



Congratulations on becoming an owner of ALICAP!

Instructions for New Member

- The All Lines Interlocal Cooperative Aggregate Pool (ALICAP) requires that your school board adopt the pool agreement by signing and returning the Resolution of Commitment form.
- The Uninsured and Underinsured Motorists law of Nebraska requires that Uninsured and Underinsured Motorists Coverage be provided at a limit equal to the State's Financial Responsibility law. Please sign the Commercial Automobile Application Supplement.
- Complete the Supplementary Application for School Leaders Errors & Omissions on behalf of the board members, central office administrators, school district principal's and legal counsel. This form protects your fellow members of ALICAP from responding to any Errors and Omissions claim which should have been reported to the previous insurance carrier. This form eliminates the need to purchase an extended reporting endorsement from your previous School Board Legal Liability carrier.
- Complete the ALICAP Cybersecurity Questionnaire and sign it.
- Complete the IronEnviro (SPILLS) Application and sign it.
- Complete the Sexual Abuse Liability Application and sign it.

Thank you for taking the time to complete this information. Once we receive the electronic copy, we will begin to enroll your district into ALICAP. Please feel free contact me if you have any questions.

Sheri Shonka
Managing Director

Public Risk Management
3528 Dodge Street, Suite 120 | Omaha, NE 68131
Direct: (877) 649-4612
sheri.shonka@prmne.com



NASB
All Lines Interlocal Cooperative Aggregate Pool
(ALICAP)

Member Resolution of Commitment

WHEREAS, LB398 passed by the 1987 Nebraska Legislature created the Intergovernmental Risk Management Act; and

WHEREAS, _____ School District, believes it is in the best interest of its citizens to join with other Nebraska school districts in establishing a property, general liability, automobile, crime, dishonesty, school board liability and workers compensation pool; and

WHEREAS, the NASB Pool is established by school districts for the benefit of school district citizens; and

THEREFORE BE IT RESOLVED, that the _____ School District hereby:

1. Approves the document entitled "Participation Agreement"; and
2. Enters into the Agreement for the formation of and participation in the NASB All Lines Interlocal Cooperative Aggregate Pool; and,
3. Designates _____ to sign the Formation Agreement with the Pool on behalf of the school district

Passed and approved this _____ day of _____, 2025

_____ School Board

Signature

Please print name and title

NEBRASKA

(To be completed and signed by the Named Insured)

NAME

POLICY NO.

The Uninsured and Underinsured Motorists law of Nebraska requires that Uninsured and Underinsured Motorists Coverage be provided at a limit at least equal to the state's Financial Responsibility law. You may purchase Uninsured and Underinsured Motorists Coverage with a limit up to your policy's liability insurance limit if you submit a signed application.

Please study this sheet carefully to help you decide what coverage you need to fulfill your insurance requirements.

FOR A MORE DETAILED DESCRIPTION OF THESE COVERAGES, REFER TO YOUR POLICY.

UNINSURED AND UNDERINSURED MOTORISTS COVERAGE

Uninsured and Underinsured Motorists Coverage provides coverage for (1) damages for bodily injury which an insured is legally entitled to recover from the owner or operator of a motor vehicle for which there is no bodily injury liability insurance or bond applicable at the time of the accident, and (2) damages for bodily injury which an insured is legally entitled to recover from the owner or operator of a motor vehicle to which a bodily injury liability policy applies at the time of the accident but its limit for bodily injury liability is either (a) not enough to pay the full amount the insured is legally entitled to recover as damages, or (b) reduced by payments to persons other than an insured injured in the accident to less than the full amount the Insured is legally entitled to recover as damages.

In accordance with the laws of Nebraska, your automobile liability or motor vehicle liability policy shall automatically include Uninsured and Underinsured Motorists Coverage for damages for bodily injury Which the insured may be entitled to recover from the owner or operator of an uninsured or underinsured motor vehicle, in the minimum amount of \$25,000 each person / \$50,000 each accident. Alternatively, you may select higher limits, up to the bodily injury policy liability limits, by indicating that selection below. Please select one of the following options:

- Uninsured and Underinsured Motorists Coverage at the minimum limits shown above
- Uninsured and Underinsured Motorists Coverage at a limit equal to my liability insurance limit
- Uninsured and Underinsured Motorists Coverage limit of \$ 50,000 CSL *(may not exceed your liability insurance limit)*

Please be sure to read, fill out, sign, and return this Supplemental Application to your agent or broker. The choice you make will apply to any policy which renews, changes, supersedes, or replaces your existing policy, or any policy for which you may be applying unless you request a change to your coverage in writing. By signing below and/or paying any premium, you have evidenced your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

Signature of Named Insured

Date

Signature of Agent

Date

Supplementary Application

School Leaders Errors & Omissions Policy

This form will be attached to and form part of the Application of Insurance. The Insured(s) represent that the Application and this statement are the basis of the insurance applied for and are to be considered as incorporated into and constituting part of the policy issued. These statements are material to the acceptance of the risk assumed by the Company and the policy is issued in reliance upon the truth of those representations.

I/we hereby warrant that I/we have made reasonable and diligent inquiry of the following persons:

- 1) All School District Board Members
- 2) All Central Office Administrators
- 3) All School District Principals
- 4) Legal Counsel to persons listed in 1, 2, & 3 above

and that no circumstances are now known which have not been reported to my/our current Insurer which could lead to a claim under the insurance policy for which I/we are now proposing, or for any subsequent renewal of our policy. A copy of the notices of any circumstances that have been reported to my/our Insurer is attached.

The company agrees, subject to the other policy provisions, that if the above warranty is complied with and solely with respect to prior knowledge of circumstances which may lead to a claim, it will not disclaim coverage under this policy for claims which arise from incidents which were known to any Insured person(s) other than those stated in 1, 2, 3, or 4 above at the time the Insured submitted the Application for this insurance providing reasonable and diligent inquiry was first made by the Insured(s).

School District

Signature

Title

Date



ALICAP Cybersecurity Questionnaire

Please provide responses below concerning the Information Technology (IT) environment of your school district. Responses should be accurate as of the date that the application was completed. If your school district or ESU plans to make changes to its IT environment, please describe those plans in the "Other Controls & Preventative Measures" section, below.

To obtain **qualified** status, Beazley requires "Yes" responses to all cybersecurity questions (penetration testing must be conducted).

General Information

School District:	
Average Daily Attendance:	
Gross Operating Expenditures:	

Cybersecurity Questions

	Yes / No / Partial
1a. Do you use an Endpoint Protection Platform?	
1b. If yes, what vendor?	
2. Do you enforce multi-factor authentication for all ordinary user accounts when accessing your network remotely?	
3. Do you enforce multi-factor authentication for users accessing web-based email?	
4. Are multi-factor authentication settings enabled for access to privileged accounts or files?	
5. Have you implemented Endpoint Detection and Response security tools?	
6. If you have any end-of-life software on your network is the software segregated from the rest of the network?	
7. Do you have a Security Operations Center managed by an external 3 rd party?	
8. Do you deny all Server Message Block inbound communications to servers except where there is an identified business need?	
9a. Do you have a firewall at network perimeter?	
9b. Do you have a firewall internally within the network?	
10. How often do you (or a 3 rd party on your behalf) conduct penetration testing on your network? <i>Options: Never / Annually / 2-3x per year / 4x or more</i>	
11. Are host based and network firewalls configured to disallow inbound connections by default?	
12. Do you conduct regular phishing training and testing for all users?	

- 13. Are advanced threat protection settings enabled for all email users? [Redacted]
- 14. Are incoming emails and communications filtered for malicious links/attachments? [Redacted]
- 15. Are external emails and communications marked to alert users of their external origin? [Redacted]
- 16. Have you implemented any of the following controls: DKIM; SPF; DMARC? [Redacted]

Other Controls & Preventative Measures

Please use the space below to clarify any answers above that may be incomplete or require additional detail. Please also describe any additional steps your organization takes to detect, prevent, and recover from ransomware attacks (e.g., segmentation of your network, additional security controls, external security services, etc.).

School District: [Redacted]
Superintendent: [Redacted]
IT/Technology Director: [Redacted]
Date Completed: [Redacted]

Signature: _____



Ironshore Insurance Services, LLC

IronEnviro Site Pollution Incident Legal Liability Select (SPILLS) Application

THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY. PLEASE REVIEW THE APPROPRIATE POLICY CAREFULLY.

INSTRUCTIONS:

- Please print or type clearly.
- Please answer all questions and those applicable to the coverages requested. If any questions in those sections do not apply, please answer "NA."
- If additional supporting documentation is needed to answer the questions completely, please reference in the application and attach the additional supporting documentation.
- The application must be signed and dated by a duly authorized executive, officer, owner, or principal of the applicant.

GENERAL APPLICANT INFORMATION:

Named Insured: _____

Mailing Address: _____

1. Is the applicant interested in receiving loss control support and/or training services provided by Ironshore?
____Yes ____No. If yes, please provide an email address for the facility manager or other appropriate contact.

Email Address:

2. Does the applicant hold any property, i.e. vacant land, for development? ____Yes ____No. If yes, please attach explanation.

3. Does the applicant anticipate any development activities during the policy period? ____Yes ____No. If yes, please attach explanation.

CLAIMS / WARRANTY STATEMENTS:

A. CLAIMS:

1. In the last five (5) years, has the applicant had any reportable releases or spills of hazardous substances or hazardous wastes, or any other pollutants as defined by applicable environmental statutes or regulations? ____Yes ____No. If yes, please attach explanation.

2. In the last five (5) years, has the applicant received any notices of violation, fines, penalties, complaints or other enforcement actions regarding compliance with environmental laws? ____Yes ____No. If yes, please attach explanation.

3. In the last five (5) years, has the applicant been prosecuted or is the applicant currently being prosecuted for contravention or any standard of law relating to the release or threatened release of a hazardous substance, hazardous waste or other pollutant as defined by applicable environmental statutes or regulations? ____Yes ____No. If yes, please attach explanation.

4. Are you aware of any past or present contamination on-site or emanating from the site(s) or any circumstance which may reasonably be expected to give rise to a claim or generate a request for coverage under this policy? ____Yes ____No. If yes, please attach explanation.

5. Have any claims been made or legal actions (including regulatory actions) been brought against you in the past 5 years which relate in any way to an actual or alleged pollution release (including mold matter and legionella) or water intrusion?
____Yes ____No. If yes, please attach explanation.

B. INDOOR AIR QUALITY:

1. Have any water or indoor air quality related construction/maintenance defects been encountered (including but not limited to HVAC system problems, leaks in the roof, windows, or siding, as well as broken plumbing or sewer backups) ? ____Yes ____No. If yes, please attach explanation.
2. Does the applicant have a mold/microbial matter operations and maintenance (O&M) plan and/or water intrusion O&M plan? ____Yes ____No. If yes, please provide a copy.
3. Have any Indoor Air Quality (IAQ) /mold inspections or evaluations been done at a proposed location? ____Yes ____No. If yes, please provide a copy.
4. Have any complaints ever been made by a third party relating to indoor air quality, mold, or legionella problems at a proposed location? ____Yes ____No. If yes, please attach explanation fully and include cause of loss, mitigation of loss and any costs associated with the loss.
5. Do you have a formal process in place to document and track IAQ and/or mold complaints? ____Yes ____No.
6. Do you have employees on-site and dedicated to the management of the proposed locations? ____Yes ____No. If yes, have the employees undergone specific training with regards to IAQ and/or mold? ____Yes ____No.
7. Have any of the proposed locations had an IAQ and/or mold problem that cost more than \$25,000 to remediate? ____Yes ____No.
8. Does the applicant have protocols in place specific to when the schools are not in session to inspect and maintain the facilities? ____Yes ____No. If yes, please provide a copy.

C. WARRANTY:

1. Does the applicant know of any fact, situation or circumstance that could result in a claim(s) being made against your company or any other entity that is requesting coverage? ____Yes ____No. If yes, please attach explanation.

D. ACKNOWLEDGEMENT OF SHARED LIMITS:

THE UNDERSIGNED UNDERSTANDS, AGREES TO, AND ACKNOWLEDGES, THAT THIS POLICY CONTAINS A POLICY AGGREGATE LIMIT OF LIABILITY THAT IS ACCEPTED AND SHARED BY ALL OF THE APPLICANTS WHO ARE OR MAY BECOME AN INSURED HEREUNDER. IN VIEW OF THE OPERATION AND NATURE OF THIS SHARED POLICY AGGREGATE LIMIT OF LIABILITY, THE APPLICANT UNDERSTANDS AND AGREES THAT PRIOR TO FILING A CLAIM UNDER THIS POLICY, THE POLICY AGGREGATE LIMIT OF LIABILITY MAY BE EXHAUSTED OR REDUCED BY PRIOR PAYMENTS FOR OTHER CLAIMS UNDER THIS POLICY. AS A RESULT, THERE MAY BE NO AVAILABLE LIMIT TO PAY THE APPLICANT’S CLAIM, REGARDLESS OF WHETHER ANY LOSS, BUSINESS INTERRUPTION EXPENSE OR EXTRA EXPENSE HAS BEEN PAID ON SUCH APPLICANT’S BEHALF.

IT IS AGREED BY THE APPLICANT (AND THE ENTITY(IES) REQUESTING COVERAGE) THAT THE PARTICULARS AND STATEMENTS MADE IN THIS APPLICATION, TOGETHER WITH ALL ATTACHMENTS TO THIS APPLICATION AND ANY OTHER MATERIALS SUBMITTED TO THE INSURER (ALL OF WHICH ATTACHMENTS AND MATERIALS SHALL BE DEEMED ATTACHED TO THE POLICY AS IF PHYSICALLY ATTACHED THERETO), SHALL BE THE REPRESENTATIONS AND WARRANTIES OF THE APPLICANT (AND THE ENTITY(IES)REQUESTING COVERAGE) AND SHALL BE DEEMED TO BE MATERIAL TO THE ACCEPTANCE OF THE RISK OR THE HAZARD ASSUMED BY THE INSURER UNDER THIS POLICY. IT IS FURTHER AGREED BY THE APPLICANT (AND THE ENTITY(IES)REQUESTING COVERAGE) THAT THE PROPOSED POLICY, IF ISSUED, IS ISSUED IN RELIANCE UPON THE TRUTH AND ACCURACY OF SUCH REPRESENTATIONS AND WARRANTIES WHICH ARE INCORPORATED INTO AND MADE A PART OF SUCH POLICY.

THE UNDERSIGNED APPLICANT WARRANTS THAT THE STATEMENTS SET FORTH IN THIS APPLICATION AND ITS ATTACHMENTS AND OTHER MATERIALS SUBMITTED TO THE INSURER ARE TRUE AND CORRECT.

ACCEPTING THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE, OR THE APPLICANT TO PURCHASE, THE POLICY. IN THE EVENT THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS OR REPRESENTATIONS OR WARRANTIES HEREIN PRIOR TO THE ISSUANCE DATE OF THE POLICY, WHICH WOULD RENDER THIS APPLICATION FORM INACCURATE OR INCOMPLETE, THE APPLICANT WILL NOTIFY THE INSURER IN WRITING AND, IF NECESSARY, ANY OUTSTANDING QUOTATION MAY BE MODIFIED OR WITHDRAWN.

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

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWINGLY THAT HE/SHE 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: 15-10, 36 §3613.1)

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 VERMONT APPLICANT: 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 MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL 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 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATIONS

Applicant's signature: _____ **Date:** _____

Applicant's name (please print): _____

Title: _____

Insurance representative: _____ Sheri L. Shonka/Nancy Meinders
Name of firm: _____ Public Risk Management, Inc.
Address: _____ 3528 Dodge St., Suite 120, Omaha, NE 68131
Telephone number: _____ 877-649-4612 Ext. #1 or Nancy Meinders 877-649-4612 Ext #2
Fax number: _____ 402-399-2785
E-mail address: _____ sheri.shonka@prmne.com or nancy.meinders@prmne.com

Surplus lines agent (SLA) (for the state where the named insured is domiciled): Daniel Shonka, CLCS
ARM Address: _____ 3528 Dodge St., Suite 120
City: _____ Omaha
State, ZIP code: _____ NE, 68131
Surplus lines license number: _____

Sexual Abuse Liability



Separate applications are required for individual departments if training and hiring are handled separately by the individual department

Has your Abuse coverage, or any similar insurance, been cancelled or non-renewed in the past five years?

If yes, please provide explanation

INSURED'S OPERATIONS (Select Yes, No, Subcontract or Insured Elsewhere)

	SELECT	(under 18 yrs)	(over 18 yrs)	No. of Employees	No. of Volunteers	No. of Contractors	Contractors Duties
Before / After School Programs							
Boarding Schools							
Daycare Center - Child							
Daycare Center - Adult							
Day Camps							
Camps w/ Overnight Stays							
Foster Homes							
Group Homes							
Mentoring (i.e. Big Brother / Big Sister)							
Special Education Programs							
Residential Facilities - In Family Homes							
Residential Facilities - In Mental Health Facilities							
Transportation of Children / Handicapped / Seniors							
Tutoring Programs							
Youth Shelter							
Youth Recreational Programs							
Other: _____							

1. Have all known claims, incidents, or allegations been reported to prior carrier?

2. Are you aware of any facts, incidents, or circumstances which may result in Sexual Abuse claims being made against you?

If yes, please provide explanation

3. In the past five years, have any employees or officers been terminated for cause related to sexually abusive behavior?

If yes, please provide explanation

4. Have any members of staff been transferred because of allegations of Sexual Abuse?

If yes, please provide explanation

RISK MANAGEMENT

5. Do you hire or use subcontractors for any operations involving minors (including coaches)?

Yes / No

6. If yes, do you require those subcontractors provide you with additional insured status and a certificate of insurance showing Abuse & Molestation coverage with limits of at least \$1,000,000?

7. Is there a written abuse prevention policy? If Yes, please attach copies of policies

Does the policy prohibit one-on-one contact?

Does the policy outline permissible exceptions to one-on-one contact?

Does the policy require any one-on-one meetings occur in visibility of others at all times (e.g. window in door or open door at all times)?

Does the policy specify overnight activities require a specified number of screened employees/volunteers, management approval & prohibit single adult/child sleeping arrangements?

Does the policy specify transportation & activities conducted away from schools premise require 2 or more screened employees/volunteers?

Does the policy require prior establishment of persons allowed to visit and pickup

Do policies and procedures include an incident reporting and follow-up?

8. Is there a written policy for email, phone and social media contact with clients and persons under 18 years of age?

SELECTION / TRAINING PROCEDURES

	EMPLOYEES Yes / No	VOLUNTERS Yes / No
9. Do you require a written application for all employees and volunteers?	<input type="text"/>	<input type="text"/>
10. Does the application include a notice that Criminal Background Checks will be conducted?	<input type="text"/>	<input type="text"/>
11. Do you conduct documented reference checks on all employees and Volunteers?	<input type="text"/>	<input type="text"/>
12. Do the applications require an applicant's signature and untruthful answers are grounds for non-hiring or termination?	<input type="text"/>	<input type="text"/>
13. Are Criminal Background Checks completed prior to starting employment or regular volunteering?	<input type="text"/>	<input type="text"/>
Are background checks federal (50 state) level?	<input type="text"/>	<input type="text"/>
Are background checks only for your state level?	<input type="text"/>	<input type="text"/>
Are background checks only county or city level?	<input type="text"/>	<input type="text"/>
Are background checks performed at regular intervals (e.g. every 2-5 years)?	<input type="text"/>	<input type="text"/>
14. Do you maintain the applications in their personnel file?	<input type="text"/>	<input type="text"/>
15. Do you maintain a practice of not accepting potential employees/volunteers with prior sexual/physical abuse allegations against them?	<input type="text"/>	<input type="text"/>
16. Do all your employees and volunteers undergo abuse prevention training prior to working with youth?	<input type="text"/>	<input type="text"/>
Then annually thereafter?	<input type="text"/>	<input type="text"/>
Does training include recognition of sexual/physical abuse symptoms?	<input type="text"/>	<input type="text"/>
Does training include procedures to follow if a peer is suspected of such abuse?	<input type="text"/>	<input type="text"/>
17. Do all your employees and volunteers undergo SAFE SCHOOLS Abuse Training courses?	<input type="text"/>	
18. Do all your employees and volunteers know reporter training procedures?	<input type="text"/>	
19. Do you maintain records of all abuse prevention and mandated reporter training?	<input type="text"/>	

INCIDENT REPORTING

	Yes / No
20. Does your school use SAFE2HELP offered by the Nebraska Department of Education (NDE)?	<input type="text"/>
21. Does the entity provide for anonymous reporting of suspected sexual abuse?	<input type="text"/>
22. Are all reports sent to local law enforcement agencies, child protective services or similar agency?	<input type="text"/>
23. Which departments are responsible for receipt of reports?	<input type="text"/>
24. In case we have any follow-up questions, please provide your name & phone number of who completed this application.	<input type="text"/>

Printed Name: _____

Phone Number: _____

DECLARATION

NOTICE:

THE UNDERSIGNED(S) CERTIFIES THAT HE/SHE IS THE DULY AUTHORIZED REPRESENTATIVE(S) OF EACH PROPOSED ASSUMED WHO SUBMITS THIS APPLICATION TO BRIT GLOBAL SPECIALTY USA FOR A POLICY OF INSURANCE.

THE UNDERSIGNED REPRESENTS THAT THE STATEMENTS SET FORTH IN THE APPLICATION ARE TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE, AND THAT REASONABLE EFFORTS HAVE BEEN MADE TO OBTAIN INFORMATION WHICH IS SUFFICIENT AND ACCURATE FOR THE PURPOSES OF OBTAINING THIS PROPOSED INSURANCE.

THE APPLICATION WARRANTS THAT IS THE INFORMATION SUPPLIED ON THE APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION FATE OF THE POLICY PERIOD, YOU SHALL IMMEDIATELY NOTIFY BRIT GLOBAL SPECIALTY USA OF SUCH CHANGE.

SIGNING OF THIS APPLICATION DOES NOT BIND BRIT SPECIALTY USA TO OFFER OR THE APPLICANT TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE BUT IT IS AGREED THAT THS APPLICATION SHALL BE THE BASIS OF THE INSURANCE CONTRACT AND WILL BE ATTACHED AND MADE PART OF THE POLICY SHOULD BE ISSUED.

Please confirm that you have read and agree with the above statement.

Agree / Disagree

Name of Assured / Legal Representative / Agent

Date