



COLONY INSURANCE COMPANY

SCHOOLS PDQ - SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Insured: _____

Date: _____

GENERAL INFORMATION

Type of School: _____

What grade levels are taught? _____

What is the total number of students? _____

What is the total number of teachers? _____

CONTROLS – For all schools regardless of age (Submit if 'no')

- Yes No Application required for all employees including volunteers
- Yes No Background checks completed on all employees
- Yes No CPR trained employee on duty at all times
- Yes No Emergency evacuation plan posted and all employees trained
- Yes No No smoking policy in place
- Yes No Smoke detectors in place and if applicable panic hardware and lighted exits
- Yes No Staff training regarding child and sexual abuse at least once each year

CONTROLS (Submit if 'no')

- Yes No Authorization procedure in place if student not released to custodial parent/guardian
- Yes No Written parental permission and instructions required for dispensing medications
- Yes No Policies in place to include exclusion criteria for sick students, immunization

Does your school permit corporal punishment? _____

FIELD TRIPS – Refer to guidelines for acceptable field trips

Yes No Signed permission slips always required.

Describe anticipated field trip destinations during the current or upcoming school year:

Who is transporting: _____

Who is chaperoning: _____

RECREATION AND SPORTS FACILITES

- Yes No Play areas fenced – Fencing is required for grades K-5
- Yes No Play equipment installed by and inspected by someone certified in playground safety
- Yes No Play equipment primary platforms are lower than 8 feet
- Yes No Play facilities meet all safety requirements of the Consumer Products Safety Commission

Description of surface around playground and equipment: _____

How many fields are on the school’s premises? _____

Are the fields fenced? _____

Are there any bleachers or grandstands over 4 tiers without backs? _____

Yes No Is there a pool?
 If yes, is it indoor or outdoor? _____
 Maximum depth? _____
 Dimensions? _____
 Any diving boards? _____ If yes, height of all boards _____

Yes No Is at least one CPR-trained individual on duty during hours of operation?

Yes No Is there life safety equipment available at poolside?

LOSS HISTORY

Describe all losses in the past 3 years. _____

Has there ever been a claim due to sexual misconduct or molestation? _____

Applicant’s Signature _____ Date _____