<u>Safeguard Education Supplement</u>

Instructions

Please answer all questions. If the answer to any question is NONE, please print NONE. Attach separate sheets of paper as necessary. The application must be signed and dated by the highest ranking executive. PLEASE CAREFULLY READ STATEMENT AT THE END OF THE APPLICATION BEFORE SIGNING.

General Information

1   Name of Applicant: _____

Applicant details

2 Please complete employee grid below:

	Number employed	Number contracted	Number volunteer	% Male
Teachers				
Substitute teachers				
Coaches				
Counsellors				
Religious officials				
Office staff				
Other (please describe)				
Totals				

*Please allocate employee numbers based on primary job function.

Organization details

2   Type of school (ie elementary, middle school, etc.)_____
3   Public, private or charter school?_____
6   Please check yes or no in the grid below:

Services	Yes	No
Day camps		
Overnight camps		
Third party usage of campus for camps		
Transportation provided		
Dormitory services		
Athletic programs		
Clubs and extracurricular activities		
After school care		
Other (please describe):		

Loss Prevention Efforts

7   Please check yes or no in the grid below:

Method	Yes	No
Security on campus		

Secured access to campus		
Cameras		
One-on-one encounters allowed		

8   Detail any other methods of loss prevention_____

_____

THE APPLICANT WARRANTS TO THE BEST OF ITS KNOWLEDGE AND BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE ALL MATERIAL INFORMATION.

THE APPLICANT FURTHER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, IT WILL IMMEDIATELY NOTIFY US OF SUCH CHANGE. SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER NOR THE APPLICANT TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE AND WILL BE ATTACHED AND MADE PART OF THE POLICY SHOULD A POLICY BE ISSUED. IF AN EXCESS POLICY IS ISSUED THE APPLICATION WILL BECOME A PART OF THE EXCESS POLICY.

date	applicant's authorized signature of a principal, partner or officer	title

date	applicant's authorized signature of the individual in charge of the human resources or personnel department	title