



FEDERAL INSURANCE COMPANY - SINGAPORE
One of the Chubb Group of Insurance Companies

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APPLICATION FOR
EDUCATOR'S PROFESSIONAL LIABILITY COVERAGE

Educator's Professional Liability Coverage is written on a claims-made basis. Except as otherwise provided, this policy will cover only claims first made against the Insured during the Policy Period. Please read the policy carefully.

Defense Cost Provision:

Please note that the Defense Cost provision of this policy stipulates that the Limits of Liability may be completely exhausted by the cost of legal defense. Any deductible may be similarly reduced or exhausted by Defense Costs.

GENERAL INFORMATION

- 1. Parent Organisation
Principal Address
Year Established

ADDITIONAL INFORMATION NEEDED AS PART OF THIS APPLICATION:

2. Important, please attach the following information:

- (a) The most recent annual audited financial statement...
(b) The most recent interim financial statement;
(c) The most current Employee Handbook...
(d) Catalogues or brochures that describe curriculums offered;
(e) Copies of all employment application forms...
(f) If a charter school, a copy of the final approved charter.

3. Type of Educational Organisation:

- INDEPENDENT COLLEGE/UNIVERSITY
INDEPENDENT SECONDARY SCHOOL
INDEPENDENT PRIMARY SCHOOL
CHARTER SCHOOL
PUBLIC COLLEGE/UNIVERSITY
EDUCATION RELATED ASSOCIATION
TRADE SCHOOL

OTHER (Please explain):

4. **If an Education related Association, advise what accrediting services are provided:** _____

5. **Are all degree programs accredited or certified ?** Yes No **Accreditation provided by :** _____

If no, please explain : _____

6. **Please provide a listing of all subsidiaries, affiliates and joint ventures in which the applicant has a controlling interest and which are to be included as insureds under the policy:** NONE

| ENTITY NAME | NATURE OF OPERATIONS | % OWNED | DATE ACQUIRED |
|-------------|----------------------|---------|---------------|
|-------------|----------------------|---------|---------------|

7. **Total Enrollment:** 3 Years ago _____ 2 Years ago _____ 1 Year ago _____ This Year _____

8. **Total Number of :**

| | | |
|----------------------------|-------------------------|---------------------------|
| ADMINISTRATIVE STAFF _____ | FULL TIME FACULTY _____ | PART TIME FACULTY _____ |
| BOARD OF GOVERNORS _____ | TRUSTEES _____ | ALL OTHER EMPLOYEES _____ |

Number of employees terminated in the last two years _____

EMPLOYMENT PRACTICES AND POLICIES:

9. **Does the applicant :**

| | |
|---|--|
| Use written guidelines for suspension, dismissal or nonrenewal of employment contracts ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Use outside employment counsel for employment advice ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Distribute an employee handbook to all employees ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have a manual of its Human Resource procedures ? (Last update _____) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Provide formal training for its supervisors in administering these procedures ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have a written policy against discrimination, including sexual harassment ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have a grievance procedure for dealing with discrimination or sexual harassment claims ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Use any tests (e.g. drug, polygraph) for screening applicants or for continued employment ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have a written progressive disciplinary program ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have written guidelines for granting tenure ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Provide a formal appeal process for tenure requests ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Obtain advice from legal counsel or a human resource manger prior to termination ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Use employment-at-will statements ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Anticipate any layoff, staff reduction, or facility closing within the next 12 months ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Anticipate a reduction/change in curriculum within the next 12 months ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

STUDENT POLICIES

10. Does the applicant :

- Have a written policy for employee/faculty fraternization with students ? Yes No
- Is this policy circulated periodically as a reminder ? Yes No
- Have a written procedure for handling student harassment complaints ? Yes No
- Have an appeal procedure for admissions ? Yes No
- Who is responsible for overseeing this appeal procedure ? _____
- Have a written procedure for student disciplinary issues ? Yes No

MISCELLANEOUS

11.a Does the applicant or any entity listed in Item 6 above license any patent for commercial use? Yes No
If yes, provide particulars. _____

b Does the applicant or any entity listed in Item 6 above produce any product for commercial use or for use by a person or entity other than the applicant ? Yes No
If yes, provide details. _____

12. Has there been any denial of accreditation, or disciplinary/probationary action taken against the applicant (or any program of the applicant) by any accrediting organisation within the past 3 years ? Yes No
If yes, please provide details. _____

13. Has any regulatory body initiated any disciplinary or probationary action against the applicant (or any program of the applicant) within the past 3 years ? Yes No
If yes, please provide details. _____

PRIOR COVERAGE:

14.a Do you currently have:

| Type of Coverage | Yes | No | Insurer | Limits | Deductible | Expiration |
|------------------------|-----|----|---------|--------|------------|------------|
| D&O | | | | | | |
| EDUCATOR'S E&O | | | | | | |
| EMPLOYMENT PRACTICES | | | | | | |
| SCHOOL BOARD LIABILITY | | | | | | |

b Has any of the above insurance been canceled or non renewed within the past 5 years ? Yes No
If yes, please provide details. _____

LOSS HISTORY

15.a Please attach a listing of all employment lawsuits, administrative proceedings (e.g. EEOC), as well as any professional liability lawsuits (for which this coverage is construed against any entity listed in item 1 or 6 above) which was commenced during the past 3 years. Describe the type of allegation, the court or agency involved and any determination, judgment, defense cost or settlement for each. If there have been no losses, please indicate here.

No Prior Losses

b Is/has the Applicant been:

Subject to any judicial or administrative order, decree, judgment or conciliation agreement relating to employment? Yes No

The subject of any anti-trust, copyright or patent infringement litigation ? Yes No

The subject of any representative, derivative or class actions ? Yes No

Given written notice under the provisions of any prior liability or similar insurance of specific facts or circumstances which might subsequently give rise to a claim being made against any insured person(s) ? Yes No

c Please provide full particulars for any "Yes" answer in 15.b above.

CONTINUITY WITH PRIOR COVERAGE

16. Note: This section applies only if you currently have coverage and are requesting continuity of coverage.

Continuity date requested _____

- a. attach a copy of the prior application(s) with which continuity of coverage is to be maintained.
- b. the Company will be relying upon the declarations and statements contained in such prior application and those declarations and statements shall be considered to be incorporated in and form part of the policy of the Company.

PRIOR KNOWLEDGE/WARRANTY

17. Note: If there has been no previous professional liability coverage or in the event continuity is not granted it will be necessary to answer the following:

It is important that you fill in the blank in this paragraph. No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of the proposed coverage, except: **None** or

It is agreed that if such facts or circumstances exist, whether or not disclosed, any claim or action arising from such facts or circumstances are excluded from this proposed coverage.

