



Non-Residential Schools Supplemental Application

Applicant's Instructions:

Please answer all questions. If the answer to any question is NONE, please state NONE.
Do not use N/A or Not Applicable.

Applicant:

Proposed Effective Date: _____

Full name of applicant: _____

Principal address:

Operations:

Description of your current operations: _____

Number of students annually? _____ Average number of students on a daily basis? _____

Please describe the primary attendees: _____

What percentage of your students are directed to you by the criminal justice system? _____

Students are: ___ Adult ___ Juvenile

Grade Level? (If Applicable): _____

Please supply all State accreditations and licenses: _____

Does applicant own a 50% or greater interest in this operation? Yes ___ No ___

Employees:

	YES	NO	# OF FULL TIME	# OF PART TIME
Facility Administrators	___	___	_____	_____
Probation Officers	___	___	_____	_____
Psychologist's	___	___	_____	_____
Pharmacist's	___	___	_____	_____
Physicians, Psychiatrists or Physician's Assistants:	___	___	_____	_____
Counselors:	___	___	_____	_____
Registered Nurses / L.P.N.'s	___	___	_____	_____
Clerical Staff / Maintenance	___	___	_____	_____
Other:	___	___	_____	_____

Please describe all employees that are "Other": _____

PLEASE READ CAREFULLY

The discovery of any fraud, intentional concealment, or misrepresentation of material fact will render this Policy, if issued, void at inception. Receipt and review of this application does not bind the underwriter to complete the insurance.

It is agreed by the Applicant and us that the particulars and statements made in this application, together with all attachments to this application and any other materials submitted to us (all of which attachments and materials shall be deemed attached to the Policy as if physically attached thereto) shall be the representations of the Applicant and the Insureds. It is further agreed by the Applicant and Insureds that the Policy, if issued, is issued in reliance upon the truth of such representations which are incorporated into and made part of this Policy. After inquiry of all prospective Insureds, the undersigned authorized officer of the Applicant represents that the statements set forth in this application and its attachments and other materials submitted to us are true and correct. Signing of this application does not bind the Applicant to us.

The undersigned further declares that any event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any information in this application, will immediately be reported in writing to us and we may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Applicant's Signature: _____ Title: _____ Date: _____