

proposal form



- All questions must be answered completely; please type or print clearly; if any questions are considered “not applicable”, please explain why.
- If you need more space, continue on a separate sheet and indicate question number.
- Please complete supplements where required.
- This application and all supplement forms must be signed and dated by a principal of the firm.

General information

1. Name of US education provider:

2. Main campus address and zip code: (Provide full schedule of locations (if applicable) and campus map(s)).
 - a. Main campus:

 - b. Address and zip code:

 - c. Website:

Risk details

3.

School grade	Number of schools	Total number of students	Total number of staff
PK-8			
Elementary			
Middle			
9 to 12			
Middle and High			
PK-12			
College			

4.
 - a. Is the US education provider: for profit not for profit entity
 - b. Co-education single sex male single sex female
 - c. Boarding day school both
 - d. Is the US education provider a medical academic center: Yes No
 - e. If yes, please confirm if abortions are performed on-site. Yes No



Security/crisis management plans

5. What is the distance to the nearest police station or fire department:

Tick all that apply:

- | | | |
|---|-----|----|
| 6. Onsite security team | Yes | No |
| 7. Private security team | Yes | No |
| 8. Emergency plans detailing evacuation, lockdown, accountability and reunification | Yes | No |
| 9. Deadly weapon response plan | Yes | No |
| 10. Regular drills / review of plans (regular means annual review) | Yes | No |
| 11. Independent risk company review / design security / crisis management plans | Yes | No |
| 12. Screening measures for employees | Yes | No |
| 13. Social media monitoring | Yes | No |

Please provide further details where applicable:

14. What is the current budget for emergency preparedness (campus security personnel, equipment, emergency supplies, training/drills, notification/communication, and planning)?

Claims history

- | | | |
|--|-----|----|
| 15. Have you suffered any violent acts, threats, attacks or incidents at any of your locations during the last five years? | Yes | No |
|--|-----|----|

If you answered yes, please provide details (include brief description, date, location and amount).

Continue on separate sheet if necessary.



Policy details

16. Do you currently have, or have you at any time had, a general liability policy? Yes No
17. Have you ever been declined or accepted under special terms for general liability insurance, or has any insurer ever cancelled or declined to renew your policy? Yes No
18. Do you currently have, or have you at any time had, a deadly weapon protection, active assailant or malicious attack policy? Yes No
19. Deadly weapon protection coverage required?

	Proposed effective date	Limit of liability (USD)	Excess (USD)
Option 1			
Option 2			
Option 3			

20. Do you currently purchase Sexual Molestation coverage? If you are interested in obtaining a quote please fill out the Safeguard application form.

Please provide designated point of contact for future event responder contact/correspondence.

Name:

Position/Title:

Telephone number:

Email:

Your information

Any personal information you have provided will be dealt with by us in compliance with the provisions of relevant US privacy laws and EU Data Protection Directive (also known as Directive 95/46/EC). We have implemented technology and policies to safeguard your privacy from unauthorised access and improper use and will continue to update these measures as new technology becomes available. For the purpose of providing this insurance and handling of any claims which may arise under it, underwriters may need to transfer certain information which you have provided to other parties in other countries (including to other Beazley companies) on the basis that anyone to whom we pass it protects it in the same way we would and in accordance with applicable laws. By signing this proposal you agree that such transfer(s) may be made. If you have any questions about privacy or this privacy statement or would like to make a complaint in relation to our collecting, processing or storing of your personal information please contact us at usainfo@beazley.com.

Declaration

You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to what constitutes a material fact you should consult your broker).

I understand that the signing of this proposal does not bind me to complete or underwriters to accept this insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis and be incorporated into the contract.

Signature:

Position:

Date: / /

You should keep a record (including copies of any letters) of all information supplied for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.

You must inform your broker of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your broker.

