



EDUCATIONAL ERRORS AND OMISSIONS
Application for Renewal of a Claims Made Policy

1. A. Name of Educational Entity: _____

B. Address: _____

City: _____ State: _____ Zip: _____

2. NATURE OF ENTITY:

- Direct Operation & Administration of Public Schools
 - Provides Administrative Service and/or Educational Policy Guidelines Only
 - Direct Operation and Administration of a Non-Profit Private School
 - Other - Define: _____
- _____

3. LIMIT OF LIABILITY DESIRED:

\$250,000 \$500,000 \$1,000,000 Other \$ _____

4. DEDUCTIBLE DESIRED:

\$500 \$1,000 \$2,500 \$5,000 Other \$ _____

5. A. Number of Members on the Board of Education _____

B. Board Members _____ Elected _____ Appointed _____

C. Term of Office _____

D. Total Number of Employed Faculty _____ Administrators _____

Counselors/Psychologists _____ Non-Professional Employees _____

6. A. Current Student Enrollment _____

B. Expected Enrollment Next Year _____

7. Budget (figures for last two (2) years required):

Year	Budget	Current Surplus/Deficit	Accumulated Surplus/Deficit
19____	\$ _____	\$ _____	\$ _____
19____	\$ _____	\$ _____	\$ _____

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

(Continued over)

8. A. Number of schools or members comprising Educational Entity _____
 B. Are any schools opening? Yes No or closing? Yes No
 Anticipated within the next twelve (12) months? If Yes, Explain _____

 C. Has the Entity borrowed any monies for other than capital improvements against anticipated future revenues within the past three (3) years? Yes No
 If Yes, Explain _____

9. A. Does the Entity anticipate any reduction in professional staff in the next twelve (12) months? Yes No
 If Yes, Explain _____

 B. Has an employee of the Entity been suspended, demoted, dismissed, transferred or contract of employment non-renewed against his will within the last twelve (12) months? Yes No
 If Yes, Explain _____

10. Does the Educational Entity carry Primary General Liability Insurance? Yes No
 Company _____ Limits _____ Expiration Date _____
 Does the coverage include personal injury? Yes No
 Does the coverage include discrimination? Yes No
11. Designee of Educational Entity to report claims to Tudor Insurance Company and send and receive notice and premiums.

(Official) *(Title)* *(Please Print)*

12. Does the Municipality(ies) for whom the school district provides services, carry public official coverage? Yes No
 If Yes, Name of Carrier _____ Limits \$ _____

It is agreed that this renewal application is a supplement to the application(s) which were submitted for and/or made a part of any previous Educational Errors and Omissions policy issued by the Company of which the policy applied for hereby is a renewal or a subsequent renewal and that those application(s), together with this renewal application, constitute the complete application that shall be the basis of the contract and shall form part of the policy, should a policy be issued and will be attached to and become part of the policy.

Date: _____

 (Signature of Applicant)

Agent: _____

Address: _____

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.