

Specialty Lines

UNDERWRITERS

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Public Entity Application Schools Questionnaire J

Legal Name of Public Entity: _____ **Effective Date:** _____

1. Type of Educational Entity: Private Non-profit Charter Public Education Service District
 Parochial Boarding School Other: _____

2. Current population served: _____

	Current Year	Last Year	Next Year Est.
3. Total number of students (full/part-time)	/	/	/
4. Number of disabled students (full/part-time)	/	/	/
5. Student/teacher ratio			
6. Disabled student/teacher ratio			

7. Estimated average daily attendance:
- a. Kindergarten, elementary, junior high _____ d. Trade/vocational _____
b. Senior high _____ e. Adult education _____
c. Junior college _____ f. Special education _____

8. No. of Faculty Members: _____ Corporal punishment?..... Yes No

9. No. of Nurses: _____ Do nurses carry professional coverage? Yes No

10. Identify types of sports offered (other than normal curriculum):

Name Of Sport	Number Of Participants	Name Of Sport	Number Of Participants
Baseball		Basketball	
Boxing		Football	
Ice Hockey		Lacrosse	
Rugby		Swimming	
Soccer		Softball	
Tennis		Volleyball	
Weight Lifting		Wrestling	

- a. If you have a football program, what is the minimum age children are allowed to play tackle football? _____
- b. Is trained medical assistance available on-site during all games? Yes No
- c. Are certified trainers/coaches used in the athletic programs? Yes No
11. Are trampolines used in any of the schools? Yes No

12. Identify types of classes offered (other than normal curriculum):

- Agricultural farming Aircraft repair Cosmetology Skiing
- Auto repair Scuba diving or snorkeling Radio/TV broadcasting Martial arts
- Special education Driver's education Nursing
- Other (Specify): _____

Provide details for any class that is not classroom only: _____

13. Describe the supervision of the playground: _____ The cafeteria: _____

14. Frequency of inspection of playground equipment: _____

15. Are accident policies or proof of insurance required for all participants of extra curricular athletics? Yes No
If "yes," limits and method of verifying proof of insurance: _____

16. Does the insured have a separate accident and health policy for its athletic participants? Yes No

17. Are medical exams required for athletes? Yes No

18. Are there any waiver/releases employed for athletic programs? Yes No

19. Number of sets of bleachers and seating capacity of each? _____

20. Does school district operate a stadium? Yes No
If "yes," complete questionnaire P (Item C).

21. Is there a swimming pool on premises? Yes No
If "yes," complete questionnaire K (Items A and F).

22. Is a day care on premises? Yes No
If "yes," complete questionnaire C.

23. If school provides a summer school program, what curriculum is offered? General Education
 Other (specify): _____

24. a. Has entity/board established policies/procedures governing students in the areas of:

Suspension? <input type="checkbox"/> Yes <input type="checkbox"/> No	In writing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dismissal? <input type="checkbox"/> Yes <input type="checkbox"/> No	In writing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No	In writing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Corporal punishment? <input type="checkbox"/> Yes <input type="checkbox"/> No	In writing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Acceptance? <input type="checkbox"/> Yes <input type="checkbox"/> No	In writing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Harassment? <input type="checkbox"/> Yes <input type="checkbox"/> No	In writing? <input type="checkbox"/> Yes <input type="checkbox"/> No

b. Has entity/board established policies/procedures governing "special" students in the areas of:

Suspension? <input type="checkbox"/> Yes <input type="checkbox"/> No	In writing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dismissal? <input type="checkbox"/> Yes <input type="checkbox"/> No	In writing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No	In writing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Corporal punishment? <input type="checkbox"/> Yes <input type="checkbox"/> No	In writing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Acceptance? <input type="checkbox"/> Yes <input type="checkbox"/> No	In writing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Harassment? <input type="checkbox"/> Yes <input type="checkbox"/> No	In writing? <input type="checkbox"/> Yes <input type="checkbox"/> No

c. Do guidelines provide for administrative hearings and appeals for students? Yes No

d. Have your policies and procedures been certified by outside counsel? Yes No

25. Are you operating under a court order or consent decree? Yes No
If "yes," attach a copy with any modifications.

26. Does the entity receive federal funding? Yes No
If "yes," from what agencies? _____
27. Does your attorney attend all board/trustee meetings?..... Yes No
28. Have all asbestos inspections and tests required under AHERA been made? Yes No
- a. Have you filed an asbestos abatement plan? Yes No No asbestos
- b. If "no," why not? _____
- c. If "yes," are they completed? Yes No
If "no," when is completion scheduled?: _____
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