

# SCHOOL PROGRAM LIABILITY RENEWAL APPLICATION



**INSTRUCTIONS:**

1. Please answer all questions – we cannot process incomplete forms.
2. Sign and date the completed form.
3. Please provide a copy of your Annual Return along with your completed application by the first Friday in September.

By Fax: (780) 955-3615  
 By Mail: 2510 Sparrow Drive, Nisku, AB T9E 8N5  
 By Email: forms@RMAInsurance.com

MEMBER NAME \_\_\_\_\_ MEMBER ID# \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

Are you registered as  Not-for-profit or  For profit

Are you registered as  School Division Public/Separate  Charter School  Private School

If you are a School Division, how many schools are in your jurisdiction? \_\_\_\_\_

If you are in a Division, Private or Charter School how many Students do you have in the following?

Kindergarten \_\_\_\_\_ Elementary \_\_\_\_\_ Junior High \_\_\_\_\_ Senior High School \_\_\_\_\_

**1. Do you have written policies and procedures in place for the following areas?**

- |                            |  |                                    |  |                                    |  |
|----------------------------|--|------------------------------------|--|------------------------------------|--|
| Fire Drills                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Maintenance of School and grounds  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical treatment of students      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bomb Threats               | <input type="checkbox"/> Yes <input type="checkbox"/> No | Student conduct on school buses    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Alcohol in the school              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Inclement weather          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Transportation in private vehicles | <input type="checkbox"/> Yes <input type="checkbox"/> No | Activities during recesses         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Field Trips                | <input type="checkbox"/> Yes <input type="checkbox"/> No | School Bus Safety Precautions      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Off campus Education Programs      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Student Violence           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Emergency Measures                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Community use of school facilities | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Student conduct            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |  | Employee Practices                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Extracurricular activities | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |  |                                    |  |
| Crisis Management          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |  |                                    |  |
| Sexual Molestation         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |  |                                    |  |

2. Do you operate your own school bus service or do you contract it out?  Own  Contracted  Both

If you operate your own school buses please answer the following questions.

Do you have a documented hiring practice guideline that you follow?  Yes  No

Do you keep records of mileage logs, fuel and oil changes and repair logs?  Yes  No

Do you keep records of any complaints received from the public?  Yes  No

Do you have a routine maintenance program?  Yes  No

If you contract out school bus services did you get a legal opinion on the contract?  Yes  No

Did you review the contract to ensure that the contractor will defend & indemnify you in the event of a law suit:  Yes  No

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3. If parents or volunteers participate in transporting children on field trips do you do the following:

Request proof of insurance from the driver?  Yes  No

Get copies of driver abstracts on the drivers?  Yes  No

Do you have a board policy on students using their vehicles on school trips?  Yes  No

4. Please advise if your school is involved in any of the following physical activities:

Archery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Horseback Riding	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kayaking	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ball Hockey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skateboarding	<input type="checkbox"/> Yes <input type="checkbox"/> No	Swimming	<input type="checkbox"/> Yes <input type="checkbox"/> No
Field Hockey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Martial Arts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parachute Games	<input type="checkbox"/> Yes <input type="checkbox"/> No
Floor Hockey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Outdoor Camping	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alpine Skiing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ice Hockey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Canoe Tripping	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tobogganing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Basketball	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rock Climbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Triathlon	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gymnastics	<input type="checkbox"/> Yes <input type="checkbox"/> No	Winter Camping	<input type="checkbox"/> Yes <input type="checkbox"/> No	Football	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. If you have these activities do you follow the Alberta School Safety Guidelines?  Yes  No

6. Do you get Medical Information Forms on your students for above activities?  Yes  No

7. Do you receive and record Emergency Protocol Cards for your students?  Yes  No

8. Do you receive and record Accident/injury Report forms?  Yes  No

9. Do you receive and record inform and consent forms from parent?  Yes  No

10. Do parents sign waivers of liability?  Yes  No

11. Do you have playground equipment at your school?  Yes  No

a. Do you have a regular and recorded maintenance program?  Yes  No

12. Do you have a joint use agreement with your municipality with respect to the playground equipment?  Yes  No

a. If yes, who is responsible for the maintenance of the equipment? \_\_\_\_\_

b. Do you have a playground supervision policy  Yes  No

13. Do you have a regular and recorded maintenance program for equipment?  Yes  No

14. Do you rent out your premises to third parties?  Yes  No

15. If yes, do you get the third party to sign a use agreement?  Yes  No

16. Do you get the third party to provide you with certificates of Insurance?  Yes  No

17. Do you offer a work experience program for your students?  Yes  No

If yes, please advise in what occupations? \_\_\_\_\_

18. Do you have an early intervention program?  Yes  No

If yes, is it staffed by your own employees or contracted out?  Own staff  Contracted

19. Do you have a Family Community Support Service connected with your school?  Yes  No

If yes, please are they incorporated?  Yes  No

If yes, please define the role of the FCSS

20. Is the maintenance of your school(s) done by employees or outside contractors?  Employees  Contractor

If outside contractor do you request certificates of insurance from your contractor?  Yes  No

Do you sign any agreements where you assume liability for another party?  Yes  No

21. Do you have Parent Committees?  Yes  No

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22. Do you have a Volunteer Program?  Yes  No

If yes, please describe: \_\_\_\_\_

23. What committees are run by the Parents? \_\_\_\_\_

24. Briefly outline the activities of your student council(s)

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## BOND & CRIME COVERAGE

**\*\*If changes to your current limits are required please contact RMA Insurance.**

Number of Employees who handle money/securities as a regular part of their job responsibilities: \_\_\_\_\_

Number of Employees who handle money/securities on an infrequent basis: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_

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## INTERNAL PROCEDURES

Do your routine practices require:

a) All outgoing cheques to be signed by two (2) people?  Yes  No

b) Is there a separate individual who reconciles bank statements that DOES NOT have cheque signing authority?  Yes  No

c) Do you perform an annual independent financial audit for your Organization?  Yes  No

**\*\*WARRANTY: PLEASE NOTE THAT IF YOU ANSWER "NO" TO MORE THAN ONE OF THE ABOVE THREE QUESTIONS, EMPLOYEE DISHONESTY COVERAGE WILL BE LIMITED TO \$5,000.00.**

With reference to your previously completed FIDELITY BOND APPLICATION:

a) Have there been any changes in your EMPLOYMENT PRACTICES procedures?  Yes  No

b) Have there been any changes in your COMPUTER SYSTEMS controls?  Yes  No

c) Have there been any changes in your FUNDS TRANSFER procedures?  Yes  No

d) If coverage is carried under INSURING AGREEMENTS II (Inside Robbery) or III (Outside Robbery):

i) Has any new security protection been put in place, such as crime resistant vaults, safes, electronic alarms, surveillance, watchmen or guard services?  Yes  No

ii) Have there been changes in the maximum daily or overnight exposures of money, cheques or securities?  Yes  No

If YES to any of the above, please provide details:

Signature & Title of Authorized Representative completing this application.

\_\_\_\_\_

Completed by \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_