



GUIDEONE INSURANCE HIGHER EDUCATION COMMERCIAL SUPPLEMENTAL APPLICATION

1111 Ashworth Road
West Des Moines, IA 50265-3544

Account No.	Agent No.
Policy No.	Quote No.

This application attaches to and is made a comprised part of the Commercial Insurance Application.

Required:

- Complete this supplemental application
- Completed ACORD applications for lines of business and coverages requested
- Complete other applicable supplementals based upon exposures and optional coverages requested
- Two pictures of each building (front and rear)
- Currently valued loss reports for the past 3 years from prior carrier(s)
- Latest Audited Financial Statements (for ELL, D&O, EPL coverages only)
- Campus diagram including distance between buildings

Effective Date:

Common Policy Information

1.	First Named Insured:	
2.	Mailing Address: Street:	
	City:	State: Zip:
3.	Website:	
	E-mail:	
4.	Agency Name:	
5.	GAP ID:	Marketing Lead Source:
	Specific Denomination:	
6.	Is your organization:	<input type="checkbox"/> For profit <input type="checkbox"/> Not for profit <input type="checkbox"/> Government
7.	Niche: Education	
	Predominate sub-niche:	<input type="checkbox"/> Higher Education/Colleges & Universities
8.	Does your organization own, lease, operate, or repair aircraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Were all buildings originally designed and constructed for their present occupancy? <i>If no, do all buildings meet building codes for their current occupancy?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does your organization have any buildings under construction? <i>If yes, is the contractor carrying the builders' risk coverage?</i> <i>If no, and builders' risk coverage is desired please complete ACORD 140 and the Builders' Risk Supplemental Application.</i> Provide 100% completed building value: \$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

General Information

1.	Total student enrollment:	
2.	Full-time on campus:	Part-time on campus: On-line only students:
3.	Type of school:	<input type="checkbox"/> Private <input type="checkbox"/> Public (Not Eligible) <input type="checkbox"/> Vocational (Not Eligible)
4.	Is your organization accredited or licensed as required by law? <i>If yes, by whom?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Staff members or volunteers are part of a mandatory community services program, (e.g., doing community service in lieu of going to prison.)	<input type="checkbox"/> Yes* <input type="checkbox"/> No
6.	Is there an infirmary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours Available:
7.	Is there a written, formal emergency program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are students required to complete a medical history form and submit to the Educational Institution, including immunization records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does the student handbook clearly state its policy with regards to harassments, assaults, hazing, racial or ethnic slurs, or other such derogatory or degrading comments or actions among its student body? <i>If yes to the above, are there procedures and policies in place on investigating such incidents with clear-cut sanctions in place for those who are found to be at fault?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Is the Educational Institution in compliance with the Clery Act and are procedures in place on which officials on campus are required under the Clery Act to report to legal authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No*

*All items with an asterisk require further explanation in the "Remarks" section.

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General Information (Cont'd)

11. Does the Educational Institution have a Host Liquor exposure? ☐ Yes ☐ No
If yes, is it contracted out to a reputable catering service? ☐ Yes ☐ No
If yes, is it handled internally and all servers are trained properly (e.g. TIPS programs)? ☐ Yes ☐ No
If yes, is a security guard(s) added to the event? ☐ Yes ☐ No
12. Boats - owned:
☐ Canoes #: _____ ☐ Sailboats #: _____ Length: _____
☐ Rowboats #: _____ ☐ Motorboats #: _____ Motor HP: _____ Length: _____
13. Lakes, dams or ponds on premises? ☐ Yes ☐ No
If yes, please describe: _____
 Are they used as beaches for swimming? ☐ Yes ☐ No
If yes, please describe: _____
14. Activities or classes conducted or sponsored by school:
☐ Auto Repair ☐ Riflery
☐ Driver's Training ☐ Scuba Diving
☐ Mountain Climbing/Rappelling ☐ Other _____
15. Indicate exposures and provide details:
☐ Publishing* ☐ Snowmobiles* ☐ Mobile Equipment* (e.g., Cherry Pickers)
16. Broadcasting: Radio Payroll: \$ _____ TV Broadcast Payroll: \$ _____
 TV Program hours:
☐ Live: _____
☐ Prerecorded: _____
 Program Content: _____
17. Is the general public allowed to use the school's outdoor athletic venues (e.g. tennis court, soccer field, football field)? ☐ Yes* ☐ No
If yes, during off hours are "Rules of Use" signs prominently posted at entry gates? ☐ Yes ☐ No
18. Trampoline/rebounding equipment owned or used? ☐ Yes ☐ No
19. Equestrian program ☐ Yes ☐ No
If yes, number of horses: _____ Owned #: _____ Non-owned #: _____

Property

1. Does the applicant have an Electrical Preventative Maintenance Program (EPM) in place with a licensed contractor? ☐ Yes ☐ No
If yes, how often does the licensed contractor perform the EPM? _____
2. Are fire extinguishers serviced annually? ☐ Yes ☐ No
3. Are flammable and combustible liquids (e.g., paints, varnishes, chemicals and solvents) stored in workshops, science labs and maintenance buildings kept in a locked, UL listed flammable storage cabinet? ☐ Yes ☐ No
4. Does the school own any buildings that are 50% or more vacant or unoccupied? ☐ Yes* ☐ No
5. Are there any known structural concerns with any of the buildings? ☐ Yes* ☐ No
6. Is there a commercial kitchen in any of the buildings? ☐ Yes ☐ No
If yes, is your kitchen equipped with a broiler, deep fat fryer, griddle, grill, tilt skillet or wok? ☐ Yes ☐ No
If yes, complete the Commercial Cooking Survey
7. Does the school have surveillance cameras, central station alarms and/or security guards to help prevent vandalism and break-ins? ☐ Yes ☐ No
If yes, provide details. _____
8. Does the electrical system in any building include any of the following? ☐ Knob and Tube
☐ Fuse without fusestats
☐ None of the above
9. Does the primary heat source in any building include any of the following? ☐ Space heater
☐ Wood burning
☐ None of the above

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Optional Coverages – Property and Liability

1. Property Enhancement Coverage Options:
 - ☐ GuideOne Education Program ☐ GuideOne Education Plus
2. ☐ Green Upgrade Coverage
3. ☐ Limited Flood Coverage (Coverage is restricted in zones A and V)
4. ☐ Lost Wages ☐ \$2,500 ☐ \$5,000
5. ☐ Employee Benefits Liability Coverage
6. ☐ Counselors Liability Coverage (if requested, complete Counselors Supplemental)
7. ☐ Educators Management Liability Coverage (if requested, complete Educators Management Liability Supplemental)

This coverage is non-binding.
8. ☐ Sexual Misconduct Liability Coverage (if requested, complete Sexual Misconduct Supplemental)

This coverage is non-binding.
9. ☐ Other: _____

Dormitories

☐ Not Applicable

1. Are there any dormitories or residence halls? ☐ Yes ☐ No
If yes, provide the following:
 - a. Are there two or more exits per floor? ☐ Yes ☐ No
 - b. Are all dormitories equipped with a functioning fire alarm system? ☐ Yes ☐ No
If yes, where does the fire alarm sound?
(answer if Question 1.b is marked "Yes")
 - ☐ Local
 - ☐ Central Station
 - ☐ 911 Dispatch
 - ☐ Other: _____
 - c. If local, is it monitored 24/7? ☐ Yes ☐ No
If yes, is fire alarm system activated by:
(answer if Question 1.b is marked "Yes")
 - ☐ Heat detectors
 - ☐ Smoke detectors
 - ☐ Manual pull stations
 - d. What is the power source for the detectors?
(answer if heat detectors or smoke detectors are selected for Question 1.c)
 - ☐ Battery
 - ☐ Hardwired Electric
 - ☐ Both
 - e. Are smoke detectors located in each dorm interconnected to the monitored fire alarm? ☐ Yes ☐ No
 - f. Are your dormitories equipped with an automatic building sprinkler system? ☐ Yes ☐ No*
If yes, are 100% of the building areas covered by sprinklers? ☐ Yes ☐ No
 - g. Are inspectors/Resident Assistants allowed to check a student's room at any time? ☐ Yes ☐ No
 - h. Is smoking prohibited in the dormitories? ☐ Yes ☐ No
 - i. Are the presence of candles, incense burners, hot plates, space heaters or other heat-generating or open flame devices prohibited in the dormitories? ☐ Yes ☐ No
 - j. Are traffic patterns around dormitories easily accessible for emergency vehicles? ☐ Yes ☐ No
 - k. Are fire extinguishers serviced annually? ☐ Yes ☐ No

Security

1. a. How many security personnel are on duty during a shift? _____
 Indicate the number of personnel providing security services: _____
 Employed: _____ Unarmed Security: _____ Armed Security: _____
 Contracted: _____ Unarmed Security: _____ Armed Security: _____
- b. If armed security is contracted, is insurance in place for the security firm and the Educational Institution is listed as an additional insured on the security firm's insurance policy? ☐ N/A ☐ Yes ☐ No
- c. If armed security is employed by the Educational Institution, are they trained and recertified annually? ☐ N/A ☐ Yes ☐ No
If no, please explain current training and recertification policies and procedures: _____
2. Are criminal background checks completed on all armed security employed by the Educational Institution? ☐ N/A ☐ Yes ☐ No

*All items with an asterisk require further explanation in the "Remarks" section.

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Security (Cont'd)			
3.	Are emergency security call boxes located throughout the campus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Are alerts and/or timely warnings for any crime that represents an ongoing threat to the safety of students and employees communicated via text message or e-mail?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Does the Educational Institution provide after-hours security escort services for students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Are routine patrols of the campus conducted, particularly in areas where dormitories are situated during hours of darkness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Are security guards posted at the front desk of each dormitory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Are visitors to dormitories required to sign in and out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>If yes, does the Educational Institution require the resident of the dormitory to come down to the lobby to meet the guest?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Are security cameras located in dormitory hallways, vestibules and at the main entrance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Are exterior dormitory doors locked 24 hours a day and only accessible by residents through the use of a card reader?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Foreign Travel		<input type="checkbox"/> Not Applicable
1.	Does your organization sponsor trips outside the continental U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	How many trips are taken outside the continental U.S.? _____	
3.	Does the Educational Institution pre-screen areas around the world where the safety of students and faculty could be at risk due to political unrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are students and faculty made aware of any potential risk associated with a travel experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are students and faculty that travel abroad required to sign a waiver releasing the Educational Institution of any liability for any personal injury that may occur?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is proof of vaccinations status required for students and faculty that study abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Athletics		<input type="checkbox"/> Not Applicable
1.	Does your organization sponsor athletics or intramurals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Sports Offering – Interscholastic/Intramural:	
	<input type="checkbox"/> Basketball <input type="checkbox"/> Football <input type="checkbox"/> Soccer <input type="checkbox"/> Wrestling	
	<input type="checkbox"/> Baseball/Softball <input type="checkbox"/> Gymnastics <input type="checkbox"/> Track <input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Field or Ice Hockey <input type="checkbox"/> Lacrosse <input type="checkbox"/> Volleyball	
3.	Does your organization have any outdoor bleachers or grandstands?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If yes, how many?</i> _____	
4.	Are all student athletes given complete physical examinations prior to participating in any sport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Does the Educational Institution obtain a signed release which includes a hold harmless agreement from the parents/guardians of all participants and obtained annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are athletic trainers and/or EMT personnel on hand at all sports events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are physical education instructors and coaches certified in CPR and First Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Does the Educational Institution have a written concussion management plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If yes:</i>	
a.	Does the protocol include providing education and training annually in recognizing the signs/symptoms of a concussion or head injury to student-athletes, coaches, team physicians, athletic trainers, and athletics directors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Is there a signed acknowledgement that all parties have read and understand the institution's concussion management plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Is there a onetime, pre-participation baseline concussion assessment for all student-athletes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	What is the protocol when a concussion is suspected:	
	<ul style="list-style-type: none"> Is the student athlete removed from participating in the athletic event? Is the student athlete evaluated by a healthcare professional? Is the student athlete not able to participate until a healthcare professional certifies the individual is symptom free and able to return to play? Does the Educational Institution inform the student-athlete, parent/guardian about the possibility of a concussion or head injury? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are students that participate in intramurals required to sign a hold harmless agreement prior to participating?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Swimming Pools		<input type="checkbox"/> Not Applicable
1.	Is there a swimming pool on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Number of owned swimming pools: _____	
3.	Is pool fenced and locked when not in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are there any diving boards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If yes, are they higher than one meter?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Lifeguards on duty are WSI or Red Cross certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If no lifeguards are on duty, are signs clearly posted that swimmers are using the facility "at their own risk"?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is the water depth marked for all swimming areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are surrounding surfaces and adjacent locker rooms installed with non-slip flooring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Is the swimming pool water analyzed and tested on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Is the pool open to the general public?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Claims-Made Information	
(Complete this section only if claims-made coverage is requested)	
1.	Are there any claims or lawsuits pending against your organization (including employees, independent contractors or volunteers) of which you or any other director, officer or administrator are aware that are not included in the claim information/loss runs provided? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
	a. <i>If yes, have all such pending claims been reported to the prior carrier?</i>
	b. If any pending claims have not been reported to the prior carrier, please explain:
2.	Are there any incidents or circumstances known to your organization (you or to any other director, officer or administrator), that have not been reported to the prior carrier, and for which there is reason to believe that such incident or circumstance may give rise to a future claim under the proposed coverage? <div style="text-align: right;"><input type="checkbox"/> Yes* <input type="checkbox"/> No</div>
3.	Has your organization had similar coverage declined, cancelled or non-renewed during the prior five years? <i>(This question is not applicable in Missouri).</i> <div style="text-align: right;"><input type="checkbox"/> Yes* <input type="checkbox"/> No</div>
4.	Did the liability policies from the applicant's prior insurance carrier(s) specify that a claim will be considered to have been made when the earlier notice of an occurrence or incident was first provided to the insurer? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>

Loss History					
(Required for all operations, when not submitting with ACORD 125 with Loss History completed)					<input type="checkbox"/> Check if None
Enter all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the last three years.				Total Losses: \$	
Date of occurrence	Type / description of occurrence or claim	Date of claim	Amount paid	Amount reserved	Claim open Yes / No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p align="center">Remarks (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</p>
Empty space for remarks

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INSURANCE 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 in AL, AR, DC, LA, MD, NM, RI and WV: 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 restitution, fines, or confinement in prison, or any combination thereof. *Applies in MD only.

Applicable in CO: 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.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree). *Applies in FL only.

Applicable in KS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Applicable in KY, NY, OH and PA: 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 material 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. * Applies in NY only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

ACKNOWLEDGEMENT AND SIGNATURES:

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

APPLICANT MUST SIGN THIS APPLICATION IN ORDER FOR IT TO BE VALID

Authorized Applicant Representative		Date	
Print Name		Title or Position	
Agent No.	Agency	Producer's Signature	License No.

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