

SCHOOL LEADERS ERRORS AND OMISSIONS APPLICATION

THIS PROPOSAL FORM IS INTENDED FOR: KINDERGARTEN; PRIMARY SCHOOL; ELEMENTARY SCHOOL; SECONDARY SCHOOL;
FURTHER EDUCATION COLLEGE

YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW IN
RESPECT OF THE RISK THAT IS BEING PROPOSED, OTHERWISE, THE POLICY ISSUED HEREUNDER MAY BE VOID

ENTITY DETAILS

1. (A) NAME OF ENTITY: _____
- (B) ADDRESS(ES) OF ENTITIY: _____
- (C) WEB SITE ADDRESS: _____
- (D) ESTABLISHMENT DATE: _____

2. TYPE OF SCHOOL ENTITY :

☐ PUBLIC SCHOOL ☐ PRIVATE SCHOOL ☐ COLLEGE/UNIVERSITY ☐ OTHER _____

3. HAS THE ENTITY SET UP A BOARD OF GOVERNORS, MANAGEMENT COMMITTEE, OR EQUIVALENT? ☐ YES ☐ NO

4. DOES THE ENTITY CONDUCT SPECIAL EDUCATION PROGRAMS OR FACILITIES (I.E. HANDICAPPED, DYSLEXIA, LEARNING DIFFICULTIES,
EVENING CLASS, PRIVATE TUTORIAL ETC.)? ☐ YES (PLS PROVIDE DETAILS) ☐ NO

5. IS THE ENTITY AFFILIATED WITH ANY OTHER ENTITY? ☐ YES (PLS PROVIDE DETAILS) ☐ NO

6. PLEASE GIVE NUMBERS OF THE FOLLOWING :

STUDENT _____ TEACHING STAFF _____ NON-TEACHING STAFF _____

INSTRUCTOR / PROFESSOR FOR SPECIAL EDUCATION PROGRAM OR FACILITY _____

7. PLEASE GIVE THE FOLLOWING DETAILS OF ALL PRINCIPALS / PARTNERS / DIRECTORS :

NAME	QUALIFICATION	YEARS IN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. A) PLEASE GIVE DETAILS OF YOUR INCOME

CURRENT YEAR _____ FORTHCOMING YEAR (EST.) _____

B) PLEASE PROVIDE THE PERCENTAGE OF YOUR INCOME FROM THE FOLLOWINGS

_____ FROM GOVERNMENT / EDUCATION AUTHORITY

_____ FROM PARENTAL SOURCES

_____ FROM OTHER (PLS SPECIFY)

- C) HAS ANY INCOME DERIVED FROM ANY INVOLVEMENT IN USA/CANADA? ☐ YES ☐ NO

BREAKDOWN OF NET PROFIT AND LOSS FOR THE LAST 3 YEARS (FOR PROFIT ENTITY ONLY)

PREVIOUS COVERAGE

10. (A) DOES THE ENTITY CURRENTLY HAS PROFESSIONAL INDEMNITY INSURANCE? ☐ YES ☐ NO

NAME OF INSURER _____ POLICY EXPIRATION _____

LIMIT OF LIABILITY _____ DEDUCTIBLE _____

PREMIUM _____

(B) HAS ANY PROPOSAL FOR PROFESSIONAL INDEMNITY INSURANCE MADE ON BEHALF OF THE ENTITY OR THEIR PREDECESSORS IN BUSINESS OR ANY OF THE PRESENT OR FORMER PRINCIPAL, OFFICER, BOARD OR MANAGEMENT, EVER BEEN DECLINED OR AS SUCH INSURANCE EVER BEEN CANCELLED OR RENEWAL REFUSED OR SPECIAL TERMS IMPOSED ?

[] YES (PLS ADVISE REASON) [] NO

11. PLEASE SPECIFY THE LIMIT(S) OF INDEMNITY FOR WHICH QUOTATIONS ARE REQUIRED:

[] \$500,000 [] \$1,000,000 [] \$2,000,000 [] OTHER _____

12. IS ANY PRINCIPAL, OFFICER, BOARD OR MANAGEMENT, OR ANY EMPLOYEE, AFTER MAKING ALL INQUIRIES, AWARE OF ANY CLAIMS EVER HAVING BEEN MADE AGAINST THE ENTITY OR THEIR PREDECESSORS IN BUSINESS OR ANY OF THE PRESENT OR FORMER PRINCIPAL, OFFICER, MEMBER OF UNIVERSITY, BOARD OR MANAGEMENT, OR ANY EMPLOYEE? [] YES [] NO

13. IS ANY PRINCIPAL, OFFICER, BOARD OR MANAGEMENT, OR ANY EMPLOYEE, AFTER MAKING ALL INQUIRIES, AWARE OF ANY CIRCUMSTANCES OR OCCURRENCES WHICH MAY GIVE RISE TO A CLAIM AGAINST ENTITY OR THEIR PREDECESSORS IN BUSINESS OR ANY OF THE PRESENT OR FORMER PRINCIPAL, OFFICER, BOARD OR MANAGEMENT, OR ANY EMPLOYEE? [] YES [] NO

WE MUST REMIND YOU THAT IT IS IMPERATIVE TO ANSWER THESE QUESTIONS CORRECTLY. FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS, IF SUBSEQUENTLY A CLAIM SHOULD ARISE.

DECLARATION

I/WE DECLARE THAT THE STATEMENTS AND PARTICULARS IN THIS PROPOSAL ARE TRUE AND THAT NO MATERIAL FACTS HAVE MISSTATED OR SUPPRESSED AFTER INQUIRY. I AGREE THAT THIS PROPOSAL, TOGETHER WITH ANY OTHER INFORMATION SUPPLIED SHALL FORM THE BASIS OF ANY CONTRACT OF INSURANCE EFFECTED THEREON.

I UNDERTAKE TO INFORM THE INSURERS OF ANY MATERIAL ALTERATION TO THOSE FACTS DISCLOSED HEREIN.

SIGNED : _____ TITLE : _____
(To be signed by Partner / Director or Principal or equivalent)

SCHOOL ENTITY : _____ DATE : _____

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE

AIG Insurance Company-Puerto Rico
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