



## SCHOOL BOARD LEGAL LIABILITY APPLICATION

### I. INSTRUCTIONS

1. All application questions must be fully answered. If more space is needed, continue on a separate sheet and indicate the question number.
2. If a question does not apply, write "N/A".
3. When applicable, provide copies of:
  - a. Loss runs, dated within 60 days of submission, covering the past five (5) or more years.
  - b. Expiring Declarations Page with retroactive date (if applicable)
  - c. Current Budget
  - d. Current Year End Financial Statement

### II. GENERAL INFORMATION

1. Legal Name of Entity: \_\_\_\_\_
2. Human Resource Contact:   Name \_\_\_\_\_  
  Email \_\_\_\_\_  
  Phone Number \_\_\_\_\_
3. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_
4. When was entity established: \_\_\_\_\_
5. Entity's website: www. \_\_\_\_\_
6. How many schools comprise this district? \_\_\_\_\_
7. Entity's location is :  
☐ Rural (not located within 25 miles of 250,000 population)  
☐ Suburban (located within 25 miles of 250,000 population)  
☐ Urban (located within a population of 250,000 or more)
8. Type of Educational Entity: (Check all that apply)

<input type="checkbox"/> Public	<input type="checkbox"/> Educational Service District	<input type="checkbox"/> Not-For-Profit
<input type="checkbox"/> Private	<input type="checkbox"/> 2 or 4 year College or University	<input type="checkbox"/> For-Profit
<input type="checkbox"/> Private Parochial	<input type="checkbox"/> Special Needs / Behavioral	<input type="checkbox"/> Distance/ Online Learning
<input type="checkbox"/> Charter	<input type="checkbox"/> Graduate / Professional (ex. Medical, Law, Dental)	
<input type="checkbox"/> Vocational/ Career	<input type="checkbox"/> Other (Specify): _____	

- a. If private school or community college, do you provide financial aid for students? ☐ Yes ☐ No
- b. Do you offer scholarship money? ☐ Yes ☐ No
- c. Do you have students living on campus? ☐ Yes ☐ No
- d. If educational service district, provide complete description of responsibilities of your district:

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9. Have you had on-site monitoring visits by state or federal regulatory agencies within the last three (3) years, outside of routine visits? ☐ Yes ☐ No
- If yes, provide name of agency and the purpose of the visit: \_\_\_\_\_

10. Are all entities requesting coverage identified as 501 (c)(3), tax exempt organizations by the Internal Revenue Service? ☐ Yes ☐ No

11. Has the entity been criticized by the state board of education? ☐ Yes ☐ No
- If yes,** attach details.

12. Board Members/ Trustee are:
- ☐ Elected ☐ Appointed

If elected, are they elected by: ☐ Single member districts or ☐ At Large

### III. STUDENT INFORMATION

1. Please indicate the following:

	Current Year	Last Year	Next Year Estimate
Teacher/Student Ratio			
Teacher/ Student Ratio Average Class Size			

2. Student Enrollment:

	Current Year		Last Year		Next Year Est.	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
K-8						
9-12						
Pre-school						
2 or 4 year undergraduate						
Graduate						
Other:						
<b>TOTAL</b>						

3. Has the entity established written policies and procedures governing students in the following areas?
- |                     |  |                            |  |
|---------------------|--|----------------------------|--|
| Transfer            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Attendance                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Demotion            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Extracurricular Activities | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Promotion           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Locker Use                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Corporal Punishment | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parking Facility Use       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dress Code          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |  |

4. Please indicate the number of Special Education Students:

Current Year: \_\_\_\_\_

Last Year: \_\_\_\_\_

Next Year Estimate: \_\_\_\_\_

5. Has the entity established written policies and procedures governing special students in the following areas? (Special students are those requiring special programs or services)

- |                     |  |                            |  |
|---------------------|--|----------------------------|--|
| Transfer            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Attendance                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Demotion            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Extracurricular Activities | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Promotion           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Locker Use                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Corporal Punishment | <input type="checkbox"/> Yes <input type="checkbox"/> No | Parking Facility Use       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dress Code          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |  |

6. Is the student handbook, including the above policies and procedures, distributed to all students at the time of enrollment? ☐ Yes ☐ No

7. Do you have written policies and procedures for drug testing students? ☐ Yes ☐ No
- a. Do these procedures allow for random drug testing of students? ☐ Yes ☐ No

8. Do you allow strip searches on students? ☐ Yes ☐ No
- a. Do you have a written policy regarding your strip search policy? ☐ Yes ☐ No

**If you allow strip searches, provide a copy of the policy.**

9. Do you have written policies and procedures that addresses student sexual orientation & gender identity? ☐ Yes ☐ No

10. Have the following policies been reviewed by an attorney?

- |   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| Student Policies                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Special Student Policies                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Drug Testing Policies                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Strip Search Policy                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Sexual Orientation & Gender Identity Policies | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

11. Do you allow field trips for students? ☐ Yes ☐ No
- a. If yes, do you require a signed permission slip from parents or legal guardians for each student? ☐ Yes ☐ No

- b. Do you allow students to take field trips to the following institutions/ places?

- i. Amusement Parks? ☐ Yes ☐ No
- ii. Swimming Pools? ☐ Yes ☐ No
- iii. Inside a Jail or Detention Facility? ☐ Yes ☐ No

If yes, explain purpose: \_\_\_\_\_

- c. Are students always accompanied by an adult? ☐ Yes ☐ No

12. Does this entity operate daycare facilities or services?

☐ Yes ☐ No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

#### IV. EMPLOYEE INFORMATION

1. Employee Count:

	CURRENT YEAR	
	Full Time	Part Time
Certified Teaching Faculty		
Non-certified Teaching Faculty		
Medical Personnel		
Administration		
Counselors / Psychologists		
Volunteers		
Security/ Law Enforcement		
Other (Specify):		
<b>TOTAL</b>		

2. Are nurses / psychologists: ☐ Employed or ☐ Contracted  
Do they have medical malpractice coverage? ☐ Yes ☐ No

3. Are bus drivers: ☐ Employed or ☐ Contracted

4. Percent of workforce that are union members: \_\_\_\_\_%

5. Do you use an employment application during your hiring process? ☐ Yes ☐ No

If yes, does it contain:

- |   |  |
|---|--|
| a. An employment at will statement.                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Authorization to check references & criminal conviction records?       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. The Applicant's signature attesting that all representations are true? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. An equal employment opportunity statement?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |

6. Do you conduct background checks on all:

Applicants ☐ Yes ☐ No    New Hires ☐ Yes ☐ No    Volunteers ☐ Yes ☐ No

Do your background checks on the above include: (check all that apply:

TYPE	TEACHERS	OTHER EMPLOYEES	VOLUNTEERS
Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal References	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior Employers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Driving Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Credentials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Total number of terminations over the past year: \_\_\_\_\_
8. Total number of employee-initiated terminations over the past year: \_\_\_\_\_
9. Do you have a risk manager on staff? ☐ Yes ☐ No
10. Who is responsible for the Human Resources or Personnel Functions? Title: \_\_\_\_\_
11. Who is designated to handle all employment-related incidents? Title: \_\_\_\_\_
12. Are the persons in #9 & #10 above educated and experienced in employment practice issues? ☐ Yes ☐ No
13. Do you require all employment terminations to be reviewed by the person listed in #9 & #10 above prior to the termination? ☐ Yes ☐ No
14. Have you informed supervisory personnel, in writing, of their responsibility to provide You with prompt notice of any claims, incidents or allegations? ☐ Yes ☐ No
15. Do you have a written personnel policies and procedures manual? ☐ Yes ☐ No
16. Do the written policies and procedures governing teachers/ supervisory personnel and non-professional employees address the following areas?
- |                   |  |                   |  |
|-------------------|--|-------------------|--|
| Hiring            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sexual Harassment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Termination       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical Leave     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Background Checks | <input type="checkbox"/> Yes <input type="checkbox"/> No | Grievance Checks  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Suspension        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                   |  |
17. Date of Manual: \_\_\_\_\_  
Date of last revision/update: \_\_\_\_\_
18. Has the manual been reviewed by an attorney prior to implementation? ☐ Yes ☐ No  
Is the manual periodically reviewed and updated by an attorney? ☐ Yes ☐ No
19. Does the written manual apply to all departments? ☐ Yes ☐ No  
If no, which departments have their own manual? \_\_\_\_\_
20. Is the manual distributed to all employees? ☐ Yes ☐ No
21. Is the manual reviewed with them as part of their employee orientation? ☐ Yes ☐ No
22. Do you have written policies and procedures in place for drug testing:

Bus Drivers ☐ Yes ☐ No  
 Teaching Faculty ☐ Yes ☐ No  
 Other Employees ☐ Yes ☐ No

Do these procedures allow for random drug testing of:

Bus Drivers ☐ Yes ☐ No  
 Teaching Faculty ☐ Yes ☐ No  
 Other Employees ☐ Yes ☐ No

## V. OPERATIONS INFORMATION

1. In the last three (3) years, have you been involved in any school mergers/closings or plan to do so within the next twelve (12) months? ☐ Yes ☐ No  
 If yes, then:
  - a. Has your attorney reviewed the plan? ☐ Yes ☐ No
  - b. Were any employees or are any expected to be laid off as a result of the merger/closing? ☐ Yes ☐ No
  - c. If schools are merging, did the merged school carry school board liability coverage? ☐ Yes ☐ No
2. Are any school openings expected in the next eighteen (18) months? ☐ Yes ☐ No
  - a. **If yes**, what is the estimated increase in personnel? \_\_\_\_\_
  - b. What is the estimated increase in enrollment? \_\_\_\_\_
3. Do you expect a reduction in staff in the next eighteen (18) months? ☐ Yes ☐ No  
**If yes**, has your attorney reviewed your staff reduction plan? ☐ Yes ☐ No
4. Did any of the following take place in the last three (3) years? **If yes, attach details.** ☐ Yes ☐ No
  - a. Strikes, slowdown or other disruptions: ☐ Yes ☐ No  
 If yes, did it involve: ☐ teachers or ☐ other employees?
  - b. Lay-offs or staff reductions? ☐ Yes ☐ No  
 If yes, did it involve: ☐ teachers ☐ tenured teachers or ☐ other employees?
5. Is your attorney an employee of the entity or on retainer?  
☐ Employee ☐ Retainer
6. Does the district have written guidelines for administrative hearings and appeals? ☐ Yes ☐ No  
**If yes**, have these guidelines been reviewed by an attorney? ☐ Yes ☐ No
7. Does your attorney regularly participate in all grievances or administrative hearings? ☐ Yes ☐ No  
**If no**, why not? \_\_\_\_\_
8. How many administrative hearings have taken place in the last 12 months? \_\_\_\_\_
  - a. How many involved students? \_\_\_\_\_
  - b. How many involved teachers? \_\_\_\_\_

- c. How many involved other staff? \_\_\_\_\_  
 d. In what areas were these hearings? \_\_\_\_\_

9. Do you have an emergency plan in place in case of a natural or terrorist catastrophe regarding early student dismissal and student evacuation? ☐ Yes ☐ No

If no, attach an explanation.

If yes, have you notified parents of this procedure? ☐ Yes ☐ No

10. Does this entity have a law enforcement presence on campus? ☐ Yes ☐ No

If yes, is separate Police Professional Liability Insurance maintained? ☐ Yes ☐ No

11. Do you have metal detectors or other screening devices in any of the schools? ☐ Yes ☐ No

12. Do you have a written policy and procedure on handling threats of violence in the schools? ☐ Yes ☐ No

13. In the past year, have you had any violent acts involving threats of violence involving weapons/guns or threats of violence at any school, including bomb threats? ☐ Yes ☐ No

If yes, how many and the type of violence/threat: \_\_\_\_\_  
 \_\_\_\_\_

14. Do you have a written policy and procedure on active shooter situation? ☐ Yes ☐ No

If no, provide an explanation: \_\_\_\_\_  
 \_\_\_\_\_

## VI. FINANCIAL INFORMATION

1. Provide budget figures for the past three years:

YEAR	REVENUE	EXPENDITURES

Provide an explanation for any budget deficits: \_\_\_\_\_  
 \_\_\_\_\_

2. Has state or federal aid been reduced or eliminated in the past year? ☐ Yes ☐ No

3. Do you expect a budget reduction in the next year? ☐ Yes ☐ No

a. If yes, how much? \$ \_\_\_\_\_

b. What programs will be affected? ☐ Programs ☐ Personnel ☐ Other:

4. What is the amount of outstanding bonds? \_\_\_\_\_

5. Latest bond rating (Moody's or Standards & Poor's) \_\_\_\_\_

6. Has any bond been defeated in the past 3 years? ☐ Yes ☐ No

If yes, what was bond for? \_\_\_\_\_

7. Has your public entity been in default on principal or interest of any bond? ☐ Yes ☐ No

## VII. INSURANCE AND LOSS HISTORY

POLICY PERIOD	CARRIER	PER CLAIM/ AGGREGATE LIMIT	DEDUCTIBLE	RETROACTIVE DATE	PREMIUM
					\$
					\$
					\$
					\$
					\$

**If you are requesting prior acts coverage you will be asked to upon binding coverage to provide a copy of your current insurance declaration page documenting the expiring retroactive date and limits. Prior acts coverage may not be available if the date of your current retroactive coverage is different from what we have quoted or if there is any gap between effective dates.**

1. Has such insurance been declined, canceled, or not renewed? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_

2. Current general liability carrier: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Limits: \_\_\_\_\_

3. Is the entity operating under any court orders? ☐ Yes ☐ No  
If yes, please explain why: \_\_\_\_\_

4. Has any claim been made/presented to your current or prior insurers? ☐ Yes ☐ No

5. Has any claim been made against the entity that was not covered by insurance? ☐ Yes ☐ No

6. Has any person, former employee or job applicant made claim alleging unfair or improper treatment regarding hiring, salary, advancement, demotion, suspension or termination? ☐ Yes ☐ No

7. Has any entity been formally criticized by the state board of education? ☐ Yes ☐ No

8. Have any lawsuits regarding disputes of integration, segregation, discrimination or civil rights violations been filed in the past five (5) years? ☐ Yes ☐ No

9. Has any claim been made or is one now pending against any person in his/her official capacity as an official employee or volunteer of the entity? ☐ Yes ☐ No

10. Does any board member, employee or volunteer have any knowledge of any ☐ Yes ☐ No

negligent act, error, omission, or breach of duty which may reasonably be expected to give rise to a claim?

11. Is the Applicant aware of any claims, acts, omissions, incidents, or circumstances Which might reasonably be expected to be the basis of a claim or suit? ☐ Yes ☐ No

12. Have any of the claims, acts, omissions, incidents, or circumstances identified in response to the preceding question been reported to an insurance carrier? Yes ☐ No

13. Does the Applicant carry General Liability Insurance: ☐ Yes ☐ No  
If yes, provide:

a. Insurer: \_\_\_\_\_

b. Limits: \_\_\_\_\_

c. Does the coverage include Products/ Completed Operations Hazards? ☐ Yes ☐ No

## VIII. FRAUD WARNINGS

**General Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### Applicable Notice to Applicants in:

<b>Alabama</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
<b>Alaska</b>	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
<b>Arizona</b>	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
<b>Arkansas</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>California</b>	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
<b>Colorado</b>	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
<b>Delaware</b>	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
<b>District of Columbia:</b>	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
<b>Florida</b>	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
<b>Idaho</b>	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

<b>Indiana</b>	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
<b>Kentucky</b>	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
<b>Louisiana</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Maine</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
<b>Maryland</b>	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Minnesota</b>	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
<b>New Hampshire</b>	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
<b>New Jersey</b>	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
<b>New York</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
<b>Ohio</b>	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<b>Oklahoma</b>	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
<b>Pennsylvania</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
<b>Rhode Island</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Tennessee</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>Virginia</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>Washington</b>	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
<b>West Virginia</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## IX. NOTICE TO APPLICANT

NOTICE: THE INSURANCE COVERAGE FOR WHICH THE APPLICANT IS APPLYING IS WRITTEN ON A CLAIMS MADE AND REPORTED POLICY, WHICH APPLIES ONLY TO **CLAIMS** FIRST MADE AND REPORTED DURING THE **POLICY PERIOD** AS STATED IN THE DECLARATIONS, OR ANY APPLICABLE **EXTENDED REPORTING PERIOD**. THE LIMIT OF LIABILITY TO PAY **DAMAGES** WILL BE REDUCED AND MAY BE EXHAUSTED BY **CLAIM EXPENSES**, AND **CLAIM EXPENSES** MAY BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT, IF APPLICABLE. IN NO EVENT WILL WE BE LIABLE FOR **DAMAGES** OR **CLAIM EXPENSES** IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. IT IS IMPORTANT THAT YOU REPORT ANY KNOWN CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS THAT COULD RESULT IN A CLAIM TO YOUR CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO POTENTIALLY COVER SUCH CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS. WE WILL NOT PROVIDE COVERAGE, AND COVERAGE IS EXPRESSLY EXCLUDED, FOR CLAIMS AND/OR CIRCUMSTANCES OR INCIDENTS OF WHICH THE APPLICANT HAS KNOWLEDGE AND/OR IS AWARE PRIOR TO THE EFFECTIVE DATE OF THIS POLICY, IF OFFERED AND ACCEPTED. PLEASE READ THE ENTIRE **APPLICATION** CAREFULLY BEFORE SIGNING.

#### X. REPRESENTATION AND WARRANTY

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

<b>Name of Applicant:</b>		
<b>Signature of person authorized to execute on behalf of the applicant:</b>		<b>Date:</b>
<b>Print name and title of person authorized on behalf of the applicant:</b>		
<b>Agent/Broker Name:</b>		