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Public School Applications

RISKPRO Insurance Agency, LLC

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I. ENTITY

Entity: _____

Entity Mailing Address: _____

Entity Physical Address: _____

Primary Contact: _____

Title: _____

Phone #: _____

E-Mail Address: _____

Loss Control contact: _____

Phone#: _____

Audit contact: _____

Phone#: _____

Federal Tax ID: _____

County: _____

Date Submitted: _____

Effective Date: _____

Bid Meeting Date: _____

Date Quote is Needed: _____

II. SUBMITTING AGENCY

Agency: _____

Mailing Address: _____

Producer: _____

E-Mail Address: _____

Phone #: _____

Fax #: _____

Agent License No: _____

State: _____

FEIN: _____

All agents participating in this program must comply with their state licensing requirements. Please indicate your current resident license number in the space provided.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any facts material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR; in ME and VA, insurance benefits may also be denied.)

The undersigned declares that to the best of his/her knowledge, the information set forth in this application is true and complete.

SIGNATURE OF ENTITY'S AUTHORIZED REPRESENTATIVE

TITLE

DATE

SIGNATURE OF AGENT OR BROKER

TITLE

DATE

III. RISK MANAGEMENT

A. Does the entity employ a full-time risk manager? Yes No

B. Please advise if the entity has implemented the following programs and if a written policy exists for each:

	Yes	No	In Writing?		Yes	No	In Writing?
Accident Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IDEA Compliance #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADA Compliance *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parental Consent Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Premises Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corporal Punishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Handbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violence Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weapons Prohibition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Americans with Disabilities Act

Individuals with Disabilities Education Act

C. Are criminal records checked on all new employees? Yes No

D. Are prior employment background checks performed on all employees? Yes No

If no, which employees are not checked and why? _____

E. Does the entity fund or supply personnel to any Commission, Board, Authority, or similar unit that is independently operated or not directly operated by the entity? Yes No **If Yes, please attach explanation**

F. Does the entity perform work on property of others? Yes No **If Yes, please describe:** _____

G. Is Prison Labor utilized? Yes No **If Yes, please describe:** _____

H. Any school mergers/closings in the past 3 years or planned within the next 12 months?

Yes No If Yes, please attach explanation.

I. Any school openings in the next 12 months? Yes No

J. Independent Contractor Operations

Does the Entity use independent contractors? Yes No If Yes, complete the table below:

Does the Entity have legal counsel review all contracts prior to execution? Yes No

<u>TYPE OF WORK</u>	<u>CERTIFICATES OF INSURANCE SECURED?</u>		<u>CONTRACTOR'S LIMIT OF LIABILITY?</u>	<u>ENTITY NAMED AS ADDITIONAL INSURED?</u>	
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

IV. SECURITY

1. Is there a full time security force? Yes No

2. Are any security force personnel contracted? Yes No

3. If yes, does the district obtain a certificate of insurance from the security company? Yes No

4. Number of security personnel _____

5. Number of security personnel with arrest authority _____

6. Are any security employees certified law enforcement officers? Yes No

7. Do security personnel carry firearms? Yes No

8. If yes, does the district require proof of firearms training? Yes No N/A

9. Do security personnel carry nightsticks? Yes No

10. Are formal written rules and procedures established for security personnel? Yes No

11. Does the district have a written policy for "use of force"? Yes No N/A

12. Describe qualifications and training of employed security personnel (if applicable) _____

13. Does the district have security/police unit that patrols locations on the weekends? Yes No

14. Is access to school campuses controlled (i.e.-fenced, gate, locked, alarm)? Yes No

15. Describe any special protection features _____

V. PREMIUM AND LOSS HISTORY

Complete the "Premium and Loss" section of the Trident Worksheet and attach company loss runs.

- Has any company canceled or declined to renew any of these coverages? (not applicable in Missouri) Yes No
If Yes, explain _____
- Does the entity have any knowledge of any incident(s), accident(s) or occurrence(s) which may result in a claim? Yes No
If Yes, explain _____
- Has the entity sustained any arson losses or threats in the past five (5) years? Yes No
If Yes, explain: _____

COVERAGES REQUESTED

- | | |
|---|---|
| <input type="checkbox"/> Commercial General Liability | <input type="checkbox"/> Property |
| <input type="checkbox"/> Educators Legal Liability | <input type="checkbox"/> Equipment Breakdown (Boiler) |
| <input type="checkbox"/> Automobile Liability | <input type="checkbox"/> Inland Marine |
| <input type="checkbox"/> Automobile Physical Damage | <input type="checkbox"/> Crime |
| <input type="checkbox"/> GKLL | <input type="checkbox"/> Other: _____ |

COMMERCIAL GENERAL LIABILITY APPLICATION

I. Coverages and Limits

Limit of Insurance: \$ _____

Option: \$ _____

Deductible: \$ _____

\$ _____

Employee Benefits Liability Limit \$ _____ # of employees _____
(\$1,000 deductible applies)

Additional Insureds – attach agreements and contracts describing each operation or interest of the insured to such organizations or individuals.

II. Exposure Checklist

Please indicate the presence of each item with an "X" in the appropriate column and complete any requested supplements:

Class or Operation	X = Present	Additional Information
Arenas, Bleachers, Gymnasiums, Stadiums, Etc.		Complete Supplement
Athletic Programs		Complete Supplement
Auditoriums		Complete Supplement
Broadcasting (Internet, Radio, TV, Etc.)		Attach Complete Description
Cafeterias		Complete Supplement
Day Care, Day Camp, After School		Complete Supplement
Dormitories, Student Housing		Excluded under Program
Field Trips		Complete Supplement
Hospitals or Clinics		Excluded under Program
Joint Venture Projects or Activities		Attach Complete Description
Playgrounds		Complete Supplement
Public Use of Facilities		Complete Supplement
Publishing Activities		Attach Complete Description
Special Events (Carnivals, Fairs, Etc.)		Complete Supplement
Special Schools (Charter, Magnet, Etc.)		Attach Complete Description
Swimming Pools		Complete Supplement
Vocational Training		Attach Complete Description
Watercraft		Attach Complete Description

III. Survey Data

Please provide the Average Daily Attendance (ADA) for each class of student:

CLASS OF STUDENT	ADA
Pre-School (Nursery or Kindergarten)	
Grades 1 – 8 (Elementary & Junior High School)	
Grades 9 -12 (High School)	
Vocational	
Nursing Students	
Night Classes	
TOTAL	

Please provide # of schools:

TYPE	COUNT
Elementary Schools	
Middle Schools	
High Schools	
Day Care Facilities	
TOTAL	

Please provide # of employees:

TYPE	COUNT
Teachers	
Counselors	
All Other Administrative Staff	
Physicians	
Dentists	
Psychologists	
Nurses	
EMTs or Paramedics	
Security (Armed)	
Security (Unarmed)	
All Other Employees	
TOTAL	

Please provide the total ADA and actual Expenditure Budget for the past 5 years:

Year	ADA	Budget
	#	\$
	#	\$
	#	\$
	#	\$
	#	\$

SUPPLEMENTS

ATHLETIC PROGRAMS

Activity	Exposure Exists (indicate with an "X")			Please answer the below Yes or No (Y / N)		
	Varsity	Intramural	Gym Class	Is Supervision Provided?	Are Physicals Required?	Are Parental Consents Required?
Archery						
Baseball						
Basketball						
Crew						
Cross Country						
Downhill Skiing						
Field Hockey						
Football						
Golf						
Gymnastics						
Ice Hockey						
Soccer						
Softball						
Swimming						
Tennis						
Track & Field						
Wrestling						
Other						

- A. Do all Parental Consent forms contain Hold Harmless and Waiver provisions? Yes No
- B. Does the entity provide Accident Insurance for students? Yes No
- If Yes, please provide description (for athletic participants, for field trips, etc.) and copies of policy(ies).
- C. Is trained medical assistance available on-site during all games? Yes No

ARENAS, BLEACHERS, GYMNASIUMS, STADIUMS, ETC.

	Arenas	Bleachers	Gymnasiums	Stadiums
Total # of each				
Total seating capacity (all)				
Total receipts				

1. Are all facilities inspected regularly? Yes No If Yes, are inspections documented? Yes No
2. Are there procedures for crowd control, security and evacuation for all facilities? Yes No
3. Are all facilities adequately protected against unauthorized entry (i.e. – fenced, gated, locked)? Yes No

FIELD TRIPS

Do you allow field trips for students? Yes No

Do you allow students to take field trips to the following institutions/places?

I. Inside a Jail or Detention Facility? Yes No If Yes, explain purpose: _____

II. Amusement Parks? Yes No

III. Swimming Pools? Yes No

Are students always accompanied by an adult? Yes No

Are Parental Consents secured for each student Yes No

Are Chaperones pre-qualified (reference checks, MVRs, etc.)? Yes No

Are formal, written rules & procedures established for each trip?
(acceptable conduct, emergency procedures, etc.) Yes No

Is Accident Insurance provided for students? Yes No

1. Local (within 50 miles) excluding UIL events

Number: _____

Destination: _____

Frequency: _____

Type of Transportation Used: _____

Describe Supervisor-To-Student ratio requirements: _____

Number of staff/attendants: _____ Number of volunteers: _____

2. Other (over 50 miles, overnight, etc.) excluding UIL events

Number: _____

Destinations: _____

Frequency: _____

Type of Transportation Used: _____

Describe Supervisor-To-Student ratio requirements: _____

Number of staff/attendants: _____ Number of volunteers: _____

ASSEMBLY HALLS, AUDITORIUMS, ETC.

1. Provide a description and address of each facility: _____
2. List description of events held at facility: _____
3. Number of days in use annually: _____ Total occupancy / capacity: _____
4. Attach Certificate of Insurance secured from individuals or organizations using the facility(ies).

PUBLIC USE OF FACILITIES
(please complete for each separate activity)

Facility	Activity, Group	Frequency of Use

Are formal, written rules and procedures for facility use provided to each group? Yes No

SPECIAL EVENTS (CARNIVALS, FAIRS, ETC.)

Please complete a separate questionnaire for each event and attach any brochures, schedule of events, etc.

1. Description of Event(s): _____
2. Date/Duration of Event(s): _____
3. Location & Ownership of Premises Used for the Event(s): _____
4. Anticipated Crowd Attendance: _____
5. Are any bleachers used? Yes No Capacity _____ (# of persons)
6. Describe Entity's Responsibility for Event (i.e., Entity Provides Premises, Provides Funds, Provides Personnel, etc.):

7. List Each Sponsor/Co-Sponsor and Their Respective Responsibilities for Each Event or Activity: _____
8. Describe Security/Crowd Control/Safety Precautions: _____

SWIMMING POOLS

Total # of Pools: _____

(Please complete a separate questionnaire for each pool and attach color photographs including Slides and/or Diving Boards)

- A. Name and Location: _____
- B. Size: _____
- C. Is swimming area roped or marked? Yes No Lifeguards provided? Yes No
 # of Lifeguards _____ Hours on duty _____ Are they certified? Yes No
 Are diving boards or slides present? Yes No **PROVIDE DESCRIPTION AND COLOR PHOTOS.**
 If outdoor, please describe measures used to prevent public access: _____

PLAYGROUNDS

1. Are all playgrounds and playground equipment regularly inspected and maintained? Yes No
2. Are all inspections and records of maintenance documented? Yes No
3. Does fall cushioning material beneath playground equipment meet minimum CPSC guidelines? Yes No
4. Describe Supervisor-To-Student ratio requirements: _____

DAY CARE, DAY CAMP, BEFORE/AFTER SCHOOL

Total # of Facilities: _____

Day Care Day Camp Before/After School

(If the entity operates more than one, a separate questionnaire must be completed for each)

1. Name and location of facility: _____
2. Description of operation: _____
 - a. Is facility licensed? Yes No If Yes, by whom? _____
 - b. Is Facility Operated by School Other _____
 If Other, are Certificates of Insurance obtained? Yes No
 - c. Is Entity named as Additional Insured? Yes No
 - d. Number of years in operation: _____ Days & hours of operation: _____
 - e. Maximum number of children permitted by license: _____
3. Indicate the number of children within each age group and the corresponding number of attendants assigned:

	Number of Children	Number of Attendants
0 to 11 months		
12 to 17 months		
18 to 23 months		
1 to 3 years		
PreK – Kinder		
1 st – 3 rd grade		
4 th – 5 th grade		
6 th grade and Over		

4. Number of staff/attendants: _____ Number of volunteers: _____
5. Professional qualifications of staff: _____
 - a. How are staff members hired/evaluated? _____
 - b. Are criminal background checks completed? Yes No
6. Any previous or pending allegations of sexual or physical abuse? Yes No
 If Yes, explain: _____
7. Describe all activities on premises: _____
8. Describe any activities away from premises (including number of trips, who transports, etc.): _____
9. Are Parental Consent forms required? Yes No
10. Please describe the play equipment and facilities: _____
11. Does each location have the following:

a. Emergency evacuation plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Regularly inspected fire/smoke detection system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Two separated exits on each floor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. First aid equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Someone on premises during business hours trained in administering first aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Play area fully fenced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMMERCIAL AUTO APPLICATION

I. COVERAGES

Submit completed "Auto Schedule" section of Trident Worksheet.

II. UNDERWRITING QUESTIONS

A. Are all owned or leased vehicles covered under this program? Yes No *If No, please provide details.*

B. Describe any location(s) with a concentration of stored vehicles where total values exceed \$500,000

LOCATION	UNIT NUMBER(S) FROM VEHICLE SCHEDULE	TOTAL VALUE(S)
-----------------	---	-----------------------

_____	_____	_____
_____	_____	_____

C. Advise if the Entity has the following:

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Mutual aid agreements | <input type="checkbox"/> Yes <input type="checkbox"/> No Accident investigation program |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Preventative maintenance program | <input type="checkbox"/> Yes <input type="checkbox"/> No MVRs ordered prior to hiring / annually |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Driver training program | <input type="checkbox"/> Yes <input type="checkbox"/> No Autos hired by Entity |

D. How are vehicles stored overnight?

- Garaged Fenced lot Lighted lot Other _____

E. Does the Entity own or operate any vehicles designed exclusively for hauling explosives, flammables or hazardous materials? Yes No If Yes, provide details

F. Do any employees drive their own vehicles in the Entity's business? Yes No

If Yes, list employee and occupation: _____

G. Is proof of insurance obtained from these employees? Yes No

H. List minimum amount of insurance required from employees liability policy: _____

I. Are employees allowed to take vehicles home? Yes No Is personal use permitted? Yes No

List employees and occupation: _____

J. Does the Entity provide any type of transportation services (other than student transportation)? Yes No

Indicate type: Elderly Other _____

K. Provide a list of drivers, including MVR information and indicate Bus operators.

L. Driver Screening

Please advise if the entity uses the following types of driver screening and how often:

	Yes	No	How Often?
Full Physical Exams	<input type="checkbox"/>	<input type="checkbox"/>	_____
Substance Abuse Screening	<input type="checkbox"/>	<input type="checkbox"/>	_____
On The Road Tests	<input type="checkbox"/>	<input type="checkbox"/>	_____
Written Tests	<input type="checkbox"/>	<input type="checkbox"/>	_____
MVR Checks	<input type="checkbox"/>	<input type="checkbox"/>	_____

M. Motor Vehicle Reports

Does the District order MVRs on all new drivers? Yes No

Does the District have a policy to update MVRs? Yes No

If Yes, how often: _____

N. Do any drivers have a DUI arrest/conviction or more than two moving violations in the past 5 years?

Yes No

If Yes, please forward explanation and the complete driver's name, license number and a copy of the MVR. *

O. Have any drivers had their license suspended in the past 5 years? Yes No

If Yes, please forward explanation and complete driver's name, license number and a copy of the MVR. *

* A Driver Exclusion may be attached to the policy.

I. Underwriting Questions

1. Are all properties within five (5) road miles of a fire station? Yes No
2. Are all properties within 1,000 feet of an operational fire hydrant? Yes No
3. Are there any vacant or unoccupied buildings? Yes No
If Yes, please list below and provide details of duration, future plans, security. _____
4. Any major remodeling or new construction contemplated or in progress? Yes No
If Yes, please describe: _____
5. Date of latest building appraisals? _____
6. Do any buildings have entry/intrusion alarms? Yes No
If Yes, please identify location and type of alarm (local, central station, other): _____
7. Do any buildings have fire detection alarms? Yes No
If Yes, please identify location and type of alarm (local, central station, other): _____
8. List any buildings with roofs over fifteen (15) years of age: _____
9. List buildings with urethane roofs: _____
10. Please provide date last resealed (for each): _____
11. List all roofs which are leaking, worn or otherwise in need or repair or replacement when funding is available: _____
12. Buildings over thirty (30) years old:
 - a. Has wiring been updated to meet current building codes?
 - b. Details of any renovations and / or remodeling: _____
15. Does the school remove trash from buildings every day? Yes No
16. Does the school store chemicals in approved containers? Yes No
17. Are chemicals stored in locked facilities? Yes No
18. Do all facilities (owned, leased or occupied by entity) conform to the requirements of the life safety code (NFPA 101,i.e. – number of exits, emergency lighting, alarms, etc.) Yes No
19. Number of cafeterias: _____ Average number of daily meals served?: _____
20. Are all cafeterias in compliance with health codes or regulations? Yes No
21. Is all kitchen cooking equipment in compliance with NFPA 96? Yes No
22. Are deep fat fryers in use? Yes No
23. If Yes, are they under a vent hood protected by a fire suppression system? Yes No
If Yes, please provide details.

III. COMMERCIAL INLAND MARINE

Attach an itemized schedule including values, locations, serial numbers and departmental use.

	Amount	Deductible
General office equipment		
Library, museum, art gallery		
Parks & recreation equipment		
Musical equipment		
Band uniforms		
School Department		
Miscellaneous		
Valuable Papers and Records Coverage		
Accounts Receivable Coverage		
Computer Equipment		
Media/Software		
Extra Expense		
Communications Equipment		
Other: (attach schedule)		
Total		

IV. CRIME

	LIMIT		DEDUCTIBLE
Forgery or Alteration (Form B)			
Loss Inside Premises (Form C)			
Loss Outside Premises (Form C)			
Increased Limits for Specific Period			
	From:	To	
Other:			
Honesty Blanket (Agreement 1)			
Honesty Blanket Position (Agreement 2)			
Faithful Performance Blanket (Agreement 3)			
Faithful Performance Blanket Position (Agreement 4)			
Excess Indemnity			
Name/position			

Security provisions – check those that apply:

Audits
 Reconciliations
 Bank Statements
 Countersignature
 Employee Background Checks

Number of Employees:
Class A _____ (Handles Money)
Class B/C _____ (All Other)

EDUCATORS LEGAL LIABILITY (Claims Made Form)

Limit: _____

Deductible: _____

SECTION I – General

1. Have you had any on-site monitoring visits by a State or Federal Regulatory Agency within the last 3 years, **other than routine visits**? Yes No **If Yes**, attach details with the name of the agency, purpose of visit and results.
2. Has the entity been criticized by the state board of education? Yes No **If Yes**, attach details.
3. Have there been any budget deficits in the past five (5) years? Yes No If Yes, please provide explanation:

4. Has state or federal aid been reduced or eliminated in the past year? Yes No
5. Do you expect a budget reduction in the next year? Yes No
 - a. If yes, how much: \$ _____
 - b. What programs will be affected: Programs Personnel Other
6. What is the amount of outstanding bonds? \$ _____
7. What is your latest bond rating (Moody's or Standard & Poor's) _____
8. Has any bond been defeated in the past 3 years? Yes No If Yes, please explain: _____
9. Has your public entity been in default on principal or interest on any bond? Yes No If yes, please explain: _____

SECTION II - Student Information

1. Has the entity established written policies and procedures governing **students** and/or **special students** in the following areas (special students are those requiring special programs or services)?

	STUDENTS		SPECIAL STUDENTS	
	Yes	No	Yes	No
Transfer				
Demotion				
Promotion				
Corporal Punishment				
Dress Code				
Attendance				
Extracurricular Activities				
Locker Use				
Parking Facility Use				

2. Is the student handbook, including the above policies and procedures, distributed to all students at the time of enrollment? Yes No
3. Do you have written policies and procedures for drug testing students? Yes No
 - a. Do these procedures allow for random drug testing of students? Yes No
4. Do you allow strip searches on students? Yes No
 - a. Do you have a written policy regarding your strip search policy? Yes No
5. Have the following policies been reviewed by an attorney?

	Yes	No	N/A
Student Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Student Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Testing Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strip Search Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III - Employee Information

1. Are nurses/psychologists: employed or contracted Do they have medical malpractice coverage? Yes No
2. Are bus drivers: employed or contracted
3. Percent of workforce that are union members: _____%
4. Do you use an employment application during your hiring process? Yes No
 If Yes, does it contain:

	Yes	No
a. An employment at will statement?	<input type="checkbox"/>	<input type="checkbox"/>
b. Authorization to check references & criminal conviction records?	<input type="checkbox"/>	<input type="checkbox"/>
c. The applicant's signature attesting that all representations are true?	<input type="checkbox"/>	<input type="checkbox"/>
d. An equal employment opportunity statement?	<input type="checkbox"/>	<input type="checkbox"/>
5. Total number of EMPLOYER initiated terminations
 In past 12 months: _____ 1st Prior Year: _____ 2nd Prior Year: _____
6. Total number of EMPLOYEE initiated
 In past 12 months: _____ 1st Prior Year: _____ 2nd Prior Year: _____
7. Who is responsible for the Human Resources or Personnel functions? Title: _____
8. Who is designated to handle all employment-related incidents? Title: _____
9. Are the persons in #9 and #10 above educated and experienced in employment practices issues? Yes No
10. Do you require all employment terminations be reviewed by the person listed in #9 or #10 above prior to the termination? Yes No
11. Have you informed supervisory personnel, in writing, of their responsibility to provide you with prompt notice of any claims, incidents or allegations? Yes No
12. Do you have a written personnel policies and procedures manual? Yes No
13. Has the manual been reviewed by an attorney prior to implementation? Yes No
14. Is the manual periodically reviewed and updated by an attorney? Yes No
15. Does the written manual apply to all departments? Yes No
 If No, which departments have own manual? _____
16. Date of manual(s): _____
17. Date of last revision(s)/update(s): _____
18. Is the manual distributed to all personnel? Yes No
19. Is the manual reviewed with them as part of their employee orientation? Yes No
20. Does the policies and procedures manual address:

	Yes	No
a. Hiring	<input type="checkbox"/>	<input type="checkbox"/>
b. Termination	<input type="checkbox"/>	<input type="checkbox"/>
c. Background Checks	<input type="checkbox"/>	<input type="checkbox"/>
d. Suspension	<input type="checkbox"/>	<input type="checkbox"/>
e. Sexual Harassment	<input type="checkbox"/>	<input type="checkbox"/>
f. Medical Leave	<input type="checkbox"/>	<input type="checkbox"/>
g. Grievance Procedure	<input type="checkbox"/>	<input type="checkbox"/>

Please attach an explanation for all NO answers.

21. Do you have policies and procedures for drug testing:

Do these procedures allow for random drug testing of:

Bus Drivers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Teaching Faculty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Bus Drivers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Teaching Faculty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

22. Tenure of employees:

Superintendent: # years in current position: _____ # years with district: _____
Assistant Superintendent: : # years in current position: _____ # years with district: _____
Teachers: _____ average # years as teacher: _____ average # years with district: _____

SECTION IV - Operations Information

- 1. In the last 3 years, have you been involved in any school mergers/closings/reduction in services or plan to do so in the next 12 months? Yes No
 - a. If yes, has your attorney reviewed the plan? Yes No
 - b. Were any employees laid off / Are any employees expected to be laid off as a result of the merger/closing/reduction in services? Yes No
- 2. If schools are merging, did the merged school carry school board liability coverage? Yes No
- 3. Is your attorney an employee of the educational entity? or on retainer?
- 4. Does your attorney regularly participate in all grievances or administrative hearings? Yes No If No, why? _____
- 5. Do you expect a reduction in staff in the next 18 months? Yes No
 - a. If yes, has your attorney reviewed your staff reduction plan? Yes No
- 6. Did any of the following take place in the past 3 years? Explain all yes answers below.
 - a. Strikes, slowdown or other disruptions? Yes No
If yes, did it involve teachers? other employees?
 - b. Lay-offs or staff reduction? Yes No
If yes, did it involve teachers? tenured teachers? other employees? Explanations: _____
- 7. Are all teachers and counselors certified by the appropriate agencies? Yes No
If No, please explain: _____
- 8. Does the district have written guidelines for administrative hearings and appeals? Yes No
 - a. Have these guidelines been reviewed by an attorney? Yes No
- 9. How many administrative hearings have taken place in the last 12 months? _____
How many involved students? _____
How many involved teachers? _____
How many involved other staff? _____
In what areas were these hearings? _____
- 10. Do teachers or administrators attend any training seminars or meetings outside the district? Yes No
If Yes, please describe: _____

SECTION VII - Claims Information

- 1. Is the entity operating under any court orders? Yes No
If Yes, why? _____
- 2. Has any claim been made in the past five years or is now pending against any person in their capacity as an official or employee of the entity? Yes No
- 3. Does any board member, employee or volunteer have any knowledge of any negligent act, error, omission, or breach of duty which may reasonably be expected to give rise to a claim? Yes No
- 4. Has any person alleged unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment in the past five years? Yes No
- 5. Have any lawsuits regarding disputes of integration, segregation, discrimination or civil rights violations been filed in the past five years? Yes No
- 6. Has any employee been suspended, dismissed, demoted, transferred or tenure contract non-renewed in the past five years? Yes No If Yes, how many? _____ **Please attach details of each.**
- 7. Has any person alleged sexual molestation/abuse against any:
 - Student? Yes No
 - Employee? Yes No
 - Other? Yes NoIf Yes, to any of the above questions, please attach explanation.