

WESTERN WORLD

## **INSURANCE COMPANY**

## APPLICATION FOR SCHOOLS

1.	Name of school							
	Street address City			State		Zip		
2.	Type of School	ï Public ï Elementary	ï Private ï Junior Hig	ï Urban	ï Trade/Vocation	nal* rsity ional*		
3.	Date established:			4. Policy I	Period			
5.	Address of additiona Street address City		•			Zip		
6.	Number of students	licensed for:						
7.	Hours of operation:	Day Evening	From	To				
8.	Annual Gross Recei	pts \$						
9.	Last inspected by (S Any violations? If ye	tate/Municipality) _	ull details on s	eparate sheet of pa	on	<u>/ / (</u> Date) ï Yes ï No		
10.	Describe all building (A) Number of storie (B) Construction of (C) Type of fire prot (D) The emergency (E) Proposed new of (F) Cafeteria?	es building ection system evacuation plan construction	Tota	al square footage o	of building	ï Yes ï No		
	(G) Ratio of on-duty	staff to students	Ansı	Il system over cool	king surface?	ï Yes ï No		
11.	Number of students	AGE GROUP 5 Thru 12 Years 13 Thru 18 Years Over 18 Years		DAY	NIGHT	NO. OF TEACHERS		
12.	Do you accept hand If yes, state the num		nandicap #	±	Degree	ï Yes ï No		

ï Pool	Size:	cable equipment/activities: Size: X FT. Depth: FromFT. to							F	Т.		
ï Diving Board		FT.			Pool	ïS	Sandbox	ï	Tran	npoline	<b>;</b>	
ï Tennis Courts	ï Martia	al Arts	ï	Soccer		ïV	Vrestling	ï	Gym	nastic	S	
ï Basketball	ï Base	ball	ï	Slides		ïΕ	ootball	ï	Soft	oall		
ï Hockey		ig	ï		3	ïS	Swings	ï	Jung	le Gyr	n	
ï Dive Team	ï Other	r (List)										
Do you have an exte		-					eration?					
Describe hiring proc	cedures for all	employees,	includinę	g aides, al	ttendants	s, cus	todial, et	C				
Attach copies of all	contractual ac	greements inc	luding t	hose invol	lved in of	ff-prei	nises tra	ining.				
LIMITS OF INSURA												
General Aggregate				leted Ope	erations)		§					
Products – Complet	•		_imit				§					
Personal and Adver		imit					§					
Each Occurrence Li							§			<i>r</i> .		
Fire Damage Limit (			,				§		•			
Medical Expense Limit (up to \$5,000 limit available) \$ an										e perso	n	
Each Professional I	ncident Limit (	(if applicable)				ŝ	§					
Each Professional In Has applicant had p	previous insura	ance for this s	school?	ts of	ease com	nplete	the follo	pe of		Yes	ence	e or
Has applicant had p	previous insura	ance for this s	school?	ts of		nplete	the follo	-			ence	e or
Has applicant had p	previous insura	ance for this s	school?	ts of		nplete	the follo	pe of		Occurre	ence	e or
Has applicant had p Insurance Co During the past <b>five</b>	orevious insura ompany • <b>years</b> , have	ance for this s Policy Period	Echool?	ts of bility	Premiu	im ent or	the follo Ty Cov	pe of		Occurre	ence Ma	e or
Has applicant had p	orevious insura ompany • <b>years</b> , have ier(s)? If yes,	ance for this s Policy Period any claims be please provio	chool? Limi Liat en pres de full de	ts of bility	Premiu /our curro	ent or	the follo Ty Cov	be of erage	ï	Occurre Claims Yes	ence Ma ï	e or de No
Has applicant had p Insurance Co During the past <b>five</b> prior insurance carri of claim, amounts pa Is the applicant, or a	orevious insura ompany e <b>years</b> , have ier(s)? If yes, aid, and reser	ance for this s Policy Period any claims be please provio ves. (Attach	Echool?	ts of bility sented to y etails. Inc more space	Premiu your curre clude des ce is nee g reques	ent or ded)	the follo Ty Cov	be of erage	ï	Occurre Claims Yes	ence ⊦Ma ï	e or de No
Has applicant had p Insurance Co During the past five prior insurance carri of claim, amounts pa	e <b>years</b> , have ier(s)? If yes, aid, and reser	ance for this s Policy Period any claims be please provie ves. (Attach son for whom h may result i	een pres de full de page if r	ts of bility sented to y etails. Inc more space ce is being m? If yes,	Premiu /our curro clude des ce is nee g reques , please p	ent or criptic ded) ted, provic	the follo Typ Cov	be of erage	ï	Occurre Claims Yes	ence ⊦Ma ï	e or de No
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Has applicant had p Insurance Co During the past <b>five</b> prior insurance carri of claim, amounts pa Is the applicant, or a aware of any circum full details.	erevious insura ompany e <b>years</b> , have ier(s)? If yes, aid, and reser any other perso nstances whic hy other perso for liability ins	ance for this s Policy Period any claims be please provie ves. (Attach on for whom h may result i n for whom claurance denie	een pres de full de page if r insurand n a clair	ts of bility sented to y etails. Inc more space ce is being m? If yes, is being r y cancelle	Premiu /our curre lude des ce is nee g request , please p requestee d or non-	ent or criptio ded) ted, provic	the follo Typ Cov	pe of erage	С ( ( Т Т Т	Claims Claims Yes Yes Yes	nce Ma ï ï	e or de No No

Applicant's Signature: \_\_\_\_\_

Title:

Date: