

Submit for Quote Approval

Please FAX us your application and supporting documents.

FAX 888 272-7550

We will FAX back a competitive response as soon as AIG responds.

Don't Forget! (We Need These Items.)

1. Loss Runs if renewing.
2. A detailed resume of experience if new in business.
3. Acord 125 Commercial App.



American International Companies[®]

SCHOOL LEADERS ERRORS AND OMISSIONS APPLICATION

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY, PLEASE READ CAREFULLY.

NOTE: PLEASE TYPE OR PRINT LEGIBLY. ALL QUESTIONS MUST BE ANSWERED.

1. Legal Name of Entity _____
 Address _____
 City _____ State _____ ZIP _____ Telephone _____
2. The Entity has continuously been in existence since _____ and is a Private Public institution.
3. Number of members comprising Board of Governors, Regents or Trustees _____
 Members are elected, appointed or both.
 If appointed, by whom: _____ Term of Board Members is _____ years.
4. (A) Current Student Enrollment: _____ (B) Expected Enrollment Next Year: _____
5. (1) Limit of Liability Desired: \$250,000 \$500,000 \$1,000,000 Other
 (2) Deductible: \$1,000 \$2,500 \$5,000 \$10,000
 (3) Is coverage desired for all employees, volunteers and student teachers? Yes No
6. (A) Total current budget \$ _____
 (B) Total current expected deficit \$ _____ or surplus \$ _____
 (C) Total accumulated deficit \$ _____ or surplus \$ _____
 (D) Total amount bond authority \$ _____ Total Present _____ Bonds issued, if any, \$ _____
 Current bond rating _____.
 (E) If a deficit exists, what steps are being taken to eliminate it? _____
7. (A) Special Education Programs or Facilities for mentally handicapped or physically handicapped? Yes No
 If "yes", describe: _____
 (B) Total number of instructors currently employed. _____
 (C) Does the Entity anticipate any reduction in professional staff in the next twelve (12) months? Yes No
 (D) Total number of non-instructional employees for the past three (3) years: _____

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(E) Has any employee of the Entity been suspended, demoted, dismissed, transferred or contract of employment non-renewed within the last twelve (12) months? Yes No

If "yes", explain: _____

(F) Has any person, former employee or job applicant alleged unfair or improper treatment regarding employee hiring, non-remuneration advancement or termination of employment? Yes No
If "yes", explain on separate exhibit.

(G) Has the Board established guidelines related to procedures for suspension, dismissal, or non-renewal of employment contracts of:

Instructors and supervisory personnel	Yes	No	When _____
Non-professional employees	Yes	No	When _____
Students	Yes	No	When _____

Are these guidelines in writing? Yes No When _____
If "yes", attach copy.

(H) Is a uniform contract for instructors used? Yes No When _____
If "yes", are all "in force" contracts the same? Yes No When _____
If "no", explain differences on separate exhibit.

(I) Has the Board adopted a pay scale for personnel providing for remuneration without regard to age, sex, race, or creed. Yes No Year Established _____

(J) Has the Board adopted an affirmative action program for employment? Yes No Year Established _____

8. (A) Is the Entity involved in any disputes regarding integration?

If "yes", explain: _____

(B) Has the Entity been closed or school activities disrupted during the past three (3) years due to student or teacher strikes or actions? Yes No If "yes", explain. _____

9. No Claims which, if insurance had been in force similar to that now proposed, would have fallen within the scope of such insurance has been made or is now pending against any persons proposed for insurance, except as follows (If answer is None, so state): _____

10. No person proposed for this insurance is cognizant of any act, error, omission which he/she has reason to suppose might afford valid grounds for any future claim such as would fall within the scope of the proposed insurance, except as follows (if answer is None, so state; otherwise attach explanation): _____

11. The Entity, its board, and/or its employees have not been involved in or have any knowledge of any pending Federal, State or Local legal actions or proceedings against the Entity, its Board Members, or employees except as follows (if answer is None, so state; otherwise attach explanation): _____

12. Please attach Loss Experience including the following: (a) Date, (b) Name of Claimant, (c) Description, (d) Settlement.

13. Current School Leaders Errors and Omissions or Directors and Officers Liability currently in force:

Company _____ Policy Expiration: _____

Limit of Liability _____ Deductible _____ Premium _____

14. It is agreed that any claim or action arising from any negligent act, error or omission or breach of duty which is known to an Insured, prior to the issuance of the insuring policy to which this application is attached and forms a part, shall be excluded from coverage.

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15. The undersigned authorized officer(s) of the Entity and/or Board declare that to the best of their knowledge, the statements set forth herein are true. Signing of this proposal does not BIND the insurer to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached and become part of the policy.

ADDITIONAL SUPPLEMENTAL INFORMATION

Please answer all of the following questions. The complete answer to each question is needed before we will be able to offer new or renewal terms

1. Is the school public or private? _____
If the School is private, is it a for-profit entity? _____
2. Does the school's enrollment include pre-schoolers? _____
If yes, what percentage is the pre-school enrollment? _____
3. Is the school a boarding school? _____
4. If the school is a college, is it a 2 or 4 year college? _____
5. Does the school conduct night classes? _____
If yes, are board members the same for day and night classes? _____
6. Is the school affiliated with any other entity? _____
If yes, please list the name and nature of the entity. Also explain what relationship exists between the school and the other entity. _____

NOTE: The application must be signed and dated within 45 days of the binding should an order be given.

Signature

Title

Date

Entity

NOTICE: NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

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NOTICE TO NEW YORK APPLICANTS

NEW YORK APPLICANTS: PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The Entity hereby acknowledges that it is aware that the limit of liability contained in this policy may be reduced and may be completely exhausted, by the costs of legal defense, depending on the limit of liability chosen, and, in such event, the Company shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The Entity hereby further acknowledges that it is aware that the legal defense costs that are incurred may be applied against the deductible amount.

_____ Entity	_____ Signature
	_____ Title

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 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 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 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, OR 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 PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000."

AGENT:

Submitted By _____ Date _____

Address _____

Note: This application and all exhibits shall be treated in strictest confidence.

ACORD COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE

PRODUCER		PHONE (A/C, No, Ext):	CARRIER	NAIC CODE:	UNDERWRITER
CODE:		SUB CODE:	POLICIES OR PROGRAM REQUESTED		
AGENCY CUSTOMER ID		INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER	GARAGE AND DEALERS
		PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE	
		GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY	
		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION	
		CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO	UMBRELLA	
		TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER		

STATUS OF SUBMISSION		PACKAGE POLICY INFORMATION			
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
BOUND (Give Date and/or Attach Copy):		PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
DATE	TIME			DIRECT BILL	AUDIT
	AM			AGENCY BILL	
	PM				

NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Ins):	MAILING ADDRESS INCL ZIP+4 (of First Named Insured)		
		PHONE (A/C, No, Ext):			
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> NOT FOR PROFIT ORG	CR BUREAU NAME	ID NUMBER
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> LIMITED CORPORATION			YEAR BUS STARTED
INSPECTION CONTACT		PHONE (A/C, No, Ext):	ACCOUNTING RECORDS CONTACT		PHONE (A/C, No, Ext):

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
			<input type="checkbox"/> INSIDE	OWNER		
			<input type="checkbox"/> OUTSIDE	TENANT		
			<input type="checkbox"/> INSIDE	OWNER		
			<input type="checkbox"/> OUTSIDE	TENANT		
			<input type="checkbox"/> INSIDE	OWNER		
			<input type="checkbox"/> OUTSIDE	TENANT		

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				8. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
4. ANY CATASTROPHE EXPOSURE?				10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?						
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO						

REMARKS

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. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE
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PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						CLOSED
						OPEN
						CLOSED

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.