or flame (list) _____
 Is this written into the student handbook? ☐ Yes ☐ No
- e. Are staff members present in dorms every night students are there? ☐ Yes ☐ No
- f. If dorms are co-ed, are boys and girls housed on the same floors? ☐ Yes ☐ No
- g. Regardless of the age of the building, does the dorm meet local life safety codes for NEW building construction? ☐ Yes ☐ No
- h. Are there any dead-end halls without access to exits? ☐ Yes ☐ No
- i. Describe security measures that are in place to prevent unauthorized access to dorms:

- j. Are there campus patrols around dorms at night? ☐ Yes ☐ No
- k. Describe security measures to prevent students from leaving the dorms without permission during the night: _____
4. Are the following policies in place, written into the student handbook and strictly enforced? If no, explain in the comments section.
☐ No smoking ☐ No alcohol ☐ No drugs ☐ Use of student cars ☐ No hazing ☐ Curfews
☐ Student sexual behavior, including abuse and awareness ☐ Valuable possessions & cash
5. Are students allowed to leave the campus without parental permission or without either staff or parental supervision? ☐ Yes ☐ No
6. What do students do on week-ends? _____

7. Are all medications locked and inaccessible to students when not being administered? ☐ Yes ☐ No
8. Is someone trained in emergency first aid on campus and available at all times? ☐ Yes ☐ No
 If yes, what are the person's medical qualifications? _____
9. Are students allowed to access gyms, pools, athletic equipment or participate in any athletic activities without staff supervision? ☐ Yes ☐ No
10. Is there an ATM machine on campus? ☐ Yes ☐ No
 If yes, is it situated in a well lit area? ☐ Yes ☐ No
 Are concave mirrors placed so the user can see behind & around them? ☐ Yes ☐ No

Section V – Athletics

1. Do you require all participants to carry Student Accident Insurance? ☐ Yes ☐ No
2. Are your coaches and instructors trained in physical education? ☐ Yes ☐ No
 If no, what qualifications do they have to coach or instruct sports? _____

3. Are all participants in extra-curricular sports required to have a medical exam? ☐ Yes ☐ No
4. Is someone trained in first aid always present during practices, games &/or events? ☐ Yes ☐ No

5. Please check all sports played & indicate whether they're interscholastic (I) or intramural (A):

- | | |
|---|--|
| <input type="checkbox"/> Archery_____ | <input type="checkbox"/> Polo, Other_____ |
| <input type="checkbox"/> Baseball_____ | <input type="checkbox"/> Polo, Water_____ |
| <input type="checkbox"/> Basketball_____ | <input type="checkbox"/> Racing_____ |
| <input type="checkbox"/> Bungee Jumping_____ | <input type="checkbox"/> Rugby_____ |
| <input type="checkbox"/> Cheerleading_____ | <input type="checkbox"/> Scuba Diving_____ |
| <input type="checkbox"/> Climbing (Mountain, Rock or Wall)_____ | <input type="checkbox"/> Shooting_____ |
| <input type="checkbox"/> Cross Country Track_____ | <input type="checkbox"/> Skiing, Snow_____ |
| <input type="checkbox"/> Diving_____ | <input type="checkbox"/> Skiing, Water_____ |
| <input type="checkbox"/> Equestrian_____ | <input type="checkbox"/> Sky Diving_____ |
| <input type="checkbox"/> Field Hockey_____ | <input type="checkbox"/> Soccer_____ |
| <input type="checkbox"/> Football (tackle)_____ (See #6 below) | <input type="checkbox"/> Softball_____ |
| <input type="checkbox"/> Football (touch or flag)_____ | <input type="checkbox"/> Swimming_____ |
| <input type="checkbox"/> Golf_____ | <input type="checkbox"/> Tennis_____ |
| <input type="checkbox"/> Gymnastics_____ | <input type="checkbox"/> Trampoline_____ |
| <input type="checkbox"/> Ice Hockey_____ | <input type="checkbox"/> Volleyball_____ |
| <input type="checkbox"/> La Crosse_____ | <input type="checkbox"/> Wrestling_____ |
| <input type="checkbox"/> Pole Vaulting_____ | <input type="checkbox"/> Other_____ (Describe):_____ |

6. For football programs, are there written guidelines for safety & training requirements, rules of play and use of proper equipment? ☐ Yes ☐ No

Please describe protocol for concussion and heat/cold exposures:_____

Section VI – Student Travel

1. How many trips are sponsored each year?_____
2. Are all trips within the United States, U.S. Territories and/or Canada? ☐ Yes ☐ No
If no, where are trips taken?_____
3. Describe types of trips taken, destination(s) and purpose:_____
4. What is the ratio of chaperones to students by age group?_____
5. Are separate permission and waiver agreements required from both parents for each trip a student takes? ☐ Yes ☐ No
If no, explain your procedure for permissions and waivers:_____
6. Do all parents receive detailed information about the trip (place, transportation, supervision, times), objectives, necessary provisions and instructions prior to the trip? ☐ Yes ☐ No
7. Do you hire an outside firm to arrange the trips? ☐ Yes ☐ No
8. Are students allowed to drive their own cars on trips? ☐ Yes ☐ No
If yes, are they allowed to transport other students? ☐ Yes ☐ No
9. Is proof of insurance required for anyone who drives their own vehicle on a school trip? ☐ Yes ☐ No

10. Is there a formal policy regarding emergencies and trained personnel on all trips? ☐ Yes ☐ No

Section VII – Educators’ Liability

Indicate retroactive date requested: _____ Limit: _____ Deductible: _____

1. What is the school's annual operating budget? _____
2. List the number of staff members by categories as follows:

Professional	Full Time	Part Time	Independent Contractor	Volunteer
Counselors				
Directors and/or Officers				
Emergency Medical Technicians (EMT's)				
Nurse Practitioners				
Physical Therapists				
Psychologists – Academic				
Psychologists – Non-academic				
Registered Nurses (RN)				
Teachers with degrees				
Teachers without degrees				
Others (specify):				

3. Is the school autonomous or part of another system (parochial, public, etc.)? _____
If part of another system, please indicate to whom the school's board must report: _____

4. Is there an annual outside financial audit performed by a CPA? ☐ Yes ☐ No

5. What are your sources of funding other than tuition? _____

6. Is there a formal, written procedure for evaluating teachers' performance? ☐ Yes ☐ No

If yes, to whom are the results rendered? _____

7. Are standardized learning skills tests administered to your students? ☐ Yes ☐ No

8. Has the school's board established written policies and/or procedures regarding students in the following areas (check Yes or No for each):

Suspension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dismissal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Promotion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transfer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retention	<input type="checkbox"/> Yes <input type="checkbox"/> No	Acceptance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Corporal Punishment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parking Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student use of Lockers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Needs Students	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bullying/Hazing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weapons	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Is there a formal appeals process for student disciplinary actions? ☐ Yes ☐ No

10. Are parents/students informed of all applicable policies, procedures and rules prior to enrollment? ☐ Yes ☐ No

Is a signature acknowledging receipt required? ☐ Yes ☐ No

11. Have there been any Educator's Liability claims made against you in the past? ☐ Yes ☐ No
If yes, please describe claim and reserve or amount paid: _____

12. Do you know of any incidents that have occurred that could arise in a claim or suit? ☐ Yes ☐ No
If yes, please describe the situation: _____

Section VIII – Employment Practices Liability Exposures

1. Indicate below the number of full time and part time employees you have:

Full Time: _____ Part Time: _____ Independent Contractors: _____

2. Have any of your staff resigned, retired, or been terminated (with or without cause) in the past 36 months?

☐ Yes ☐ No

If yes, how many? _____

3. Do you have a Human Resource department?

☐ Yes ☐ No

If not, how does your school handle this function/ _____

4. Do you have written policies or procedures that address each of the following human resource functions?

Interviewing & Hiring ☐ Yes ☐ No

Salary Administration ☐ Yes ☐ No

Qualification for Tenure ☐ Yes ☐ No

Discipline ☐ Yes ☐ No

Discharge or Termination ☐ Yes ☐ No

Performance Evaluations ☐ Yes ☐ No

5. Are all of the above policies and procedures reviewed and approved by an outside council with expertise in employment law? ☐ Yes ☐ No

6. Do you require all job applications to complete a written employment application that questions criminal record? ☐ Yes ☐ No

If yes, does it contain any questions referencing race, color, natural origin, age, religion, marital status, disability or health problems? ☐ Yes ☐ No

7. Does your employment application include an employment-at-will statement or do you otherwise obtain a signed employment-at-will statement? ☐ Yes ☐ No

If no, please explain why: _____

8. Do you provide an employee orientation for all new employees? ☐ Yes ☐ No

If no, please explain why: _____

9. Do you have an employee handbook that is routinely distributed to all employees including new hires? ☐ Yes ☐ No

If no, please explain why: _____

10. Do you have written anti-discrimination policies & procedures regarding the selection of employees for hiring, promotion, layoff, tenure, and other employment areas? ☐ Yes ☐ No

11. Do you have written anti-sexual harassment policies and procedures? ☐ Yes ☐ No

If either of the above are answered nom please explain how you sensitize employees on issues of harassment and discrimination: _____

12. Do you offer employee out-placement services which assist terminated or laid-off employees in finding other jobs? ☐ Yes ☐ No
13. Do you conduct exit interviews? ☐ Yes ☐ No
- If yes, what do you do with the information obtained? _____

Section IX – Directors and Officers Wrongful Acts Exposures

1. Advise the number of directors, Officers, Board Members and Trustees you have: _____
2. Does your school promote, sponsor or provide any insurance? ☐ Yes ☐ No
- If yes, provide details: _____
3. Does your school provide any certification or accreditation activities? ☐ Yes ☐ No
- If yes, provide details: _____
4. Does your school publish any materials other than promotional brochures, student yearbook or newspapers? ☐ Yes ☐ No
- If yes, provide details: _____
5. Does your school conduct any collective bargaining activities? ☐ Yes ☐ No
- If yes, provide details: _____
6. Does your school formulate any type of peer review group or committee for assessing the qualifications or performance of others? ☐ Yes ☐ No
- If yes, provide details: _____
7. Does your school take any disciplinary actions or recommend any disciplinary actions as a result of peer review? ☐ Yes ☐ No
- If yes, provide details: _____

The coverage applied for is solely as stated in the policy, which provides coverage on a "claims-made and reported" basis for only those claims that are first made against the insured and reported during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. The coverage applied for provides no coverage for claims which took place prior to the retroactive date stated in the policy and all coverage ceases upon termination of the policy except for the automatic extended reporting period, unless you purchase additional extended reporting period coverage.

Section X – Excess Student Accident Coverage

Note: All sports are automatically included EXCEPT tackle football and ice hockey which are excluded. Please contact your underwriter for a quote including tackle football.

1. Numbers of students by grades: Full time daycare students _____ K – 8 _____ 9 – 12 _____
2. Current Accident Medical carrier: _____
3. Prior Accident Medical premiums and losses:
- | | | | |
|--------------|----------|----------|----------|
| Policy year: | _____ | _____ | _____ |
| Premium: | \$ _____ | \$ _____ | \$ _____ |
| Losses: | \$ _____ | \$ _____ | \$ _____ |
4. Plan Desired:
- Plan A ☐ \$10,000 Accident Medical Expense/\$10,000 Accidental Death & Dismemberment, \$0 Deductible
- Plan B ☐ \$25,000 Accident Medical Expense/\$25,000 Accidental Death & Dismemberment, \$0 Deductible

Additional coverage for the following is available. If you would like a quote on any of the following, please check the box.

***Please contact your underwriter for more information on Tuition Refund Programs and Workers' Compensation**

☐ Food Contamination and Communicable Disease (*Can only be purchased with Business Income coverage*)

☐ Child Abduction

☐ Key Employee Replacement Coverage

☐ Umbrella Liability

Additional Comments: _____

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: An investigative consumer report may be requested by the insurer to which this application is assigned as to the consumer's character, general reputation, personal characteristics and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance for which this application is made. The applicant will be informed of the name and address of the consumer-reporting agency that furnished the report.

Fraud Warning: 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 and subjects the person to criminal and [NY residents: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____ City/State/Zip _____