WESTERN WORLD

INSURANCE COMPANY

APPLICATION FOR SCHOOLS

1. Name of school _____
   Street address _____
   City _____ State _____ Zip _____

2. Type of School ☐ Public ☐ Private ☐ Urban ☐ Trade/Vocational*
   ☐ Elementary ☐ Junior High ☐ High School ☐ College/University
   ☐ Suburban ☐ Other _____ ☐ Medical/Vocational*
   * Provide list of courses

3. Date established: _____ 4. Policy Period _____

5. Address of additional location to be insured (If same as above, write "Same").
   Street address _____
   City _____ State _____ Zip _____

6. Number of students licensed for: _____

7. Hours of operation:

	From	To
Day	_____	_____
Evening	_____	_____

8. Annual Gross Receipts $_____

9. Last inspected by (State/Municipality) _____ on ____/____/____(Date)
   Any violations? If yes, please provide full details on separate sheet of paper. ☐ Yes ☐ No

10. Describe all buildings, including dormitories. Use additional paper, if needed.
    (A) Number of stories _____ Total square footage of building _____
    (B) Construction of building _____
    (C) Type of fire protection system _____
    (D) The emergency evacuation plan _____
    (E) Proposed new construction _____
    (F) Cafeteria? ☐ Yes ☐ No If yes, with cooking facilities? ☐ Yes ☐ No
    Ansul system over cooking surface? ☐ Yes ☐ No
    (G) Ratio of on-duty staff to students _____

11. Number of students

AGE GROUP	DAY	NIGHT	NO. OF TEACHERS
5 Thru 12 Years	_____	_____	_____
13 Thru 18 Years	_____	_____	_____
Over 18 Years	_____	_____	_____

12. Do you accept handicapped students? ☐ Yes ☐ No
    If yes, state the number and degree of handicap # _____ Degree _____

13. Please check the applicable equipment/activities:

☐ Pool Size: _____ X _____ FT. Depth: From _____FT. to _____ FT.

☐ Diving Board Height: _____ FT. ☐ Slide(s) Pool ☐ Sandbox ☐ Trampoline

☐ Tennis Courts ☐ Martial Arts ☐ Soccer ☐ Wrestling ☐ Gymnastics

☐ Basketball ☐ Baseball ☐ Slides ☐ Football ☐ Softball

☐ Hockey ☐ Boxing ☐ Fencing ☐ Swings ☐ Jungle Gym

☐ Dive Team ☐ Other (List) _____

14. Do you have an extended day program? ☐ Yes ☐ No Hours of operation? From _____ to _____

15. Describe hiring procedures for **all** employees, including aides, attendants, custodial, etc. _____

_____

_____

16. Attach copies of all contractual agreements including those involved in off-premises training.

17. LIMITS OF INSURANCE REQUESTED:

General Aggregate Limit (Other than Products – Completed Operations) $ _____

Products – Completed Operations Aggregate Limit $ _____

Personal and Advertising Injury Limit $ _____

Each Occurrence Limit $ _____

Fire Damage Limit (up to $50,000 limit available) $ _____ any one fire

Medical Expense Limit (up to $5,000 limit available) $ _____ any one person

Each Professional Incident Limit (if applicable) $ _____

18. Has applicant had previous insurance for this school? If yes, please complete the following. ☐ Yes ☐ No

Insurance Company	Policy Period	Limits of Liability	Premium	Type of Coverage	Occurrence or Claims Made

19. During the past **five years**, have any claims been presented to your current or prior insurance carrier(s)? If yes, please provide full details. Include description of claim, amounts paid, and reserves. (Attach page if more space is needed) _____ ☐ Yes ☐ No

_____

20. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? If yes, please provide full details. _____ ☐ Yes ☐ No

_____

21. Has applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or non-renewed in the past three years? If yes, please provide full details. _____ ☐ Yes ☐ No

_____

22. If sexual molestation coverage desired, please complete Sexual Molestation Supplemental Application, A-71

Applicant's Signature: _____

Title: _____ Date: _____