

New Business Application
School Leaders Errors & Omissions Liability Insurance
Membership Application for a "Claims Made and Reported" Policy

Quote Due Date _____ Board Meeting Date _____

Name of Educational Entity

Address

City _____ County _____ State NJ _____ Zip Code _____

Phone # - - - - - Fax # - - - - - Email Address _____

Type of Entity: Public School Charter School

This application must be completed and signed by the Board Secretary/Business Administrator/Superintendent. We suggest that you also review this application with the Director of Special Education Services. The completed and signed application must be accompanied by three (3) full years of Insurance Company loss runs detailing claims (i.e. description of incident, individuals involved, amounts paid and reserved). We recommend that you consult with your insurance broker and/or board solicitor before answering all prior loss and insurance information questions on this application. Failure to accurately report this information may jeopardize coverage.

Student Enrollment

A) Student enrollment: _____

B) Number of students served in
Special Education Programs: _____

Operations and Procedures Information

1. Have there been any employee terminations, layoffs, or strikes within the last 12 months?
Yes No **If yes, attach a complete explanation.**

Previous Insurance and Loss Information

1. Has the applicant had any application for professional liability insurance declined, canceled or non-renewed within the past five (5) years? Yes No
If yes, attach a complete explanation.

2. a. Has the applicant, board and/or its employees been involved in or have any knowledge of any federal, state or local legal or administrative actions or proceedings, including EEOC, against the applicant, board and/or its employees within the past five (5) years?
 Yes No

b. Has a demand for money or services been made against the applicant or has the applicant become aware of a proceeding, event or development which has resulted in or could result in a claim against the applicant? Yes No

If “Yes” to either (a) or (b) above, attach a complete explanation.

3. Are there circumstances indicating the probability of a claim or action known by any person to be covered by this insurance? Yes No **If yes, attach a complete explanation.**

4. Is there pending litigation involving any federal law, state law or constitutional violations?
 Yes No **If yes, attach a complete explanation.**

5. Has any parent disputed an Individual Educational Plan within the past five (5) years? Yes No **If yes, attach a complete explanation.**

6. Has the applicant responded to a due process hearing request regarding the Individual Educational Plan for a student within the past five (5) years? Yes No
If yes, attach a complete explanation.

7. List Errors & Omissions Carriers for the past five (5) years. If no coverage in force, list “none”.

Carrier	Policy Term	Limit/Ded	Premium	Policy #

Signature Page

Authorized signature of the person designated to receive all notices from the insurers or their authorized representative concerning the insurance.

Authorized Signature (Business Official) Date

Print Name

Authorized Signature (Superintendent) Date

Print Name

SUPERINTENDENT'S SIGNATURE NOW REQUIRED IN ORDER TO SECURE A QUOTATION.

Please return this form to the attention of Tracy Moore at:

**New Jersey School Boards Association Insurance Group
450 Veterans Drive
Burlington, NJ 08016
Email: tmoore@njsbaig.org
Phone: 609-386-6060
Fax: 609-386-8877**

All of us at NJSBAIG thank you for your continued support!

