A picture containing logo

Description automatically generatedSchool Leaders

Professional Services Supplemental

This is required in addition to the CorRisk Professional Liability Insurance application. As needed, please attach separate sheets to this supplemental application to provide complete answers.

Applicant Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Leaders

General Information

**Type of School Entity**

Check all that apply

Elementary/Primary

High School/Secondary

College/Post Secondary – 2 year

College/Post Secondary – 4 year

Vocational/Technical

Charter

Boarding School

Public School

Private School – Not for Profit

Private School – For Profit

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Enrollment** | Current | Projected |  | Current | Projected |  | Current | Projected |
| *Full Time:* |  |  | *Part Time*: |  |  | *Pre-School:* |  |  |

## Financials

|  |  |  |
| --- | --- | --- |
| **Fiscal Year** | Current | Projected |
| Total Budget | $ | $ |
| Total Expenditures | $ | $ |
| Surplus/Deficit | $ | $ |

Total accumulated surplus or deficit $

If a deficit exists, what steps are being taken to eliminate it?

|  |  |  |
| --- | --- | --- |
| 1. | Does the School Entity anticipate any special projects which will result in a substantial budget increase or decrease in the next 3 years? | Yes  No |
| 2. | Total amount of School Entity’s bond authority: $  Total amount of outstanding bonds: $  Latest Moody’s, Standard and Poor’s and/or Finch’s bond rating: |  |
|  | If the bonds are not rated, explain: |  |
| 3. | Has the School Entity been in default on the principal or interest of any Bond? | Yes  No |
|  | If ‘Yes’, explain: |  |

Operations

|  |  |  |
| --- | --- | --- |
| 4. | Does the School Entity have any Special Education Programs in place? | Yes  No |
|  | If ‘Yes’, # of Students: | |
| 5. | Does the School Entity have guidelines for: |  |
|  | Suspension or dismissal of students | Yes  No |
|  | Reporting and investigating allegations of sexual harassment brought by students | Yes  No |
|  | Reporting any instance of suspected child abuse to the proper authorities | Yes  No |
|  | If any ‘No’, provide details: | |

EMPLOYMENT PRACTICES

Complete this section if You are applying for Employment Practices Coverage

**Staff Size**

Total number of employees (including Elected and Appointed Board Members):

Number of instructors currently employed:

Number of volunteers:

Number of student teachers:

Number of non-instructional employees currently employed:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Does the School Entity have the following? | |  |
|  | For any ‘Yes’, below, please attach details and copies to application | |  |
|  | 1. Human Resources Department | | Yes  No |
|  | 1. Human Resources Manual | | Yes  No |
|  | 1. Guidelines related to procedures for suspension, dismissal, or non-renewal of employment contracts | | Yes  No |
|  | 1. Employment handbook | | Yes  No |
|  | 1. Anti-sexual harassment policy | | Yes  No |
|  | 1. Procedure for handling employee complaints of discrimination and sexual harassment | | Yes  No |
|  | 1. Policies as required by the Americans with Disabilities Act and related laws | | Yes  No |
| 2. | Does the School Entity anticipate any reduction in staff in the next twelve (12) months? | | Yes  No |
|  | If ‘Yes’, explain: | | |
| 3. | How many employees | **Current Year** | **Prior Year** | |
|  | 1. Have either resigned or retired |  |  |
|  | 1. Been terminated (with or without cause) |  |  |
| 4. | Will the School Entity be adding any entity(ies) as an additional insured? | | Yes  No |