

School Insurance Program Renewal Application

Name: _____

Address: _____

City or town: _____ Postal code: _____

Phone: _____ Fax: _____

Contact person: _____ Email: _____

Please complete this questionnaire in its entirety. Use “N/A” where questions are not applicable.

- Is your organization registered as a not-for-profit: Yes No

Please provide a copy of your Certificate of Registration from Corporate Registries Provincial Office

- Does your org. receive any support from the Municipality in the form of:

Finances Yes No

Property or Building Yes No

Other form of support: _____

Are you one of the following:	School Region Public/Separate	<input type="checkbox"/> Yes
	Charter School	<input type="checkbox"/> Yes
	Private School	<input type="checkbox"/> Yes

If you are a School Region how many schools are in your jurisdiction?: _____

How many Students do you have in the following: Kindergarten _____

Elementary _____ Junior High _____

Senior High School _____

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1. Do you have written policies and procedures in place to address student safety in the following areas:

- | | | | | | |
|--|------------------------------|-----------------------------|------------------------------------|------------------------------|-----------------------------|
| Fire Drills | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Student conduct on school buses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bomb threats | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Transportation in private vehicles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Inclement weather | <input type="checkbox"/> Yes | <input type="checkbox"/> No | School bus safety precautions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Field trips | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Emergency measures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Student violence | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Medical treatment of students | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Student conduct | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Alcohol in the school | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Extracurricular activities | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Activities during recess | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Crisis management | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Off-campus education programs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sexual molestation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Maintenance of school buildings and grounds: | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Community use of school facilities: | | | | <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

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

- | | | |
|--|------------------------------|-----------------------------|
| Do you have a documented hiring practice guideline that you follow? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you keep records of mileage logs, fuel and oil changes and repair logs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you keep records of any complaints received from the public? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a routine maintenance program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a copy of Jubilees Risk Management Bulletin on School Bus Maintenance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If you contract out school bus services did you get a legal opinion on the contract? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you review the contract to ensure that the contractor will defend & indemnify you in the event of a lawsuit: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

- | | | |
|--|------------------------------|-----------------------------|
| Request certificates of insurance from the driver? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Get copies of driver abstracts on the drivers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a board policy on students using their vehicles on school trips? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 | Outdoor camping | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ball hockey | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Canoe tripping | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Field hockey | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rock climbing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Floor hockey | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Winter camping | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ice hockey | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Kayaking | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Basketball | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Swimming | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gymnastics | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Parachute games | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Horseback riding | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Alpine skiing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Skateboarding | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tobogganing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Martial arts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Triathlon | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Firearms | <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 Safety Guidelines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you get Medical Information Forms on your students for above activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you receive and record Emergency Protocol Cards for your students? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do you receive and record Accident/injury Report forms? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

If yes, who is responsible for the maintenance of the equipment? _____

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, are they incorporated? Yes No

If yes, please define the role of the FCSS: _____

20. Do you have a written policy and procedure with respect to Employee Practices? Yes No

21. Is the maintenance of your school(s) done by employees or Employees Contractor

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outside contractors?

If outside contractor do your request certificates of insurance from your contractor?

Yes No

Do you sign any agreements where you assume liability for another party?

Yes No

22. Do you have Parent Committees?

Yes No

23. What committees are run by the Parents? _____

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

Property

LOCATION #1

Building Name: _____

Building Owner: _____

Building Address: _____ Postal Code: _____
(location of building – not mailing address) (if applicable)

Declared Replacement Cost of Building: _____ Contents: _____

Is rental income coverage required: Yes No. If yes, value of rental to be insured: _____

Building Type:

- Office/Museum/Fire Hall Garage/Storage School Water/Service Building
 Swimming Pool Arena Dwelling / Senior Residence
 Recreational Complex Other: _____

Building Construction Details: Year Built: _____ Sq Footage: _____

Heat Source: _____ Yr Heating System Replaced or inspected _____

What are the following constructed of: (Brick, Wood Frame, Metal, Concrete Block, Steel Frame/Metal Clad, Wood Frame/Metal Clad, other)

Walls: _____ Floor: _____ Roof: _____ Year Roof Replaced: _____

Plumbing: (PVC, Copper, Galvanized Pipe) _____

Does the building have any of the following Protection Devices:

- Indoor Sprinkler System
 Central Monitored Intrusion Alarm
 Central Monitored Fire Alarm

Please provide a copy of the Alarm Certificate from the Alarm Company.

Please list other organizations that may occupy this building with you: _____

If your organization is the owner of this building do you ask for proof of liability insurance from your tenants or user groups: Yes No

If your organization is the owner of this building do you ask that your organization be named on your tenants or user groups insurance policy as additional insured: Yes No

Pictures of buildings must be submitted prior to coverage taking place for any buildings not already insured through Jubilee.

Property

LOCATION #2

Building Name: _____

Building Owner: _____

Building Address: _____ Postal Code: _____
(location of building – not mailing address) (if applicable)

Declared Replacement Cost of Building: _____ Contents: _____

Is rental income coverage required: Yes No. If yes, value of rental to be insured: _____

Building Type:

- Office/Museum/Fire Hall Garage/Storage School Water/Service Building
 Swimming Pool Arena Dwelling / Senior Residence
 Recreational Complex Other: _____

Building Construction Details: Year Built: _____ Sq Footage: _____

Heat Source: _____ Yr Heating System Replaced or inspected _____

What are the following constructed of: (Brick, Wood Frame, Metal, Concrete Block, Steel Frame/Metal Clad, Wood Frame/Metal Clad, other)

Walls: _____ Floor: _____ Roof: _____ Year Roof Replaced: _____

Plumbing: (PVC, Copper, Galvanized Pipe) _____

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Comprehensive Dishonesty, Disappearance & Destruction

(CRIME SECTION)

This section must be fully completed if coverage is required. If this section is not fully completed, crime coverage including inside/outside robbery, money orders & counterfeit currency as well as employee dishonesty will not be bound. Should you not require crime coverage, please indicate this by checking the box at the bottom of this page and signing in the area indicated for signature.

Employee Dishonesty:

\$100,000 (Minimum)
 \$ 250,000
 \$ 500,000

**Other limit required
please indicate desired limit**

Number of Employees: _____

Employee means any person in the insured's service who is compensated directly by salary, wages or commissions and whom the insured has the right to direct and control while performing services for the insured. Employee is **NOT** a Director or Trustee except while performing acts within the scope of the usual duties of any employee.

1. Do you require dual cheque signing as part of your cheque issuing process? Yes No
2. Is there a separate individual who reconciles bank statements that DOES NOT have cheque signing authority? Yes No
3. Do you perform an annual independent financial audit for your organization? Yes No

Number of members handling cash: _____

Amount of money handled annually: _____

Number of bank transactions annually: _____

Total number of members: _____

Please note that if you answer no to any of questions 1- 3 above, employee dishonesty coverage limit will be limited to a maximum of \$5,000.

Crime coverage that includes employee dishonesty, inside/outside robbery as well as money orders and counterfeit currency is not required.

Signature and Title of Authorized Representative completing the crime section of this application

Comprehensive Dishonesty, Disappearance & Destruction

Please check off other coverage's that may be required from our office

- Automobile
- Boiler and Machinery
- Builders Risk / Course of Construction
- Environmental Impairment Liability
- Standard Garage Policy
- Accidental Death & Dismemberment for Volunteers and/or Board Members
- Excess Liability (increase liability limits)

Date _____ Signature _____
Position _____