



EXCESS LIABILITY UNDERWRITING RENEWAL FORM

Overview & Instructions

Welcome to the 2008 Adobe Schools Excess Liability Fund underwriting renewal form

The Excess Liability underwriting renewal form will allow your district to fill out, update, and save this document without having a read/write copy of Adobe, but **you must be online at the time of saving to utilize the functionality**. The Reader extensions in the form provide the equivalent of using Adobe versions 5 through 8 Professional or Standard at no cost to your district.

The sole purpose of this form is to provide SELF brokers with the information they need to obtain the best possible rates for our members in a timely manner. Please return you form by October 26, 2007.

*** Just a few Reminders ***

1. To save your work a "Save Copy via E-Mail" button is located on the last page.
2. You must be connected to the internet while saving and only use the button listed above, not the save in Adobe.
3. The form will generate an e-mail and .pdf attachment to save your form. Adobe Reader allows districts to enter, change or update, but the code embedded in the button that allows saving. Using the save in Adobe, will disable the code.

For Adobe Reader 6.0 users, a step by step help is available at <http://www.selfjpa.org/services/help/help.htm>

Ready to Start!

1. District Information

Name of District:

Street:

Suite:

City:

State:

Zip:

Primary Contact Person:

Title:

Phone:

Ext:

Email:

Fax:

Alt Contact:

Title:

Phone:

Ext:

Email:



Safety/Loss Prevention/Risk Manager:

Director:
Title:
Phone:
Fax:
Email:

- 1. Does the district have a formal Loss Prevention program? Yes No
- 2. Are outside contractors used for security? Yes No

Claims Administrator:

(Check if administered in-house):

Address:
City: State: Zip: Number of years handling account?
Phone:
Fax:
Email:

Number of Employees:

Physical Ed Teachers: All Other Teachers:

Employees: Total number:

**Self-Administered Supplemental applications can be found at www.selfjpa.org/services/renewalforms.htm*

2. Operations

Security:

Do you have security procedures for monitoring or patrolling premises after hours or for special events? Yes No

Do you have armed security personnel on campus? Yes No How Many Armed?

Is a private security company used? Yes No

If yes please provide name, address and contact information of the firm:

Contact Name:
City, State and Zip Code:



Special Classes:

(check if not applicable)

- Aviation
- Gymnastics
- Hang Gliding
- Emergency Med. Technician
- Equestrian Events
- Firearms Range

- Mountain/Rock Climbing
- Police/Fire Fighting Training
- Rocketry
- Sky Diving
- Scuba Diving
- Use of Radioactive Materials

Laboratory Classes:

1. Do you have specific policies dealing with storage, handling and disposal of chemicals used in curriculum? Yes No

Special Equipment/Facilities:

(check if not applicable)

- Trampolines
- Grandstands number: capacity greater than 5,000: Yes No

Sports Programs:

(check if not applicable)

- | | |
|--|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Martial Arts |
| <input type="checkbox"/> Boxing | <input type="checkbox"/> Rugby |
| <input type="checkbox"/> Cross County Skiing | <input type="checkbox"/> Sailing/Boating |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Football (Touch/Flag or Tackle) | <input type="checkbox"/> Track |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Gun Club/ Shooting Range | <input type="checkbox"/> Weightlifting |
| <input type="checkbox"/> Hockey | <input type="checkbox"/> Wrestling |

Number of swimming pools?

Number of diving boards?



3. General Liability Questions

1. Do you require all contractors, vendors and groups using your facilities to add your district as additional insured on their insurance policy? Yes No

Employees:

1. Do you have written policy, approved by legal counsel, regarding the investigation of child molestation and sexual harassment complaints? Yes No
2. Does the school have a 'zero tolerance' policy regarding weapons, drugs, vandalism and any other violent or illegal activity among students? Yes No
3. Have all teachers and all other personnel been properly trained in conflict resolution methods and basic restraining techniques? Yes No
4. Does hiring process for employees include a background and criminal check? Yes No
5. Does hiring process for volunteers include a background and criminal check? Yes No
6. Do you have a dedicated risk manager? Yes No P/T F/T
7. Do you have a human resources manager? Yes No P/T F/T

Athletic Participation:

1. Is a signed consent form on file for each student? Yes No
2. Are medical exams required for athletes? Yes No
3. Are parents advised of the risks involved? Yes No
4. Are coaches/trainers certified in their athletic program? Yes No
5. Is Student Accident coverage made available to each participant? Yes No



4. District Vehicle Summary

Number of Licensed Units

Vehicles and Buses	Renewal Count
Private Passenger	
Vans (up to 9 seats)	
Pick-up Truck	
Buses (up to 23 seats)	
Buses (24-59 seats)	
Buses (60 - 90 seats)	
Other	
TOTAL	

Fleet Safety:

1. Do you have a full time Fleet / Transportation Manager? Yes No
2. Is vehicle maintenance performed on a regular schedule? Yes No
3. Is vehicle maintenance performed on new district vehicles? Yes No
4. How often do you inspect vehicles for safety hazards?

D- Daily M-Monthly W-Weekly N/A- Not Applicable

Bus Service:

1. Does your District provide bus services? Yes No
2. Do you contract for bus services? Yes No N/A
If yes, contractor name:
3. Do all school buses meet the Federal Motor Vehicle Safety Standards issued by the National Highway Traffic Safety Administration (NHTSA)? (Includes minimal safety requirements in the following areas: emergency exits, interior occupancy protection, floor strength seating systems, crash-worthiness of body and frame, vehicle operating system, windshields and windows, and fuel system integrity.) Yes No N/A
4. Do all school bus drivers have a commercial driver's license as required by Federal law?
 Yes No N/A



Driver Hiring/Motor Vehicles Records (MVR):

- 1. Is an MVR reviewed on all prospective drivers before hiring? Yes No
- 2. Do you have a formal driver-training program? Yes No
- 3. Do you have written an MVR criterion that establishes eligibility to drive? Yes No
- 4. Do you subscribe to the DMV PULL system for MVR's? Yes No

5. Submit Form

First Name

Last Name

Date

E-Mail *

** This address will receive confirmation questionnaire was received*

*Please check if you would like a copy of underwriting form as submitted for your records?

Yes No

* Both asterisks for E-Mail address and to receive copy of completed form denote they are required fields

Any additional comments in regards to questions, please list below: