



SCHOOL SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: _____ AGENT NAME: _____

1. About the insured's employees:

How many workers do they employ full-time?	How many workers do they employ part-time?	How many substitute employees?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? Yes _____ No _____ If no, explain _____

3. What is the layout of the insured's premises? _____

4. What are the hours of operation? _____

5. Is there security or law enforcement on property? Yes _____ No _____ If yes, what type? _____

6. What is the level of housekeeping? _____

7. Have faculty and staff received training in conflict resolution techniques, as well as basic restraining holds?

Yes _____ No _____

8. Does the school uphold a "zero tolerance" policy toward students who commit a hostile act? Yes _____ No _____

9. What steps have been taken to minimize or eliminate workers' exposure to asbestos, used in past building materials, or other harmful air pollutants? _____

10. What safety measures does the school have in place to protect its workers from possible exposure to blood borne pathogens? _____

11. Are all employees trained in proper lifting techniques? Yes _____ No _____ Are material handling devices made available? Yes _____ No _____

12. Are all workstations ergonomically designed? Yes _____ No _____

13. What is the insured's policy regarding classroom pets? _____

14. Are there any extracurricular activities at the school (after-school care, day/ summer camp, field trips, sports, etc.)?

Yes _____ No _____ If so, what type? _____

15. Are any employees trained in basic first aid and CPR? Yes _____ No _____