



CHARTER AND PRIVATE SCHOOL WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

Name of School: Website Address:

Address:

Multiple Locations: Yes No If yes - different curriculum and/or grades, complete a supplemental application per location.

1. Charter or Private School? _____

2. Describe the school's emphasis / programs and/or Charter basis, such as science, music, art, etc.:

3. Unionized: Yes No

4. Total number of students: Grades: through

5. New Venture: Yes No

If yes:

a. Outline management's experience in the industry and/or startup operation:

b. Describe the hiring protocol, including but not limited to required skills and experience level:

6. Number of years in business: _____

7. Please complete the following:

Table with 4 columns: Policy Period, Total Payroll, Premium, Losses

8. What is the school's funding sources?

9. Please complete the following:

Table with 4 columns: Class Code, Number of Employees, Annual Payroll

10. Does the school have any off premises exposures, such as tutoring, home visits, on-line education? Yes No
 If yes, provide details: _____

11. Does the school have any non-traditional or specialized curriculum, such as performing arts, animal care, and camps?
 Yes No
 If yes, provide details:

12. Does the school have a sports program? Yes No
 If yes, provide details:

13. Is the school affiliated with a religious organization? Yes No
 a. Is the religious facility on the same grounds as the school? Yes No
14. Are there any security guards on campus? Yes No
 If yes:
 a. Do they carry firearms? Yes No
 b. Are they employed by the insured or an unrelated firm with its own workers comp coverage?

 c. Describe their duties: _____
15. Does the school have any before and/or after school programs? Yes No
 If yes, provide the hours of operation and describe the children's indoor and outdoor activities:

16. Does the school operate a day care/after care facility? Yes No
 If yes, provide details, such as ages of children, hours of operation and the numbers of full-time and part-time staff:

17. Is the bussing / transporting of students, including but not limited to sporting events and field trips, handled by separate concerns? Yes No
 a. If no - number of vehicles: Buses: _____ SUV/Vans: _____ Trucks: _____
 b. Approx. how many weeks per year does the insured's staff transport students to practices, games, and/or field trips?

 c. Approx. how many days per week does this occur? _____
18. Will 3 or more employees travel together in the same vehicle? Yes No
 If yes, provide the frequency and reason:

19. Are DMV records checked at least annually for staff that has any driving responsibility? Yes No
20. Does the school perform their own maintenance, custodial and/or grounds-keeping? Yes No
 If yes, provide details:

21. Does the insured prepare and/or serve food on campus? Yes No
 a. Prepared/served by: # of Employees _____ # of Workers from Outside Service _____

22. Is the school also a boarding school? Yes No
 a. Number of faculty that reside at the school: _____
 b. For faculty living on campus, provide details (include number of employees and responsibilities, etc.):

23. Does the school have any overnight trips such as camping? Yes No
 If yes, provide details:

24. Does the school have any out-of-state/out-of-country travel programs? Yes No
 Provide detailed information, such as states/countries to be visited, number of travels per year, number of staff involved, and average duration of each trip.

 Purpose of the trip: _____

25. Are there any volunteers or donated labor? Yes No
 a. Does the school have a Volunteer Accident Policy? Yes No
 b. What type of activities or events do volunteers support?

26. What types of programs and/or services are offered during the summer months, such as but not limited to day care/after care, summer school, sports and camp activities, as well as off premises activities.

27. Benefits
 a. Medical Insurance Dental Plan Sick Leave Vacation 401K
 b. What percentage of the employee's medical coverage is paid by the organization? _____
 c. How many employees participate in group medical? _____
 d. Are part-time employees eligible for any health benefits? Yes No

28. Safety

a. New Employee Orientation Plan	Yes	No
b. Formal Written Safety Program	Yes	No
c. Safety Incentive Plan	Yes	No
d. Personal protective equipment provided and usage enforced	Yes	No
e. Documented accident investigation	Yes	No
f. Formal disciplinary procedure in place	Yes	No
g. Return to modified or light duty	Yes	No

29. How many independent contractors are used? _____
 How many 1099 forms are issued to individuals? _____
 How many 1099 forms are issued to companies/organizations? _____
 If there are independent contractors, what kind of work do they perform? _____
 Are independent contractors covered under a statutory Workers' Compensation Insurance policy and do they provide Certificates of Insurance? Yes No

Policy Specifications

Non Participating Plan _____ Participating _____ Program _____ Program Name: _____
 Commission % _____ Direct Bill _____ Agency Bill _____

Producer Authorized Signature _____ Date _____

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.