



## Educators Legal Liability Application-New Business

**NOTICE**

THIS POLICY IS ISSUED BY YOUR RISK RETENTION GROUP. YOUR RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL OF THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSURANCE INSOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR YOUR RISK RETENTION GROUP.

	<b>Limits Desired:</b>	<b>Effective Date:</b>
<b>Educators Legal Liability ELL</b>		

**INSTRUCTIONS:** Please complete all portions of this application completely, truthfully and accurately. If you do not understand a question, please contact United Educators for clarification. United Educators will rely on the information you supply in this application to respond to the Educational Organization's request for a quotation. Review of this application does not bind United Educators to issue a policy.

**TO COMPLETE APPLICATION, YOU MUST SUBMIT (check if provided with this form):**

- The educational institution's most recent audited financial statement
- Loss Runs from Current Carrier

**FULL LEGAL NAME AND ADDRESS OF THE EDUCATIONAL INSTITUTION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned is an authorized representative of the institution and all persons or concerns applying for renewal of the expiring policy. The undersigned declares that all information provided is complete, truthful and accurate.

**BY:** \_\_\_\_\_ (Signature of officer of institution applying for coverage) \_\_\_\_\_ (Please print or type name)

**TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Representative of Educational Institution who should receive insurance company notices:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Submitting Insurance Agent Must Complete:	Send Completed Application to:
Person to contact:	<b>United Educators Insurance, a Reciprocal Risk Retention Group</b> <b>Two Wisconsin Circle, Suite 400</b> <b>Chevy Chase, MD 20815</b> <b>Phone: 301-907-4908</b> <b>Underwriting Fax: 301-907-8620</b> <b>Web: <a href="http://www.ue.org">www.ue.org</a></b>
Address:	
Phone number:	
Fax number:	
Email:	
Licensed Insurance Broker? <input type="checkbox"/> Yes <input type="checkbox"/> No	
License number:	

**NEW BUSINESS SUPPLEMENT**

<b>TYPE OF ORGANIZATION/IRS TAX STATUS</b>		
<input type="checkbox"/> independent school	<input type="checkbox"/> community/vo-tech college	<input type="checkbox"/> museum/cultural organization
<input type="checkbox"/> private college/university	<input type="checkbox"/> association (see below)*	<input type="checkbox"/> other (see below)*
<input type="checkbox"/> public college/university	<input type="checkbox"/> foundation	
<input type="checkbox"/> 501©(3)	<input type="checkbox"/> Public Entity	<input type="checkbox"/> Other (describe):
If "association," do you provide accrediting services? No <input type="checkbox"/> Yes <input type="checkbox"/>		
If "other," copies of the following must be provided to process application (check if provided with this submission)		
	<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Corporate Bylaws
		<input type="checkbox"/> Web Address
<b>CURRENT COVERAGE</b>		
Title of Policy: <input type="checkbox"/> D&O <input type="checkbox"/> EPLI <input type="checkbox"/> ELL <i>(check all that apply)</i>	Name of Insurer:	
Expiration Date:	Limit of Liability:	
Self-Insured Retention (Entity):	Annual Premium:	
Has any similar insurance been declined, canceled or non-renewed in the past five years? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If "yes," please explain: _____		
_____		
<b>COMMERCIAL ACTIVITIES</b>		
<b>Does the Educational Organization or any affiliate:</b>		<b>Annual Expenditures:</b>
Develop, manufacture or sell products or services for commercial use?	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	
License any patent for commercial use?	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	
Own or manage any for-profit commercial operations?	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	
If "yes," please explain: _____		
_____		
<b>ADDENDUM B – LOSS HISTORY and SUPPLEMENTAL CLAIMS INFORMATION</b>		
<b>In the past five years have there been any:</b>		
Suit alleging a wrongful act against any insured?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Claim regarding hiring, remuneration, promotion or termination of an employee?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
EEOC (or equivalent) complaint, inquiry or investigation?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Allegation against directors, trustees or officers?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Allegation of educational malpractice, including failure to educate, supervise or negligent academic counseling?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Allegation of libel, slander, invasion of privacy or humiliation?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Allegation of intellectual property violations, such as patent or copyright infringement or misappropriation of ideas?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Claim alleging wrongful acts that resulted in payment of defense expense, settlements or judgments?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Notice given to an insurer of any claim or potential claim under any similar policy of insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

**If "yes," to any of the above questions, please complete Supplemental Claims Information section for each claim or potential claim in the last five years.**

<b>Supplemental Claims Information</b>		
Claimant(s):		Date of Occurrence:
Insurer (if any):		
Description of claim or incident (including assessment of liability, potential damages, and status of settlement negotiations):		
Current status: <input type="checkbox"/> incident <input type="checkbox"/> in suit <input type="checkbox"/> closed (date:            )		
<u>Indemnity:</u> paid: \$ reserved: \$	<u>Defense:</u> paid: \$ reserved: \$	<u>Total incurred:</u> \$

<b>Supplemental Claims Information</b>		
Claimant(s):		Date of Occurrence:
Insurer (if any):		
Description of claim or incident (including assessment of liability, potential damages, and status of settlement negotiations):		
Current status: <input type="checkbox"/> incident <input type="checkbox"/> in suit <input type="checkbox"/> closed (date:            )		
<u>Indemnity:</u> paid: \$ reserved: \$	<u>Defense:</u> paid: \$ reserved: \$	<u>Total incurred:</u> \$

<b>Supplemental Claims Information</b>		
Claimant(s):		Date of Occurrence:
Insurer (if any):		
Description of claim or incident (including assessment of liability, potential damages, and status of settlement negotiations):		
Current status: <input type="checkbox"/> incident <input type="checkbox"/> in suit <input type="checkbox"/> closed (date:            )		
<u>Indemnity:</u> paid: \$ reserved: \$	<u>Defense:</u> paid: \$ reserved: \$	<u>Total incurred:</u> \$

<b>Supplemental Claims Information</b>		
Claimant(s):		Date of Occurrence:
Insurer (if any):		
Description of claim or incident (including assessment of liability, potential damages, and status of settlement negotiations):		
Current status: <input type="checkbox"/> incident <input type="checkbox"/> in suit <input type="checkbox"/> closed (date:            )		
<u>Indemnity:</u> paid: \$ reserved: \$	<u>Defense:</u> paid: \$ reserved: \$	<u>Total incurred:</u> \$

PLEASE DUPLICATE PAGE OR ATTACH ADDITIONAL SHEETS AS NEEDED

**I. GENERAL EXPOSURE INFORMATION**

**A. Statistical Information**

1. Indicate the current student enrollment:
  - a. Full-time undergraduate or K-12: \_\_\_\_\_
  - b. Part-time undergraduate: \_\_\_\_\_
  - c. Full-time graduate: \_\_\_\_\_
  - d. Part-time graduate: \_\_\_\_\_
  - e. Fall FTE: \_\_\_\_\_
2. Indicate the current faculty count:
  - a. Full time: \_\_\_\_\_
  - b. Part time: \_\_\_\_\_
  - c. Faculty FTE: \_\_\_\_\_
3. Indicate the percentage of faculty that are:
  - a. Tenured: \_\_\_\_\_%
  - b. Tenure track: \_\_\_\_\_%

**B. Acquisitions / Mergers / New Entities / Closures**

1. Have there been any acquisitions, mergers or new entities created in the past year, or are any planned within the next 12 months? Yes [ ] No [ ]
2. Will the educational institution or any of its affiliates, departments or divisions close within the next 12 months, or are any such closures under consideration? Yes [ ] No [ ]
  - a. If “yes” to questions 1 or 2 above, please provide details for each acquisition, merger, new entity, or closure:

Name	Description of operations	Estimated or actual date of change	Explain why change is being made

**II. PROGRAMS / STAFF CHANGES**

**A. Academic Programs**

1. Have any degree or certification programs been created or eliminated in the past year? Yes [ ] No [ ]
2. Are any such changes under consideration or planned within the next 12 months? Yes [ ] No [ ]
  - a. If “yes” to either 1 or 2 above, please describe the changes for each degree or certification program:

Name of degree or certificate program	Indicate if “created” or “eliminated”	Estimated or actual date of change	Explain i) why change is being made, and ii) if “eliminated,” describe the phase-out process (i.e. close program to new enrollees and allow remaining students to complete, transfer to	Indicated the number of students enrolled or affected	Indicate the number of faculty and/or staff added or

			another institution, etc.)		affected

**B. Administration and Staff**

1. In what year were individuals at the educational institution appointed to the following (or equivalent) positions:
  - a. President: \_\_\_\_\_
  - b. VP of Finance/Administration: \_\_\_\_\_
  - c. Chief Academic Officer: \_\_\_\_\_
2. Have any of these individuals announced their resignation or departure from the educational institution?
  - a. President? Yes [ ] No [ ]
  - b. VP of Finance/Administration? Yes [ ] No [ ]
  - c. Chief Academic Officer? Yes [ ] No [ ]
3. Have there been any reductions in workforce during the past year at the educational institution? Yes [ ] No [ ]
4. Are any reductions in workforce under consideration or planned within the next 12 months at the educational institution? Yes [ ] No [ ]
  - a. If "yes" to questions 3 or 4 above, please describe for each department or division affected:

Department, division or affiliate affected	Estimated or actual date of change	Indicate the actual or estimated number of faculty affected	Indicate the actual or estimated number of staff or administrators affected	Explain why a reduction in force is necessary for this department, division or affiliate	Indicate if internal or outside counsel will be consulted to structure the reduction in force prior to it being made public: Yes No

**III. EXTERNAL REVIEWS**

**A. Institution** Within the last year and with respect to the educational institution:

1. Regional accreditation by: \_\_\_\_\_
2. Has any accrediting body threatened or taken probationary action against the educational organization? Yes [ ] No [ ]
  - a. If "yes," please describe:

Accrediting body	Date of the threatened or taken	Explain what the action is	Explain why the action is being threatened or	Explain the institution's response to the action

	action		taken	

**B. Degree Programs** Within the last year has any degree program:

1. Sought accreditation? Yes [ ] No [ ]
2. Lost accreditation? Yes [ ] No [ ]
3. Been unable to obtain accreditation? Yes [ ] No [ ]
4. Become provisionally accredited? Yes [ ] No [ ]
5. Been placed on probationary status by an accrediting agency? Yes [ ] No [ ]
  - a. If "yes" to any of the above, please describe:

What program was affected?	Date of action	Current accreditation status	Explain what action was threatened/taken and why it was threatened/taken	Describe the educational institution's response to the action

**IV. POSITIONS / COMMITTEES**

**A. Positions**

1. Please indicate the job title of the individual who is responsible for managing the educational institution's human resources: \_\_\_\_\_
  - a. Indicate the job title of the individual to whom the individual specified in question 1. reports: \_\_\_\_\_
2. Are in-house legal counsel employed at your educational institution? Yes [ ] No [ ]
  - a. If "yes," how many are employed? \_\_\_\_\_

**B. Committees**

1. Does the educational institution have a student discipline committee? Yes [ ] No [ ]
  - a. If "yes," please complete the following:
    - i. Please indicate the date the educational institution's student discipline policies and procedures were last reviewed: \_\_\_\_\_
    - ii. List the percentage of students on the committee: \_\_\_\_\_%
    - iii. List the percentage of faculty/administrators on the committee: \_\_\_\_\_%
    - iv. Indicate how this committee is trained on the educational institution's student discipline policies and procedures (check only one):
      1. [ ] Annual training performed for all committee members
      2. [ ] Only new committee members are trained upon appointment
      3. [ ] Other (please describe): \_\_\_\_\_
      4. [ ] No training performed (please explain why): \_\_\_\_\_
2. Does the educational institution offer tenure? Yes [ ] No [ ]
  - a. If "yes," please complete the following:
    - i. Does the institution conduct annual training on its tenure policies and procedures for all committees that make final tenure recommendations to the chief academic officer (e.g. promotion and tenure committees)? Yes [ ] No [ ]

- ii. If there is no annual training of such committees, please explain why:

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## V. EMPLOYMENT POLICIES / PROCEDURES / TRAINING

### A. Policies and Procedures

1. Does the educational institution have written policies prohibiting:
  - a. Employment discrimination Yes [ ] No [ ]
  - b. All types of unlawful employment harassment Yes [ ] No [ ]
    - i. If "no" to either of the above, please explain why: \_\_\_\_\_  
\_\_\_\_\_
    - ii. Check here [ ] if the educational institution only has a written policy for employment sexual harassment and not all types of unlawful employment harassment
2. Does the educational institution disseminate to all employees, its policies prohibiting employment discrimination and unlawful employment harassment at least once a year? Yes [ ] No [ ]
  - a. If "no," please explain why: \_\_\_\_\_  
\_\_\_\_\_
  - b. If "yes," and for all polices noted in V.A.1. above, please indicate the dates of the last dissemination:
    - i. Employment discrimination on \_\_\_\_\_ date
    - ii. Unlawful employment harassment on \_\_\_\_\_ date
      1. If item ii above only applies to employment sexual harassment and not all types of unlawful sexual harassment, please check here [ ]
    - iii. Does your educational institution track its employee's receipt of the disseminated policies and retain records of such receipt? Yes [ ] No [ ]
      1. If "yes," describe how your institution tracks its employees' receipts of the disseminated policies and retains records of such receipt:  
\_\_\_\_\_  
\_\_\_\_\_
  - c. If "yes," and for all policies noted in V.A.1. above, please indicate how the educational institution's policies are disseminated to all employees (check all that apply):
    - i. Hard-copy distributed [ ]
    - ii. Email copy of polices or web link for policies [ ]
    - iii. Other [ ] (describe): \_\_\_\_\_  
\_\_\_\_\_

### B. Training

1. Please indicate if your educational institution retains records indicating which employees have attended the following types of training:
  - a. Employment discrimination Yes [ ] No [ ]
  - b. Unlawful employment harassment Yes [ ] No [ ]
    - i. If item b applies only to employment sexual harassment and not all types of unlawful sexual harassment, please check here [ ]
    - ii. If "no," to a or b above, please explain why: \_\_\_\_\_  
\_\_\_\_\_
2. Please indicate if your educational institution has a policy to train all new employees on:
  - a. Employment discrimination Yes [ ] No [ ]
  - b. Unlawful employment harassment Yes [ ] No [ ]
    - i. If item b applies only to employment sexual harassment and not all types of unlawful sexual harassment, please check here [ ]

ii. If "no," to a or b above, please explain why: \_\_\_\_\_  
 \_\_\_\_\_

3. For each group of employees, indicate the approximate percentage who participated in each type of employment training *during the last three years*:

<b>Group</b>	<b>Percentage of employees participating in:</b>	<b>Check here if item b. only applies to employment sexual harassment training</b>
<i>Faculty</i>	a. _____% employment discrimination b. _____% employment harassment	<input type="checkbox"/> b. only applies to sexual harassment training, not all unlawful employment harassment
<i>Managers and supervisors</i>	a. _____% employment discrimination b. _____% employment harassment	<input type="checkbox"/> b. only applies to sexual harassment training, not all unlawful employment harassment
<i>All other employees (other than faculty, managers and supervisors)</i>	a. _____% employment discrimination b. _____% employment harassment	<input type="checkbox"/> b. only applies to sexual harassment training, not all unlawful employment harassment

<b>ADDENDUM A — AFFILIATES AND SUBSIDIARIES</b>		
Do you desire coverage for any affiliates or related organizations?		No [ ] Yes [ ]
<input checked="" type="checkbox"/> All <b>for-profit</b> affiliates must be scheduled for coverage to apply. <input checked="" type="checkbox"/> <b>Non-profit</b> affiliates not included in the audited financial statement provided with this submission must be scheduled for coverage to apply.		
<b>If “yes,” please complete the Entity schedule below for each affiliate.</b>		

<b>ENTITY SCHEDULE</b>		
Please Check: New entity requested to be scheduled [ ]		
NAME OF ENTITY:		
Description of Entity (purpose, nature of operations, control, whether goods/services are sold, etc.):		
[ ] For-profit [ ] Not-for-profit	Year established/acquired: _____	Annual budget: \$ _____
Educational institution's percent of ownership or control over this affiliate: _____%		
Do any of the Educational Organizations trustees serve on this affiliate's board? [ ] No [ ] Yes		
If “yes,” state the number of trustees on it's board: _____		
Is a financial statement for this affiliate attached to this application? [ ] No [ ] Yes		
Is this a Medical Facility? [ ] No [ ] Yes		
If “yes,” please indicate the number of: Physicians: _____ Allied Health Personnel: _____		
Physicians who are Educational Organization faculty members: _____		

<b>ENTITY SCHEDULE</b>		
Please Check: New entity requested to be scheduled [ ] Existing entity already scheduled [ ]		
NAME OF ENTITY:		
Description of Entity (purpose, nature of operations, control, whether goods/services are sold, etc.):		
[ ] For-profit [ ] Not-for-profit	Year established/acquired: _____	Annual budget: \$ _____
Educational institution's percent of ownership or control over this affiliate: _____%		
Do any of the Educational Organizations trustees serve on this affiliate's board? [ ] No [ ] Yes		
If “yes,” state the number of trustees on it's board: _____		
Is a financial statement for this affiliate attached to this application? [ ] No [ ] Yes		
Is this a Medical Facility? [ ] No [ ] Yes		
If “yes,” please indicate the number of: Physicians: _____ Allied Health Personnel: _____		
Physicians who are Educational Organization faculty members: _____		

PLEASE DUPLICATE PAGE AS NEEDED

**STOP HERE UNLESS YOU SEEK AN OPTIONAL QUOTATION FOR ERISA/EMPLOYEE BENEFITS COVERAGE**

<b>A. ERISA/EMPLOYEE BENEFITS OPTION</b>		
<i>Subject to underwriting requirements and by endorsement to the Educators Legal Liability Policy, United Educators can provide coverage for errors and omissions in the administration of benefit programs and/or liability arising out of a violation of the Employee Retirement Income Security Act of 1973 (ERISA). Please provide the information requested below if you would like a quotation for this option.</i>		
1. Did you in the past two years, or do you plan to in the next year, terminate or add any benefit plan or substantially modify or reduce benefit plans?	No [ ]	Yes [ ]
2. Do you:		
a. Self-insure or self fund any portion of your medical, life, accident or disability benefit plans (including any employer-funded self-insured retention or deductibles)?	No [ ]	Yes [ ]
b. Maintain any "defined benefit" retirement plans?	No [ ]	Yes [ ]
c. Maintain, operate or control any Pension Trust?	No [ ]	Yes [ ]
3. Are any of your retirement or pension plans multiple employer plans or trusts, i.e., offered jointly with other employers (note that TIAA is not a multiple employer plan)?	No [ ]	Yes [ ]
4. Do you currently have:		
a. Employee Benefits "administrative error" coverage in your primary CGL policy?	No [ ]	Yes [ ]
b. An ERISA policy (If "yes," provide name of insurer, limit, retention and premium)	No [ ]	Yes [ ]
5. In the last five years, has any:		
a. Claim involving benefits been made (or is any claim pending) against any person, benefit plan or organization proposed to be covered by this policy?	No [ ]	Yes [ ]
b. Loss of payment been made under any prior or current employee benefit, fiduciary liability or similar insurance?	No [ ]	Yes [ ]
c. Prospective insured given written notice to any prior or current insurer of specific facts or circumstances that might give rise to a claim against any <b>Insured</b> (as defined by the ELL policy)?	No [ ]	Yes [ ]
6. Has any person responsible for any benefit plan proposed for this coverage been:		
a. Accused, found guilty, or held liable for breach of trust?	No [ ]	Yes [ ]
b. Refused coverage under a fidelity bond?	No [ ]	Yes [ ]
c. Found guilty of criminal complaint?	No [ ]	Yes [ ]
7. Are all benefit plan premium payments and or contributions current?	No [ ]	Yes [ ]
<b><i>If "yes" to any of questions 1. through 6. above, or if "no" to question 7 above, please explain (use an additional sheet if needed):</i></b>		
8. Please provide the number of full-time (only) employees:	_____	

A. ERISA/EMPLOYEE BENEFITS OPTION-SCHEDULE OF BENEFIT PROGRAMS (Each benefit program for which you are requesting coverage must be scheduled below:)				
Benefit Plan Name:		Year Plan Established:		
<b>Description of Plan (type of plan, eligibility to participate, method of funding):</b>				
Form 5500 Filed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If "yes," check here <input type="checkbox"/> if copy of 5500 is attached to application		
Who actually <b>administers</b> this Benefit Plan: <input type="checkbox"/> Educational Entity <input type="checkbox"/> Insurance Company <input type="checkbox"/> Bank/Trust Company <input type="checkbox"/> Other Third Party Administrator (name: _____)				
If Benefit Plan is <b>administered by the educational institution</b> :		No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Is Plan <b>unfunded</b> (i.e., treated as an operation expense)?		No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Is Plan <b>funded</b> (reserve fund, restricted account, self-insurance fund, trust)				
If Benefit Plan is <b>administered by the educational institution</b> , please complete the following schedule for the <u>last three years</u> :				
Year	Number of Participants	If <b>Unfunded</b> , Annual Amount Expended (\$)	If <b>Funded</b> , Annual Contributions or Transfers (\$)	If <b>Funded</b> , Total Plan Assets (\$)

A. ERISA/EMPLOYEE BENEFITS OPTION-SCHEDULE OF BENEFIT PROGRAMS (Each benefit program for which you are requesting coverage must be scheduled below:)				
Benefit Plan Name:		Year Plan Established:		
<b>Description of Plan (type of plan, eligibility to participate, method of funding):</b>				
Form 5500 Filed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If "yes," check here <input type="checkbox"/> if copy of 5500 is attached to application		
Who actually <b>administers</b> this Benefit Plan: <input type="checkbox"/> Educational Entity <input type="checkbox"/> Insurance Company <input type="checkbox"/> Bank/Trust Company <input type="checkbox"/> Other Third Party Administrator (name: _____)				
If Benefit Plan is <b>administered by the educational institution</b> :		No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Is Plan <b>unfunded</b> (i.e., treated as an operation expense)?		No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Is Plan <b>funded</b> (reserve fund, restricted account, self-insurance fund, trust)				
If Benefit Plan is <b>administered by the educational institution</b> , please complete the following schedule for the <u>last three years</u> :				
Year	Number of Participants	If <b>Unfunded</b> , Annual Amount Expended (\$)	If <b>Funded</b> , Annual Contributions or Transfers (\$)	If <b>Funded</b> , Total Plan Assets (\$)

PLEASE DUPLICATE PAGE AS NEEDED