



**Markel Insurance Company**  
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## Montessori, waldorf, or headstart supplemental

Markel Agent Number: \_\_\_\_\_  
Business Name: \_\_\_\_\_ FEIN: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Website: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ (If multiple locations, please list separately.)  
Contact Person & Phone Number: \_\_\_\_\_

### Section 1 – General information

1. Type of school: ☐ Montessori ☐ Head start ☐ Waldorf
2. a. Maximum student capacity in school: \_\_\_\_\_  
b. Current enrollment: \_\_\_\_\_  
c. Prior year enrollment: \_\_\_\_\_  
d. Number of students: Pre-k \_\_\_\_\_ K-8 \_\_\_\_\_ 9-12 \_\_\_\_\_
3. Date school founded: \_\_\_\_\_
4. Is school for-profit or not-for-profit: ☐ For profit ☐ Non-profit
5. What are your annual receipts: Tuition \$ \_\_\_\_\_ Sale of merchandise \$ \_\_\_\_\_ Other \$ \_\_\_\_\_  
Describe merchandise sold: \_\_\_\_\_  
Other: \_\_\_\_\_
6. Age range of students: \_\_\_\_\_
7. Do you have child care, after school care, or a preschool program? ☐ Yes ☐ No  
If yes, please indicate the staff to child ratios:

Infants, ages 0-1	# staff	# children
Toddlers, ages 1-2	# staff	# children
Toddlers, ages 2-3	# staff	# children
Preschoolers, ages 3-5	# staff	# children
School age children	# staff	# children
	Total	Total

8. Do you have an athletics program? ☐ Yes ☐ No
9. If yes, please describe: \_\_\_\_\_

10. Describe the director or principal's background and qualifications: \_\_\_\_\_

11. Do you have your own playground?

If yes, indicate the type of surface under the play equipment and depth in inches:

<input type="checkbox"/> Coarse sand: _____"	<input type="checkbox"/> Double shredded mulch: _____"	<input type="checkbox"/> Engineered wood fibers: _____"
<input type="checkbox"/> Fine sand: _____"	<input type="checkbox"/> Fine gravel: _____"	<input type="checkbox"/> Medium gravel: _____"
<input type="checkbox"/> Shredded tires: _____"	<input type="checkbox"/> Wood chips: _____"	<input type="checkbox"/> Other: _____" describe type: _____

12. Do you have playground equipment with a primary platform higher than 6 feet? ☐ Yes ☐ No

13. Is any play apparatus higher than 8 feet? ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_

14. Do you have jumping pillows? ☐ Yes ☐ No

15. Do you have a swimming pool? ☐ Yes ☐ No  
If yes, please complete a Markel Insurance Company aquatics supplement.

16. Do you have a cafeteria or restaurant on premises? ☐ Yes ☐ No  
If yes, do you cook on premises? ☐ Yes ☐ No  
If yes, is there a deep fryer? ☐ Yes ☐ No  
Describe fire protection in cafeteria: \_\_\_\_\_  
Do you serve liquor on premises? ☐ Yes ☐ No  
If yes, please explain how often, for what purpose, and is there a charge: \_\_\_\_\_

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17. Is the public ever invited on premises? ☐ Yes ☐ No  
If yes, explain how often and for what purpose: \_\_\_\_\_

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18. Do you use volunteers? ☐ Yes ☐ No  
If yes, explain how often and for what purpose: \_\_\_\_\_

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19. Do you hire subcontractors for any reason? ☐ Yes ☐ No  
If yes, explain how often and for what purpose: \_\_\_\_\_

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20. If yes, are certificates of insurance required from subcontractors with limits equal to or greater than your liability limits? ☐ Yes ☐ No

21. Do you perform criminal background checks on all employees and volunteers? ☐ Yes ☐ No

22. If yes, which of the following do you use to perform checks?

<input type="checkbox"/> County criminal record search	<input type="checkbox"/> Criminal index search	<input type="checkbox"/> Education verification
<input type="checkbox"/> FBI	<input type="checkbox"/> Federal prison search	<input type="checkbox"/> National criminal index search
<input type="checkbox"/> Nationwide U.S. wants and warrants search	<input type="checkbox"/> Sex offender search	<input type="checkbox"/> State criminal record search
<input type="checkbox"/> State prison search	<input type="checkbox"/> Teacher license	
<input type="checkbox"/> Other (describe): _____		

If no, explain: \_\_\_\_\_

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23. Do you want abuse or molestation coverage? ☐ Yes ☐ No  
If yes:

a. Do you have a formal written policy regarding abuse? ☐ Yes ☐ No

b. Is the staff trained to recognize sign of abuse? ☐ Yes ☐ No

c. Is there a formal policy requiring incident reporting? ☐ Yes ☐ No

d. Is there a procedure in place that helps mitigate situations that could lead to abuse allegations? ☐ Yes ☐ No

e. Has there ever been any abuse claims or incidents reported? ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_

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24. Do you want corporal punishment coverage? ☐ Yes ☐ No  
 If yes:  
 a. Is there a formal written policy regarding corporal punishment? ☐ Yes ☐ No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 b. Is corporal punishment administered? ☐ Yes ☐ No

25. Do you have a medical facility/infirmery and/or dispense medication? ☐ Yes ☐ No  
 If yes:  
 a. Do you serve only students and employees? ☐ Yes ☐ No  
 b. Are there only over the counter drugs stored on premises? ☐ Yes ☐ No  
 c. Are written instructions from parents required prior to administering any medications to minors? ☐ Yes ☐ No  
 d. Is all medication stored in its original containers and inaccessible to children? ☐ Yes ☐ No  
 e. Is there a medical professional on staff, i.e. an MD, PA, RN, or LPN? ☐ Yes ☐ No  
 If yes, does the professional carry their own malpractice insurance? ☐ Yes ☐ No  
 If yes, do you request a certificate of insurance? ☐ Yes ☐ No  
 f. Is a log kept to keep record each time medication is administered? ☐ Yes ☐ No  
 g. Describe any other procedures in place for dispensing medication: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

26. Do you accept special needs students? ☐ Yes ☐ No  
 If yes, describe types of students and accommodations that have been made for them: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

27. Do your students travel on school-sponsored trips? ☐ Yes ☐ No  
 If yes, complete the student travel section

28. Do you rent or lease your facility to outside entities? ☐ Yes ☐ No  
 If yes, are certificates of insurance required showing you as an additional insured? ☐ Yes ☐ No  
 Describe who rents your facility, purpose, and estimated receipts: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

29. Do you sponsor student exchange programs, either sending students out or taking students in? ☐ Yes ☐ No  
 If yes, attach a detailed description of the program and describe safety measures.

30. Is your school primarily focused on one major type of student or theme, such as discipline problem, gifted, fine arts, math, science, etc.? ☐ Yes ☐ No  
 If yes, explain the focus and curriculum: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

31. Are all visitors to the school required to sign in and out? ☐ Yes ☐ No  
 32. Does the school have metal detectors at all entrances? ☐ Yes ☐ No  
 33. Are there security guards and/or police officers in the school daily? ☐ Yes ☐ No  
 34. Are students required to stay on school grounds during lunch? ☐ Yes ☐ No  
 35. Does the school perform random metal detector checks on students? ☐ Yes ☐ No  
 36. Does the school perform random sweeps of lockers, backpacks, etc.? ☐ Yes ☐ No  
 37. Do all doors except the mail entrance remain locked or attended during school hours? ☐ Yes ☐ No  
 38. Are all students encourages to anonymously report rules violations and threats of violence? ☐ Yes ☐ No

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## Section 2 – Student travel

1. How many trips are sponsored each year? \_\_\_\_\_
2. Are all trips within the United States, U.S. Territories and/or Canada? ☐ Yes ☐ No  
If no, where are trips taken? \_\_\_\_\_
3. Describe types of trips take, destination, and purpose: \_\_\_\_\_  
\_\_\_\_\_
4. What is the ratio of chaperones to students by age group? \_\_\_\_\_  
\_\_\_\_\_
5. Are separate permission and waiver agreements required for both parents for each trip a student takes? ☐ Yes ☐ No  
If no, explain your procedure for permissions and waivers: \_\_\_\_\_  
\_\_\_\_\_
6. Do all parents receive detailed information about the trip (place, transportation, supervision, times, objectives, and necessary provisions) prior to the trip? ☐ Yes ☐ No
7. Do you hire an outside firm to arrange trips? ☐ Yes ☐ No
8. Is proof of insurance required for anyone who drives their own vehicle on a school trip? ☐ Yes ☐ No
9. Is there a formal policy regarding emergencies and trained personnel on all trips? ☐ Yes ☐ No

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## Section 3 – Professional liability

1. Indicate retroactive date requested: \_\_\_\_\_ Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_
2. Is the school autonomous part of another system (parochial, public, etc.)? ☐ Yes ☐ No  
If yes, please indicate to whom the school's board must report? \_\_\_\_\_  
\_\_\_\_\_
3. Is there an annual outside financial audit performed by a CPA? ☐ Yes ☐ No
4. What are your sources of funding other than tuition? \_\_\_\_\_  
\_\_\_\_\_
5. Is there a formal written procedure for evaluating teacher's performance? ☐ Yes ☐ No  
If yes, to who are the results rendered? \_\_\_\_\_
6. Are standardized learning skills administered to your students? ☐ Yes ☐ No
7. Has the school's board established written policies and/or procedures regarding students in the following areas:

Acceptance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bullying/hazing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Corporal punishment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dismissal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parking facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Promotion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retention	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special needs students	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student use of lockers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transfer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weapons	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Is there a formal appeals process for student disciplinary actions? ☐ Yes ☐ No
9. Are parents/students informed of all applicable policies, procedures, and rules prior to enrollment? ☐ Yes ☐ No
10. If yes, is a signature acknowledging receipt required? ☐ Yes ☐ No

11. Has there been any educator's liability claims made against you in the past? ☐ Yes ☐ No  
If yes, please describe claim and reserve or amount paid: \_\_\_\_\_
12. Do you know of any incidents that have occurred that could arise in a claim or suit? ☐ Yes ☐ No  
If yes, describe the situation: \_\_\_\_\_

#### Section 4 – Employment practices liability exposures

1. Indicate below the number of full time and part time employees you have:  
Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Independent contractors: \_\_\_\_\_
2. Have any of your staff resigned, retired, or been terminated (with or without cause) in the past 36 months? ☐ Yes ☐ No  
If yes, how many? \_\_\_\_\_
3. Do you have a human resource department? ☐ Yes ☐ No  
If not, how do you handle this function? \_\_\_\_\_
4. Do you have written policies and procedures that address each of the following human resource functions?
- |                          |  |                         |  |
|--------------------------|--|-------------------------|--|
| Discharge or termination | <input type="checkbox"/> Yes <input type="checkbox"/> No | Discipline              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Interviewing and hiring  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Performance evaluations | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Qualification for tenure | <input type="checkbox"/> Yes <input type="checkbox"/> No | Salary administration   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
5. Are all of your above policies and procedures reviewed and approved by an outside counsel with expertise in employment law? ☐ Yes ☐ No
6. Do you require all job applications to complete a written employment application that questions criminal record? ☐ Yes ☐ No  
If yes, does it contain any questions referencing race, color, natural origin, age, religion, marital status, disability, or health problems? ☐ Yes ☐ No
7. Does your employment application include an employment at will statement or do you otherwise obtain a signed employment at will statement? ☐ Yes ☐ No  
If no, explain why? \_\_\_\_\_
8. Do you provide an employment orientation for all new employees? ☐ Yes ☐ No  
If no, explain why? \_\_\_\_\_
9. Do you have an employee handbook that is routinely distributed to all employees including new hires? ☐ Yes ☐ No  
If no, explain why? \_\_\_\_\_
10. Do you have written anti-discrimination policies and procedures regarding the selection of employees for hiring, promotion, layoff, tenure, and other employment areas? ☐ Yes ☐ No
11. Do you have written anti-sexual harassment policies and procedures? ☐ Yes ☐ No  
If either of the above are answered no, please explain how you sensitize employees on issues of harassment and discrimination: \_\_\_\_\_
12. Do you offer employee out-placement services which assist terminated or laid-off employees in finding other jobs? ☐ Yes ☐ No
13. Do you conduct exit interviews? ☐ Yes ☐ No  
If yes, what do you do with the information? \_\_\_\_\_

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**Section 5 – Directors and officers wrongful acts exposures**

1. Advise the number of directors, officers, board members, and trustees you have? \_\_\_\_\_
  2. Does your school promote, sponsor, or provide any insurance? ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_
  3. Does your school provide any certification or accreditation activities? ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_
  4. Does your school publish any materials other than promotional brochures, student yearbooks, and newspapers? ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_
  5. Does your school conduct any collective bargaining activities? ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_
  6. Does your school formulate any type of peer review group or committee for assessing the qualifications of performance of others? ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_
  7. Does your school take any disciplinary actions or recommend any disciplinary actions as a result of peer review? ☐ Yes ☐ No  
If yes, provide details: \_\_\_\_\_
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**Section 6 – Excess student accident coverage**

1. Number of students by grades: Full time daycare students: \_\_\_\_\_ K-8: \_\_\_\_\_ 9-12: \_\_\_\_\_
2. Current accident medical carrier: \_\_\_\_\_
3. Prior accident medical premium and losses:

Policy year			
Premium	\$	\$	\$
Losses	\$	\$	\$
4. Plan desired:  
Plan A ☐ \$10,000 Accident medical expense/\$10,000 Accident death & dismemberment, \$0 deductible  
Plan B ☐ \$25,000 Accident medical expense/\$25,000 Accident death & dismemberment, \$0 deductible

**Additional coverage for the following is available.** If you would like a quote on any of the following, please check the box.

- ☐ Child abduction  
☐ Food contamination and communicable disease (can only be purchased with business income coverage)  
☐ Key employees replacement coverage  
☐ Umbrella liability
- 

**Section 7 – Workers compensation**

This information will be sent to the Worker Compensation division for review. Additional information may be required upon review.

1. Estimated payroll: \_\_\_\_\_
  2. How many full-time employees? \_\_\_\_\_ Part-time employees? \_\_\_\_\_
  3. Janitors and/or cooks employed? ☐ Yes ☐ No
  4. Have there been any losses in the past 5 years? ☐ Yes ☐ No
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**Submission attachments**

- ACORD applications (for all lines of coverage to be written)
- Statement of values (for blanket and/or agreed amount property coverage)
- 4 year loss runs
- Financial statements (for accounts over \$25,000 in premium)
- Brochure, website, or information describing the applicant's operation
- Additional supplemental questionnaires as required

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**Fair Credit Report Act Notice:** Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

**Fraud Warning:** Any person who knowingly and with intent to defraud any Insurance Company or another 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 the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.)

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**STATE FRAUD STATEMENTS**

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**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 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. \*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 from 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, 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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for

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payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**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 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 (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 MN**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**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.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in VT**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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**Please send my insurance policy by:** ☐ E-mail (Be sure to complete the email address at the top of this application.)  
☐ Please mail my policy. (Allow 7-10 business days.)

How did you hear about Markel? ☐ Magazine ad ☐ Referral ☐ Convention/conference ☐ Website ☐ Other  
Describe: \_\_\_\_\_

**NOTE:** Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Agent's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Florida only) Agent license number: \_\_\_\_\_

**Thank you for choosing Markel!**