



**Renewal 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

If Charter School is Charter Still in Effect: yes  no

**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 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. Are there circumstances indicating the probability of a claim or action known by any person to be covered by this insurance not already reported to NJSBAIG? Yes  No  **If yes, attach a complete explanation.**
- 2. Is there pending litigation involving any federal law, state law or constitutional violations not already reported to NJSBAIG? Yes  No  **If yes, attach a complete explanation.**
- 3. 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 in the event that this matter has not already been reported to the NJSBAIG Claims Department.

**Limits**

**Limits up to \$ 6,000,000 available. Current Limits will be quoted unless otherwise indicated.**

**Coverage A**

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| \$ 1,000,000 <input type="checkbox"/> | \$ 4,000,000 <input type="checkbox"/> |
| \$ 2,000,000 <input type="checkbox"/> | \$ 5,000,000 <input type="checkbox"/> |
| \$ 3,000,000 <input type="checkbox"/> | \$ 6,000,000 <input type="checkbox"/> |

**Coverage B**

- \$ 50,000/\$ 150,000
- \$ 100,000/\$ 300,000
- Excluded

Deductibles of \* \$ 5,000  \$ 10,000  and \$ 15,000  are available. Higher deductibles are available upon request. The Quote Proposal will show the expiring deductible if no option is chosen.

\* \$ 5,000 deductible only available for Districts with an ADA under 6,000 students.

**Signature Page**

Authorized signature of the person(s) whom will attest to the accuracy of the statements made on this application and whom is 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 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](mailto:tmoore@njsbaig.org)  
Phone: 609-386-6060  
Fax: 609-386-8877**

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