



Non-Profit Organization Directors and Officers Liability School Supplemental Application

Travelers Casualty and Surety Company of America

NOTICE

ALL LIABILITY COVERAGE PARTS FOR WHICH APPLICATION IS MADE APPLY, SUBJECT TO THEIR TERMS, ONLY TO CLAIMS FIRST MADE OR DEEMED MADE AGAINST INSUREDS DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD, IF APPLICABLE. THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSSES WILL BE REDUCED BY THE AMOUNTS INCURRED AS DEFENSE EXPENSES, AND DEFENSE EXPENSES WILL BE APPLIED AGAINST THE RETENTION AMOUNT. THE COMPANY HAS NO DUTY TO DEFEND ANY CLAIM UNLESS DUTY-TO-DEFEND COVERAGE IS SPECIFICALLY PROVIDED.

The term Applicant means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

I. GENERAL INFORMATION

1. Applicant Information:

Name of Applicant: _____

II. ORGANIZATION INFORMATION

1. Type of school:

Independent school [] Private college or university [] Other [] (describe) _____

2. IRS tax status: 501(c)(3) [] Public entity [] Other [] (describe) _____

3. Complete the table below providing the number of Full Time and Part Time Students currently enrolled:

Table with 2 columns: Full Time Students, Part Time Students

4. Complete the table below providing the number of Full Time, Part Time, Tenured, and Tenure-Track Faculty currently employed:

Table with 4 columns: Full Time Faculty, Part Time Faculty, Tenured Faculty, Tenure-Track Faculty

5. Complete the table below providing the Unionized Faculty and Non-Faculty currently employed:

Table with 2 columns: Unionized Faculty, Unionized Non-Faculty

6. Are all degree programs accredited or certified? Yes [] No [] If Yes, who provides accreditation or certification? If No, please attach an explanation. _____

7. Within the last 24 months and with respect to the Insured Organization:

a. Has an accrediting organization threatened or taken disciplinary action? Yes [] No []

b. Has an athletic organization threatened or taken disciplinary action? Yes [] No []

If either of the questions above were answered Yes, please attach an explanation.

8. Within the last 24 months has any degree program:

a. Sought accreditation? Yes [] No []

b. Lost accreditation? Yes [] No []

- c. Been unable to attain accreditation? Yes No
- d. Become provisionally accredited? Yes No
- e. Been placed on probationary status by an accreditation body? Yes No

If any of the questions above were answered Yes, please attach an explanation.

9. Have any degree or certification programs been created or eliminated in the past 2 years, or are any such changes under consideration or planned within the next 12 months? Yes No
- If Yes, please complete the table below:

Degree or Certification Program	Created or Eliminated	Number of Students Enrolled
	Created <input type="checkbox"/> Eliminated <input type="checkbox"/>	
	Created <input type="checkbox"/> Eliminated <input type="checkbox"/>	
	Created <input type="checkbox"/> Eliminated <input type="checkbox"/>	
	Created <input type="checkbox"/> Eliminated <input type="checkbox"/>	
	Created <input type="checkbox"/> Eliminated <input type="checkbox"/>	
	Created <input type="checkbox"/> Eliminated <input type="checkbox"/>	

10. Does the Applicant:

- a. Have a written policy for employee/faculty fraternization with students? Yes No
- b. Is this policy circulated periodically as a reminder? Yes No
- c. Have a written procedure for handling student harassment complaints? Yes No
- d. Have an appeal procedure for admissions? Yes No
- e. Who is responsible for overseeing this appeal procedure? _____
- f. Have a written procedure for student disciplinary issues? Yes No
- g. Have a criminal background check completed on all new employees? Yes No

III. REQUIRED ATTACHMENTS

As part of this Application, please submit the following documents (*these documents, and the representations and facts they contain, are made a part of this Application, whether such documents are physically delivered to the Company by the Applicant or are obtained by the Company from any public source, including the Internet*):

- Most recent annual financial statement
- List of Directors and Officers and outside affiliations
- Publications if unavailable on website

IV. COMPENSATION NOTICE

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

V. FRAUD WARNINGS

Attention: Insureds in Alabama, Arkansas, D.C., Maryland, New Mexico, and Rhode Island

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention: Insureds in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Attention: Insureds in Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Attention: Insureds in Kentucky, New Jersey, New York, Ohio, and Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other 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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

Attention: Insureds in Louisiana, Maine, Tennessee, Virginia, and Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Attention: Insureds in Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Attention: Insureds in Puerto Rico

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

VI. SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (PRESIDENT, CEO, EXECUTIVE DIRECTOR OR OTHER OFFICER ACCEPTABLE TO TRAVELERS) OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Signature of **Applicant's** Authorized Representative
(President, CEO, Executive Director)

Name (Printed)

Title

Date

VII. PRODUCER INFORMATION (ONLY REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE):

Producer Signature

Producer Name (Printed)

Agency Name

Agency Code

License Number