



WISCONSIN ASSOCIATION OF
SCHOOL BOARDS INSURANCE PLAN
SAMPLE BID SPECIFICATIONS

Lines of Insurance

Workers' Compensation
Commercial General Liability
Commercial Automobile
Umbrella/Excess Liability
Educators Legal Liability/School Leaders E&O Liability
Property
Inland Marine
Equipment Breakdown
Crime
Cyber Liability/Breach Response/Data Compromise
Storage Tank Liability
Violent Event Response
Terror

Table of Contents

| | <u>Page(s)</u> |
|--|----------------|
| Guidelines and Instructions for Using Insurance Bid Specifications | A – D |
| Proposal Background..... | 1 |
| General Conditions | 2 |
| General Underwriting Information (Common to All Policies) | 3 |
| Bid Specifications | |
| I. Workers’ Compensation | 4 |
| II. Commercial General Liability | 5 – 12 |
| III. Commercial Automobile | 13 – 16 |
| IV. Excess/Umbrella Liability | 17 |
| V. Educators Legal Liability/School Leaders Errors & Omissions Liability | 18 – 21 |
| VI. Property | 22 – 24 |
| VII. Inland Marine | 25 – 27 |
| VIII. Equipment Breakdown..... | 28 – 30 |
| IX. Crime | 31 – 32 |
| X. Cyber Liability/Breach Response/Data Compromise | 33 – 36 |
| XI. Storage Tank Liability | 37 |
| XII. Violent Events Response | 38 – 39 |
| XIII. Terror | 40 |
| XIV. Signature Page | 41 |
| Sample Request for Loss Run Letter..... | 42 |
| Sample Property & Casualty Insurance Marketing Timeline..... | 43 |
| Attachments – Insurance Company Rating Articles hyperlinks: | |
| • Selecting a Nearly-Infallible Machine: Insurance Company Ratings (2015) - https://wasb.org/wp-content/uploads/2017/03/nearly-infallible-machine-carrier-ratings-revised-12-15-15-letterhead.pdf | |
| • The Financial Health of Insurance Companies: It Matters (2020) – hyperlink TBD under WASB.org (Insurance Plan tab, Insurance Plan Resources page) | |

**School District
Guidelines and Instructions for Using the
Insurance Bid Specifications**

A. GUIDELINES

1. Six months before renewal date, begin collecting and organizing currently valued loss information from all carriers for the last five years:
 - a. Describe in detail any claim over \$5,000 and loss prevention measures taken to assure this type of loss doesn't recur.
 - b. If you don't have loss information, contact your present and prior agent (if necessary) and obtain currently valued loss runs from the insurance carrier. (*See attached Sample Request for Loss Run Letter [pg. 42].*)
2. Four months before renewal date,
 - a. Make bid specifications available in paper or electronic format;
 - b. Post public notice, if required;
 - c. Request bids and supporting information be provided in electronic, PDF, searchable and unlocked format;
 - d. Request bids and supporting information be provided no later than two weeks BEFORE the school board meeting at which the insurance recommendation will be discussed; and
 - e. Allow at least eight weeks between sending out the specifications and the bid due date.
3. One month before renewal date, schedule a meeting with each agent who submitted a proposal to review the bid.
4. Always compare coverages before price. Also consider the value of the insurance company's and agent's knowledge and expertise in insuring school districts and the services offered by each.
5. **The insurance carrier's financial stability is critical.** The selected insurance company(ies) must have the financial wherewithal to pay claims during the year they are first purchased, **and for many years thereafter.**

For example, sexual assault/abuse/molestation claims can be brought against school districts up until the injured child reaches 35 years of age. (See Wis. Stats. §893.587 and §948.095.)

Regardless of the type of insurance company (for-profit, municipal mutual), it is recommended selecting insurance companies that carry an A.M. Best's rating of not less than A- or a Weiss rating of not less than B-. ***For further discussion about insurance carrier ratings, see hyperlinks to two articles noted at the bottom of the Table of Contents page.***

B. INSTRUCTIONS FOR PREPARING BID SPECIFICATIONS PRIOR TO MAILING

Please Note: Shaded areas need to be completed by School District.

1. Complete the following information in the bid specifications. This information will tailor the specifications to your school district.
 - a. Cover page. Name of school, date bids are due and prepared, who prepared the bids, and a telephone number, fax number and email address.
 - b. Page 2. Name of school and due date.
 - c. Page 3. Items 1., 2., 3., and 7.
 - d. Page 4. I. Workers' Compensation. Item A. Annual payroll information by classification. (Refer to your current policy and update the payroll amounts.)
 - e. Page 5. II. Commercial General Liability. Item C. Limits of liability shown are suggested minimums. Tailor the limits to meet your needs.
 - f. Page 13. III. Commercial Automobile. Item B. Limits of liability shown are suggested minimums. Tailor the limits to meet your needs.
 - g. Page 15. III. Commercial Automobile. Item D.1.a. – Drive Other Car Coverage. List the names of any individuals who are permanently assigned School District vehicles for their business and personal use if the individuals or their spouse do not own and personally insure other automobiles.
 - h. Page 15. III. Commercial Automobile. Items E.2. and E.3 – Physical Damage Comprehensive and Collision. Tailor the deductibles to meet your needs.
 - i. Page 15. III. Commercial Automobile. Item F. – Garagekeepers. If the School District has a vehicle repair program, tailor the coverage limits and deductibles to meet your needs.
 - j. Page 17. IV. Excess/Umbrella Liability. Items A. and B. Tailor the limits of liability and retention to meet your needs.
 - k. Page 18. V. Educators Legal Liability/School Leaders E&O Liability. Item A. Limits of liability shown are suggested minimums. Tailor the limits to meet your needs.
 - l. Page 22. VI. Property. Item A.
 - List Replacement Cost Values as requested in Items 1. – Buildings, 2. – Contents, and 3. – Property in the Open.
 - List amount of coverage needed for Item 5. – Extra Expense Coverage. Suggested minimum limit is \$1M.
 - List deductible options for Items 6. and 7.

- m. Page 25. VII. Inland Marine. Item A. List Replacement Cost Values and Deductibles for Items 1., 2., 3., and 4.
- n. Page 28. VIII. Equipment Breakdown. Items A. and B. Review present policy for current limits and deductibles. Seek advice from insurance company on adequacy of current limits. Suggested minimum limits:
 - 1. Direct Physical Damage - \$50M (if you have a steam boiler at any location, list the full replacement cost of that location)
 - 2. Extra Expense - \$250,000
 - 3. Expediting Expenses - \$100,000
 - 4. Hazardous Substances - \$100,000
 - 5. Water Damage - \$100,000
 - 6. Cleanup of Contaminated Property - \$100,000
 - 7. Product or Food Spoilage - \$100,000
- o. Page 31. IX. Crime. Items A. to F. Select the desired limit and deductible. Suggested minimums:
 - 1. Employee Theft - \$1,000,000
 - 2. Loss of Monies & Securities - \$5,000
 - 3. Forgery or Alteration - \$10,000
 - 4. Computer Fraud - \$250,000
 - 5. Funds Transfer Fraud - \$250,000
 - 6. Credit, Debit or Charge Card Forgery - \$250,000
- p. Page 33. X. Cyber Liability/Breach Response/Data Compromise. Items A. to C. Select the desired limit and deductible. Suggested minimums:
 - 1. First Party Response Expense - \$500,000
 - 2. Cyber Attack - \$500,000
 - 3. Third Party Defense & Liability - \$500,000
 - 4. ID Recovery - \$100,000
- q. Page 37. XI. Storage Tank Liability. Items A. and B. Tailor limits of liability and deductibles to meet the regulations and your needs.

Item C. – Establish retroactive date for prior acts coverage that is equal to your current retroactive date.
- r. Page 38. XII. Violent Event Response. Item A. Tailor limits to meet your needs. Suggested minimums: \$25,000 per person, \$100,000 each vent and \$100,000 annual aggregate.
- s. Page 40. XIII. Terror. Items A. and B. Tailor limits of liability to meet your needs.

2. Attach the following information to the bid specifications:
 - a. Currently valued loss information for the last five years as instructed in Guidelines, Item 1., on page (A).
 - b. A list of buildings, contents, and property in the open expressing the values as **100 percent of the item's replacement cost value**. Do not use depreciated or "at cost" values.
 - c. Your most recent Workers' Compensation experience modification worksheet; obtain from agent or by calling Gänder Consulting Group, LLC [608-286-0286].
 - d. Number of students by location.
 - e. Number of employees by location.
 - f. A list of automobiles. Indicate the vehicle ID number, make, model, year, original cost, and use for each.
 - g. List of employees and volunteers who drive on a regular basis, including driver's license number and date of birth.
 - h. Cost of Hire – School Buses. Indicate amount of annual contract and include certificate of insurance from the bus company.

School District of

PROPERTY & CASUALTY INSURANCE
REQUEST FOR PROPOSAL &
BID SPECIFICATIONS

*[LIST COVERAGES FOR WHICH
BIDS ARE BEING SOUGHT]*

BIDS DUE:

Date Prepared:

Prepare By:

Telephone #:

Fax #:

Email Address:

Proposal Background

The purpose of this Request for Proposal (“RFP”) is to assist the School District in selecting, on a competitive basis:

1. A financially-stable insurance company(ies) to provide needed and selected coverage.
See the following hyperlinks to two articles about insurance carrier ratings:
 - Selecting a Nearly-Infallible Machine: Insurance Company Ratings (2015) - <https://wasb.org/wp-content/uploads/2017/03/nearly-infallible-machine-carrier-ratings-revised-12-15-15-letterhead.pdf>
 - The Financial Health of Insurance Companies: It Matters (2020) – ***hyperlink TBD***; and
2. A qualified agent/sales representative to advise on, and service, its insurance needs.

Consideration will be given to each of the foregoing areas in the selection of a company, agent and type of coverage.

This RFP should not be construed to mean that there is dissatisfaction with the current agent or insurance company(ies).

It is not the intent of the School District to seek insurance proposals on an annual basis, but rather, to secure the services of an agent or company with whom a relationship may be maintained for an extended period of time. Subject to satisfactory service and negotiated renewal terms, it is anticipated this risk will not be re-marketed for a three-year period.

Quotations for a number of coverages and alternatives are requested so the School District has the option of making selections it believes are in its best interest.

In addition to providing quotations as requested, agents are invited to submit alternative plans of coverage. However, if alternative plans are submitted, a written summary must be made comparing coverages to those requested.

General Conditions

1. The School District reserves the right to reject any or all proposals or portions thereof, and to accept any proposals or portions thereof that may be the most advantageous to the School District. It is acceptable for proposals for any line of insurance to be contingent upon writing any other lines(s) of insurance, *(as long as such restrictions are clearly stated in writing)*.
2. If more than one insurance company is used in preparing this RFP, each carrier must be listed and the bid specification information requested must be completed for each underwriting company.
3. Agents must submit proposals in duplicate on the forms provided. ***Proposal pages 4 through 41 must be fully completed and returned.***
4. **Agents must submit complete sample policy forms and endorsements for all proposed coverages.**
5. **If your proposal for any line of insurance is contingent upon writing any other line of insurance, any such restrictions must be clearly stated in writing.**
6. **Any deviations from the Coverage Specifications must be clearly outlined by noting so on a copy of the coverage specifications submitted with your proposal. Each page of the coverage specs must be legibly signed by the person completing them. The signer's position and company must also be noted.**
7. The current, and two years prior, A.M. Best or Weiss rating information for each proposed carrier.
8. Agents may submit additional information and data they believe will be helpful to the School District in the evaluation of their qualifications or the suggested company(ies).
9. Providing Loss Information. The company(ies) awarded the insurance coverages must furnish the School District with a semi-annual report of the number, type and amount of claims paid or reserved, by line of coverage. (The initial report must be for the first nine-month period of the policy period, and must be submitted on or before the end of the tenth month of the policy period. From then on, reports are to be provided on an annual basis.)
10. Most questions in these specifications require yes/no answers regarding coverages. In cases where an explanation or additional information is required, be as complete as possible.
11. All proposals must be sealed. The envelope must be marked:

Insurance Proposal For:

School District of

Due Date

**General Underwriting Information
(Common to All Policies)**

1. Named Insured: _____

2. Additional Insureds: _____

3. Policy Terms:

All coverages are to be effective as of 12:01 a.m. _____

Interim policies may be issued for a short-term period, if needed to bring expiration dates concurrent.

Policies which can be offered for a three-year term, payable annually, will be considered.

4. Delivery of Contract:

The agent or company receiving the award of the School District's business shall furnish policies within 45 days of the effective date. One set of policies shall be furnished *in an electronic, PDF, searchable, unsecured format*, the other in hard copy. A copy of the invoice(s) is to be presented with the policies.

5. Nonrenewal Provisions:

Policies will be endorsed to provide for a notification period of 60 days before the company can cancel or non-renew the policy, except for failure to pay premium. If this condition is not provided, its absence must be clearly stated in writing, including the reason for noncompliance.

6. Loss Information:

All loss information available to the School District for the past five years is contained in Attachment I.

7. Additional Information:

Financial Ratings of Proposed Insurance Companies – **The insurance carrier's financial stability is critical.** Regardless of the type of insurance company (for-profit, municipal mutual), it is recommended that insurance companies have an A.M. Best's rating of not less than A- or a Weiss rating of not less than B-.

If additional information is needed to complete your quotation, or if you wish to inspect the risk, please contact:

Name/Title/Company/Phone/Email of person completing this Section: _____

I. WORKERS' COMPENSATION

(Information provided is based on coverage offered by _____ Insurance Company)

A. Complete the following:

| Classification of Operations | Code # | Annual Payroll | Rate | Estimated Annual Prem. |
|--|--------|----------------|------|------------------------|
| Drivers NOC | 7380 | _____ | | |
| Colleges or Schools: Professional Employees & Clerical | 8868 | _____ | | |
| Colleges or Schools: All Other Employees | 9101 | _____ | | |
| Work Study | 9428 | If Any | | \$350 Flat |

Total Premium _____

Experience Modification _____

Expense Constant _____

Less Estimated Premium Discount, if any _____

Terrorism Charge (Foreign) _____

Terrorism Charge (Domestic) _____

Total Estimated Annual Premium \$ _____

B. Other States coverage included? YES NO

C. Employers' Liability limits: \$100,000/\$500,000/\$100,000

D. Is the premium subject to dividend?

E. Describe the dividend plan and attach a copy of its parameters, including whether the dividend is calculated based upon standard or discounted premium and timing of any payout(s).

Insurance company for which dividend information is shown: _____

F. Describe the loss control services available for school district Work Comp exposures.

Name/Title/Company/Phone/Email of person completing this section: _____

II. COMMERCIAL GENERAL LIABILITY

(Responses reflect the coverages offered by _____ Insurance Company)

Insurance Company's A.M. Best's Financial Strength Rating and Size: _____

| | <u>YES</u> | <u>NO</u> |
|--|------------|-------------|
| A. Is the insurance company writing the policy an admitted insurance company in Wisconsin, and subject to Wisconsin insurance statutes and regulations protecting policyholders? | _____ | _____ |
| B. Policy Form | | |
| 1. Occurrence basis? (If "YES," go on to question 3.) | _____ | _____ |
| 2. Claims-made basis? (If "YES," answer a, b and c) | _____ | _____ |
| a. Indicate retroactive date. | | _____ |
| b. Has the retroactive date been advanced from that on the previous policy? | _____ | _____ |
| c. Does this new policy contain any restrictive endorsements excluding or reducing the coverage provided for losses occurring prior to the inception date? | _____ | _____ |
| 3. Is Coverage on a pay-on-behalf basis? | _____ | _____ |
| 4. Does the insurance company retain the duty to defend the District? | _____ | _____ |
| C. Limits of Insurance | | |
| 1. General aggregate limit (other than Products-Completed Operations) | | \$3,000,000 |
| 2. Products-Completed Operations aggregate | | 3,000,000 |
| 3. Personal & Advertising Injury any one person or organization limit | | 3,000,000 |
| 4. Each Occurrence limit | | 3,000,000 |
| 5. Damage to premises rented to you limit - any one fire/premises | | 300,000 |
| 6. Medical Expense limit - any one person | | 10,000 |

7. Employee Benefits Liability

- | | |
|---|-------------|
| a. Aggregate | 1,000,000 |
| b. Each claim | \$1,000,000 |
| c. Deductible | _____ |
| d. Retroactive Date: _____ | |
| e. Coverage form – Occurrence or Claims Made? _____ | |

| | |
|------------|-----------|
| <u>YES</u> | <u>NO</u> |
|------------|-----------|

Do the General Liability limits you propose meet or exceed those noted in items C.1-7?

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

Does the general aggregate limit apply on a per location basis?

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

D. Mandatory Coverages – Included in Quote

1. Is coverage at least as broad as ISO Form CG00 01 12 07?

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

2. Are the following covered as Insureds:

- | | | |
|--|-------|-------|
| a. School board members? | _____ | _____ |
| b. School board? | _____ | _____ |
| c. Student teachers? | _____ | _____ |
| d. Volunteers, including student volunteers? | _____ | _____ |
| e. Employees for incidental medical malpractice, including all nurses, psychologists, and occupational, speech and physical therapists? | _____ | _____ |
| f. Volunteers (including all licensed medical professionals) for incidental medical malpractice? | _____ | _____ |
| g. Physicians involved in athletic programs for incidental medical malpractice? | _____ | _____ |
| h. Physicians acting on the District's behalf in an advisory capacity regarding public health issues for incidental medical malpractice? | _____ | _____ |
| i. PTAs, PTOs, booster clubs and other volunteer organizations who provide services and/or financial support to the school district? | _____ | _____ |
| j. Volunteer members belonging to the groups noted in item i.? | _____ | _____ |

Initials of person completing this Section: _____

| | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| k. Leased Workers'? | _____ | _____ |
| l. Temporary Workers'? | _____ | _____ |
| m. Parents of any minor child who is a member of any safety patrol which you have organized or that you operate? | _____ | _____ |
| n. Educational foundations, if under the control of the school board and funding decisions are made solely at the discretion of the school board? | _____ | _____ |
| o. Charter schools, so long as the school board has oversight responsibilities? | _____ | _____ |
| 3. Is coverage provided for claims alleging negligence arising out of sexual abuse or molestation either as an endorsement on the General Liability policy or a separate policy? | _____ | _____ |
| 4. Is the "Who is an Insured" policy language applicable to the sexual abuse or molestation coverage the same as for other claims covered by the General Liability policy? | _____ | _____ |
| If "NO", how does it differ? _____ | | |
| 5. Must an insured notify the insurance company <i>as soon as practicable</i> of a sexual abuse or molestation <u>incident or wrongful act</u> that could result in a claim? | _____ | _____ |
| If "NO," when must an insured notify the insurance company of a sexual abuse or molestation <u>incident or wrongful act</u> that could result in a claim? _____ | | |
| 6. Is coverage provided for bodily injury or property damage claims arising out of the district's obligations under <u>WI Stats. §895.46(1)</u> ? | _____ | _____ |
| 7. Is coverage provided for use of snowmobiles and ATVs? | _____ | _____ |
| 8. Is Corporal Punishment coverage provided? | _____ | _____ |
| 9. Is Pollution Liability coverage provided for: | | |
| a. Bodily injury sustained within a building and caused by smoke, fumes, vapor or soot from equipment used to heat or cool that building? | _____ | _____ |

Initials of person completing this Section: _____

| | <u>YES</u> | <u>NO</u> |
|--|---------------------------|-----------|
| b. Bodily injury or property damage arising out of heat, smoke or fumes from a hostile fire? | _____ | _____ |
| c. Bodily injury or property damage arising out of activities usual to classroom instruction on school premises? | _____ | _____ |
| d. Chemicals used in the operation and maintenance of swimming pools? | _____ | _____ |
| e. Use and application of pesticides, herbicides or fertilizers? | _____ | _____ |
| f. Bodily injury arising out of mold, spores, fungi or mildew? | _____ | _____ |
| g. Property damage arising out of mold, spores, fungi or mildew? | _____ | _____ |
| h. If applicable, note the sublimit for Pollution Liability claims: | Per incident \$ _____ | |
| | Annual Aggregate \$ _____ | |
| i. If applicable, what Retroactive Date applies to the Pollution Liability coverage? | _____ | |
| 10. Is coverage provided for losses arising out of food consumed on school district premises? | _____ | _____ |
| 11. Is coverage provided for claims arising out of professional services? | _____ | _____ |
| If yes, are such professional service claims deemed to be caused by an occurrence? | _____ | _____ |
| 12. Is the Expected or Intended Injury Exclusion amended to cover claims arising out of or resulting from the use of reasonable force to protect person or property? | _____ | _____ |
| 13. Is coverage provided for bodily injury claims associated with, arising out of or resulting from head or brain injuries, brain trauma and concussions, however sustained? | _____ | _____ |
| 14. Is coverage provided for property damage claims arising out of the use of elevators? | _____ | _____ |
| 15. Does the definition of <i>bodily injury</i> include: | | |
| a. Mental injury? | _____ | _____ |
| b. Mental anguish? | _____ | _____ |
| c. Humiliation? | _____ | _____ |
| d. Shock? | _____ | _____ |
| e. Fright? | _____ | _____ |

Initials of person completing this Section: _____

| | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| f. Emotional injury? | _____ | _____ |
| g. Disability resulting from a. through f. above? | _____ | _____ |
| h. Death? | _____ | _____ |
| 16. Within what time frame can medical payment expenses be incurred and reported to the insurance company in order to be covered? | _____ | |
| 17. Does the definition of <i>personal injury</i> cover claims alleging an invasion of a person's right of privacy? | _____ | _____ |
| 18. Does the definition of <i>personal injury</i> cover discrimination claims (not related to employment) based on: | | |
| a. Race? | _____ | _____ |
| b. National origin? | _____ | _____ |
| c. Age? | _____ | _____ |
| d. Sex? | _____ | _____ |
| e. Religion? | _____ | _____ |
| f. Physical disability? | _____ | _____ |
| g. Sexual preference? | _____ | _____ |
| h. Any class of individuals protected by local, state or federal law? | _____ | _____ |
| 19. Is <i>personal injury</i> and <i>advertising injury</i> coverage provided for claims arising out of: | | |
| a. Chat rooms and bulletin boards used in curriculum? | _____ | _____ |
| b. Internet instruction and curriculum? | _____ | _____ |
| 20. Is personal injury coverage provided for claims arising out of the following, done by or for you: | | |
| a. Advertising? | _____ | _____ |
| b. Publishing? | _____ | _____ |
| c. Broadcasting? | _____ | _____ |
| d. Telecasting? | _____ | _____ |
| e. Invasion of privacy? | _____ | _____ |
| 21. Will the policy reimburse an insured for defense or legal costs incurred to defend alleged criminal activity if the insured is found innocent or the charges are dropped? | _____ | _____ |
| a. What defense coverage limit is provided? | _____ | |
| b. Does this coverage apply to all criminal allegations? If "NO," to what criminal allegations does this coverage apply? | _____ | _____ |

Initials of person completing this Section: _____

| | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 22. Will the policy reimburse an insured up to \$250 for personal property damaged while the insured is in the process of restoring or maintaining order, when an insured is assaulted, or while any insured is supervising an assigned activity? | _____ | _____ |
| 23. a. Is there at least \$100,000 of coverage for property damage to employees' property under your care, custody or control? | _____ | _____ |
| b. What deductible, if any, applies to these claims? | \$_____ | |
| 24. Is there at least \$2,500 of coverage for property damage to property in the care, custody, or control of an insured? | _____ | _____ |
| 25. Is coverage provided for punitive or exemplary damages? | _____ | _____ |
| 26. Is coverage provided for claims arising out of the use of: | | |
| a. trampolines? | _____ | _____ |
| b. mini trampolines? | _____ | _____ |
| c. spring boards? | _____ | _____ |
| used for gymnastics, other sports or classes? | _____ | _____ |
| 27. Is coverage provided for claims arising out of bouncers used by therapists? | _____ | _____ |
| 28. Is bodily injury coverage provided for claims arising out of the unauthorized access to or release of confidential or personal information? | _____ | _____ |
| 29. Is coverage provided for claims arising out of practicing for, or participating in, athletic or sports activities, contests, games or events? | _____ | _____ |
| 30. Is coverage provided for claims arising out of the use of: | | |
| a. Firearms? | _____ | _____ |
| b. Conducted energy devices (tasers)? | _____ | _____ |
| 31. a. Is Non-owned Watercraft coverage provided (unless being used to carry persons or property for a charge), including coverage for watercraft used by teachers for instructional purposes? | _____ | _____ |
| b. Is this coverage provided without a length restriction? | _____ | _____ |

Initials of person completing this Section: _____

| | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 32. Is coverage provided for the School District's liability arising out of cooperative arrangements established under Wisconsin Statute not specifically listed on the Declarations Page? (Ex., §66.0301 Agreements) | _____ | _____ |
| 33. Is coverage provided for claims arising out of the use and operation of hired or non-owned aircraft by employees, school board members, or volunteers? | _____ | _____ |
| 34. Is Non-owned Aircraft coverage provided for aircraft chartered with a crew? | _____ | _____ |
| 35. Is Premises Medical Payments coverage, including first aid, provided (excluding students)? | _____ | _____ |
| 36. Is Premises Medical Payments coverage provided for volunteers? | _____ | _____ |
| 37. Are fellow employee bodily injury claims covered when Workers' Compensation is not the exclusive remedy? | _____ | _____ |
| 38. Is coverage provided for contractual liability equivalent or better than ISO Form CG0001 12 07? | _____ | _____ |
| If broader, please describe. _____ | | |
| 39.a. Is additional insured status automatically provided to entities from whom the district rents or uses premises? | _____ | _____ |
| b. Must the agreement to provide automatic additional insured status be in writing? | _____ | _____ |
| 40. Is coverage provided for school resource officer activities performed on school premises on the district's behalf? | _____ | _____ |
| 41. Is coverage provided for law enforcement activities performed on school premises on the district's behalf? | _____ | _____ |
| 42. Is coverage provided for claims arising out of the use of drones/unmanned aircraft less than 55 lbs. for instructional purposes and in accordance with FAA regulations? | _____ | _____ |
| 43. Is worldwide coverage equivalent or better than ISO Form CG0001 12 07? | _____ | _____ |
| If broader, please describe. _____ | | |

Initials of person completing this Section: _____

| | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 44. Employee Benefits Liability. Does the policy provide at least five years prior acts coverage? | _____ | _____ |
| a. Is full prior acts coverage available? | _____ | _____ |
| b. If "YES," please indicate cost. | \$ _____ | _____ |
| c. Does the policy respond to claims/losses alleging ERISA violations? | _____ | _____ |
| 45. Is coverage provided for claims arising out of silica? | _____ | _____ |
| 46. Is coverage provided for claims arising out of asbestos? | _____ | _____ |
| 47. Is coverage provided for distribution of material (i.e., phone email, and fax) in violation of various communication statutes? | _____ | _____ |
| 48. Is a blanket waiver of subrogation provided as per ISO Form CG0001 12 07, Condition IV.(8)? | _____ | _____ |
| 49. Is coverage (including products and completed operations) provided for garage operations (not Garagekeepers Legal Liability)? | _____ | _____ |
| 50. Has the knowledge of an occurrence, offense, claim or suit by any insured condition been amended so that it only applies to your superintendent, business manager or person designated to receive such report from an agent, servant or employee? | _____ | _____ |
| II 51. Is the "Transfer of Rights or Recovery Against Others" condition automatically waived when required in a written contract? | _____ | _____ |
| E. Please list below any extra or special coverages offered by the policy <u>other than</u> those not addressed above. | _____ | |
| F. Is the policy subject to audit? | _____ | _____ |
| G. Terrorism: | | |
| 1. Is terrorism coverage included as defined by TRIPRA? | _____ | _____ |
| 2. If premium is not already included in premium summary, indicate additional premium. | \$ _____ | |

Name/Title/Company/Phone/Email of person completing this Section: _____

III. COMMERCIAL AUTOMOBILE

(Responses reflect the coverages offered by _____ Insurance Company)

| | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| A. Is the insurance company writing the policy an admitted insurance company in Wisconsin, and subject to Wisconsin insurance statutes and regulations protecting policyholders? | _____ | _____ |

B. Liability Limits:

| | | |
|---------------------------|---------------|--------------------|
| 1. Combined Single Limit | each accident | \$3,000,000 |
| 2. Medical Payment | per person | 5,000 |
| 3. Uninsured Motorists | each accident | 100,000 |
| 4. Underinsured Motorists | each accident | 100,000 |

Do the Automobile limits you propose meet or exceed those noted in items B.1-4? _____

C. Mandatory Liability Coverages – Included in Quote

1. Is Liability coverage provided on a Symbol 1 (Any Auto) basis? _____

If answer is "NO," describe what Liability coverage is provided for the following types of vehicles:

owned: _____

hired: _____

non-owned: _____

2. Are the following covered as Insureds:

a. School board members (on an excess basis) when driving their personally-owned automobiles on behalf of the school district? _____

b. Employees (on an excess basis) driving their personally-owned automobiles on behalf of the school district? _____

Initials of person completing this Section: _____

| | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| c. Volunteers (on an excess basis) driving their personally-owned automobiles on behalf of the school district? | _____ | _____ |
| d. Employees driving autos rented in the employee's name with the school district's permission and while performing duties on behalf of the school district? | _____ | _____ |
| e. PTAs/PTOs, booster clubs or other volunteer organizations who provide services and/or financial support to the school district? | _____ | _____ |
| f. Volunteer members belonging to the groups noted in item e.? | _____ | _____ |
| g. Students who are part of the auto repair curriculum? | _____ | _____ |
| 3. Is coverage provided for punitive or exemplary damages, except under Uninsured and Underinsured Motorist coverage? | _____ | _____ |
| 4. a. Is at least \$100,000 of coverage provided for property damage to property in your care, custody, or control? | _____ | _____ |
| b. What deductible, if any, applies to these claims? | | _____ |
| 5. Will the policy reimburse employees, board members, or volunteers for the physical damage deductible applicable to their auto (up to \$500) as the result of operating or using the auto on School District business? | _____ | _____ |
| 6. Is at least \$2,500 of coverage provided for property damage to property owned by, rented, or leased to an employee, board member, or volunteer while used on School District business, except autos owned by them? | _____ | _____ |
| 7. Is replacement cost coverage provided for busses owned by the school district which are no more than ten years old? | _____ | _____ |
| 8. Will a single comprehensive or collision deductible apply to a loss involving two or more vehicles listed on the district's schedule of vehicles? | _____ | _____ |
| 9. Is the Contractual Liability coverage for rented or leased autos equivalent or better than ISO FormCA0001 10 01? | _____ | _____ |
| 10. Is worldwide coverage for vehicles that are hired, rented or borrowed equivalent or better than ISO FormCA0001 10 01? | _____ | _____ |

Initials of person completing this Section: _____

YES NO

11. Is a blanket waiver of subrogation provided as per ISO Form CA0001 10 01, condition IV(A)(5)? _____ _____

12. Does the policy contain a motor carrier filing (if required)? _____ _____

D. Optional Liability Coverages

1. Is Drive Other Car coverage provided? _____ _____

a. Listed Individuals: _____

b. Additional Cost: \$ _____

2. Is the Pollution Liability Broadened Coverage for Covered Auto Endorsement - ISO Form CA 99 48 10 13 – included in the quote? _____ _____

E. Physical Damage Coverage – Included in Quote
(Responses reflect the coverages offered by _____ Insurance Company)

1. Is coverage Replacement Cost or ACV? _____

2. Comprehensive - quote deductibles of \$250 and \$500.

Limits:

3. Collision - quote deductibles of \$250 and \$500.

Limits:

4. Does carrier need to be notified when adding/deleting vehicles during the year? _____ _____

F. Garagekeepers Coverage
(Responses reflect the coverages offered by _____ Insurance Company)

Does the School District have a vehicle repair program? _____ _____
If "YES," please describe your Garagekeepers coverage:

Limits of Coverage: _____

Deductibles: _____

Additional Cost \$ _____

Initials of person completing this Section: _____

G. Please indicate any extra or special coverages offered by the policy other than those addressed above.

Name/Title/Company/Phone/Email of person completing this Section: _____

IV. EXCESS/UMBRELLA LIABILITY

(Responses reflect the coverages offered by _____ Insurance Company)

A. Limits of Liability:

1. Each Occurrence \$ _____

2. Annual Aggregate \$ _____

B. Retention Each Occurrence \$0

C. Is the policy an Excess or Umbrella policy? _____

YES NO

D. Do the Excess/Umbrella limits and retention you propose meet or exceed those noted in items A. and B.? _____

E. Is all coverage, whether provided by one or more Excess/ Umbrella policies, "following form" **and** at least as broad as each underlying policy that will be listed as such on the Excess/Umbrella policy's schedule of underlying insurance? _____

If "NO," list the coverage differences below:

F. If the Umbrella policy is broader than any of the underlying policies, please describe how it is broader.

Name/Title/Company/Phone/Email of person completing this Section: _____

V. EDUCATORS LEGAL LIABILITY/SCHOOL LEADERS ERRORS & OMISSIONS LIABILITY

(Responses reflect the coverages offered by _____ Insurance Company)

| A. Limits of Liability: | <u>YES</u> | <u>NO</u> |
|--|------------|-------------|
| 1. Per Wrongful Act – each claim/loss | | \$1,000,000 |
| 2. Annual Aggregate | | \$1,000,000 |
| 3. Do the Educators Legal Liability limits you propose meet or exceed those noted in items A.1. and A.2.? | _____ | _____ |
| 4. Retention/Deductible – each claim/loss | | |
| 5. Retroactive Date: _____ | | |
| 6. Aggregate Non-monetary claim defense expense Limit | | \$ _____ |
| 7. Non-monetary claim defense expense deductible | | \$ _____ |
| 8. Is coverage provided on a "pay-on-behalf" basis? | _____ | _____ |
| B. Questions to be answered by all bidders: | | |
| 1. Is the insurance company writing the policy an admitted insurance company in Wisconsin, and subject to Wisconsin insurance statutes and regulations protecting policyholders? | _____ | _____ |
| 2. Are the following covered as insureds: | | |
| a. School District? | _____ | _____ |
| b. School board? | _____ | _____ |
| c. Any person serving as part of a cooperative under WI Statute? | _____ | _____ |
| d. School board members? | _____ | _____ |
| e. Superintendents and principals? | _____ | _____ |
| f. Employees? | _____ | _____ |
| g. PTAs, PTOs or other volunteer organizations and their members? | _____ | _____ |

Initials of person completing this Section: _____

| | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| h. Student teachers? | _____ | _____ |
| i. Volunteers? | _____ | _____ |
| j. Intergovernmental cooperative agreements under <u>Wis. Stats.</u> §66.0301? | _____ | _____ |
| 3. Is coverage provided for employment-related: | | |
| a. Discrimination | _____ | _____ |
| b. Sexual harassment | _____ | _____ |
| c. Wrongful termination | _____ | _____ |
| d. Breach of employment contract | _____ | _____ |
| e. Failure to employ/promote | _____ | _____ |
| f. Wrongful discipline | _____ | _____ |
| g. Negligent evaluation | _____ | _____ |
| h. ADA violations | _____ | _____ |
| i. Any Manner of Unlawful Discrimination | _____ | _____ |
| j. Retaliatory Actions | _____ | _____ |
| 4. a. Does coverage include: | | |
| 1) Judgments | _____ | _____ |
| 2) Back pay | _____ | _____ |
| 3) Benefits | _____ | _____ |
| 4) Punitive Damages | _____ | _____ |
| 5) Front Pay | _____ | _____ |
| b. Please specify the amount of coverage for 4.a.1) to 5) if it is less than the per wrongful act limit noted in V.A.1. above. | | |
| 5. Do covered claims include those brought under the following laws or similar Federal, state or local laws and ordinances: | | |
| a. Family & Medical Leave Act of 1993 | _____ | _____ |
| b. Americans with Disabilities Act of 1992 | _____ | _____ |
| c. Civil Rights Act of 1991 | _____ | _____ |
| d. Age Discrimination in Employment Act of 1967 (including the Older Workers Benefit Act of 1990) | _____ | _____ |
| e. Title VII of the civil Rights Law of 1964 (including Pregnancy Discrimination Act of 1978) | _____ | _____ |
| f. Civil Rights Act of 1866, Section 1981 | _____ | _____ |
| g. Fifth and Fourteenth Amendments (United States Constitution) | _____ | _____ |

Initials of person completing this Section: _____

| | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 6. Does the policy contain the following <i>exclusions</i> ? | | |
| a. Contractual liability | _____ | _____ |
| b. ERISA Act liability | _____ | _____ |
| c. Reorganization/downsizing | _____ | _____ |
| d. Strikes and lockouts | _____ | _____ |
| e. Intentional acts | _____ | _____ |
| f. Civil/criminal fines, penalties | _____ | _____ |
| g. Nonmonetary claims/injunctive relief | _____ | _____ |
| h. Building modifications costs | _____ | _____ |
| i. Bodily injury, including mental anguish, mental injury, emotional injury and emotional distress | _____ | _____ |
| j. Property damage | _____ | _____ |
| k. Assault and battery | _____ | _____ |
| l. Pollution liability | _____ | _____ |
| m. Retaliatory actions | _____ | _____ |
| n. Benefits due | _____ | _____ |
| o. Reinstatement of employment | _____ | _____ |
| p. Front pay, future damages | _____ | _____ |
| q. Mental anguish, emotional distress, humiliation | _____ | _____ |
| r. Breach of contract (not employment-related) | _____ | _____ |
| C. Defense Coverage | | |
| 1. Is Defense coverage provided in addition to the limit of liability? | _____ | _____ |
| 2. Does a deductible apply per claim? | _____ | _____ |
| a. If "YES," please list amount. | \$ _____ | |
| b. If "YES," does the deductible also apply to defense costs? | _____ | _____ |
| 3. Does the insurance company have a duty to defend? | _____ | _____ |
| 4. Is defense coverage provided for Special Education claims alleging: | | |
| a. A violation of Federal Act 504? | _____ | _____ |
| b. A violation of IDEA? | _____ | _____ |
| c. Improper IEPs? | _____ | _____ |

Initials of person completing this Section: _____

YES

NO

5. Is coverage provided for plaintiff attorneys' fees awarded in connection with the claims listed under items 4.a-c? _____

6. Describe **when** defense coverage will be provided for administrative or regulatory agency hearings such as State Employment Commissions, Equal Employment Opportunity Commission (EEOC), Arbitration Proceedings:

7. Describe **when** defense coverage will be provided for administrative/due process hearings associated with Special Education claims.

8. Describe the provisions of the policy's Consent to Settle clause:

D. Terrorism:

1. Is terrorism coverage included as defined by TRIPRA? _____

2. If premium is not already included in premium summary, indicate additional premium. \$ _____

E. Identify type of policy form:

_____ Claims-Made _____ Occurrence

If Claims-Made, see below.

1. Indicate retroactive date. _____

2. Is full prior acts coverage available? _____

If "YES," indicate additional cost. \$ _____

3. How many days extended reporting period is provided automatically? _____

4. Outline extended reporting period options and costs.

Name/Title/Company/Phone/Email of person completing this Section: _____

VI. PROPERTY

(Responses reflect the coverages offered by _____ Insurance Company)

A. Values – Replacement Cost:

- 1. Buildings \$ _____
 - 2. Contents \$ _____
 - 3. Property in the Open \$ _____
 - 4. Total values for items 1., 2., and 3. \$ _____
 - 5. Extra Expense coverage: Extra costs incurred to keep school facilities open if property is damaged, including rental of space, equipment, extra transportation costs, etc. \$ _____
 - 6. Deductible \$ _____
 - 7. Deductible aggregate (if applicable) \$ _____
- Provide quotes for optional deductibles: _____ \$ _____
 _____ \$ _____

B. Are the following coverage provisions included in the quote? YES NO

- 1. Special Causes of Loss form or broader? _____ _____
- 2. Replacement Cost coverage? _____ _____
- 3. Blanket coverage for buildings, contents and property in the open? _____ _____
- 4. Agreed Amount clause waiving coinsurance obligation? _____ _____
- 5. Losses caused by the operation of building laws or ordinances? _____ _____
 - a. Loss to the undamaged portion of buildings \$ _____
 - b. Demolition costs \$ _____
 - c. Increased cost of construction \$ _____
- 6. Unscheduled locations? _____ _____
 - a. If "YES," indicate limit. \$ _____
 - b. If "YES," indicate additional premium. \$ _____

Initials of person completing this Section: _____

In the right-hand margin, please indicate amount of coverage provided for each item listed below.

| | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 7. Personal Effects/Property of Others in SD's care, custody, or control? | _____ | _____ |
| 8. Property temporarily at any other location covered? | _____ | _____ |
| 9. Property off premises and in transit covered? | _____ | _____ |
| 10. Debris removal – | | |
| a. Insured Property: _____% plus any additional amount? | _____ | _____ |
| b. Property Owned by Others: _____% plus any additional amount? | _____ | _____ |
| 11. Fire Department Service Charge? | _____ | _____ |
| 12. Fire Protection Equipment recharge? | _____ | _____ |
| 13. Collapse covered? | _____ | _____ |
| 14. Personal property within 1000 feet of premises covered? | _____ | _____ |
| 15. Pollutant clean-up and removal covered? | _____ | _____ |
| 16. Newly acquired buildings and personal property covered? Number of days? | _____ | _____ |
| 17. Valuable papers and records covered? | _____ | _____ |
| 18. Outdoor property covered? | _____ | _____ |
| a. Trees, shrubs, plants or lawn – Any one item \$ _____ | | |
| b. Per occurrence \$ _____ | | |
| 19. Floating watercraft? | _____ | _____ |
| 20. Watercraft on land, dock or pier? | _____ | _____ |
| 21. Signs & fences attached/detached w/in 1000 ft. of premises covered? | _____ | _____ |
| 22. Sewer backup covered? | _____ | _____ |
| 23. Accounts receivable covered? | _____ | _____ |
| 24. Spoilage covered? | _____ | _____ |
| 25. Legal Liability coverage? | _____ | _____ |

Initials of person completing this Section: _____

| | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 26. Utility services coverage? | _____ | _____ |
| 27. Off-premises service interruption? | _____ | _____ |
| 28. Lock replacement? | _____ | _____ |
| 29. Underground pipes, flues or drains? | _____ | _____ |
| 30. Soft costs? | _____ | _____ |
| 31. Fungus, wet rot, dry rot and bacteria remediation coverage? | _____ | _____ |
| 32. Flood coverage? | _____ | _____ |
| Please describe: _____ | | |
| 33. Earthquake or volcanic eruption coverage? | _____ | _____ |
| 34. Joint Loss Agreement with the Equipment Breakdown insurance company? | _____ | _____ |

D. Questions to be answered by all bidders:

1. Is coverage available for laptops and tablets issued to students if the device is dropped, lost, or damaged by liquid when off school premises? Describe:

2. Does the Glass coverage have any limitations? Describe:

3. Are there any limitations on coverage for vacant buildings? Describe:

4. Are there any limitations on coverage for unoccupied buildings? Describe:

5. Terrorism:
 - a. Is terrorism coverage included as defined by TRIPRA? _____
 - b. If premium is not already included in premium summary, indicate additional premium. _____

Name/Title/Company/Phone/Email of person completing this Section: _____

VII. INLAND MARINE

(Responses reflect the coverages offered by _____ Insurance Company)

Note: Portions of this coverage may not be needed if provided by the property and/or equipment breakdown insurance coverage. *If covered by another policy, please specify.*

A. Values – Replacement Cost

- 1. Special Portable Property – Musical instruments, audio/visual equipment, uniforms, costumes, tools, scientific equipment, sports equipment, property on exhibit. \$ _____

Deductible: \$ _____

- 2. Fine Arts – Paintings, sculptures, stained glass, photos, antiques, historical pieces, rare books, collections, etc. \$ _____

Deductible: \$ _____

- 3. Contractor’s Equipment – Tractors, sweepers, bobcats, ATVs, golf carts, self-propelled lawn or snow removal equipment, forklifts, etc. \$ _____

Deductible: \$ _____

- 4. Electronic Data Processing (EDP) – all types of computing equipment
 - a. Hardware \$ _____

 - b. Software: Cost to replace, research, and reconstruct data, including data entry costs \$ _____

 - c. In transit/off premises maximum value \$ _____

 - d. EDP Extra Expense \$ _____

 - e. Deductible \$ _____

Initials of person completing this Section: _____

B. Are the following coverage conditions provided for all coverages, except EDP coverage?

| | <u>YES</u> | <u>NO</u> |
|---------------------------------|------------|-----------|
| 1. Special Causes of Loss Form? | _____ | _____ |
| 2. Replacement Cost coverage? | _____ | _____ |

If "NO," please indicate the valuation method by category of property (A.1.-3.).

| | | |
|--------------------------------|-------|-------|
| 3. No coinsurance requirements | _____ | _____ |
|--------------------------------|-------|-------|

C. Are Inland Marine coverages provided without the provision of schedules?

D. Are the following coverage conditions provided for EDP coverage?

| | | |
|--------------------------------|-------|-------|
| 1. Special Causes of Loss Form | _____ | _____ |
| 2. Functional Replacement Cost | _____ | _____ |
| 3. No coinsurance requirements | _____ | _____ |

E. Questions to be answered by all bidders:

1. Describe computer coverage for damage caused by:

a. Short circuit, power surge, blowout, electrical arcing, etc.

b. Electrical or mechanical breakdown, failure, malfunction

c. Design error

d. Dampness, dryness, change in humidity or temperature

2. What deductible applies to losses caused by these perils? \$ _____

Initials of person completing this Section: _____

3. If not already provided, can coverage be provided for damage to computers caused by items E.1.(a-d) above?

YES NO

Item 1.a. – Additional Cost\$ _____ _____ _____

Item 1.b. – Additional Cost\$ _____ _____ _____

Item 1.c.– Additional Cost\$ _____ _____ _____

Item 1.d.– Additional Cost\$ _____ _____ _____

4. Terrorism:

a. Is terrorism coverage included as defined by TRIPRA? _____ _____

b. If premium is not already included in premium summary,
indicate additional premium. \$ _____

Name/Title/Company/Phone/Email of person completing this Section: _____

VIII. EQUIPMENT BREAKDOWN

(Responses reflect the coverages offered by _____ Insurance Company)

A. Limits Per Accident/Breakdown

- | | |
|---|-------------------|
| 1. Direct Physical Damage | \$ _____ |
| 2. Business Income Period of Restoration Extension | \$ _____ _____ |
| 3. Extra Expense Period of Restoration Extension | \$ _____ _____ |
| 4. Utility Interruption – Time Element Waiting period | \$ _____ _____ |
| 5. Spoilage Damage (perishable goods) Utility interruption spoilage waiting period | \$ _____ _____ |
| 6. Civil Authority | \$ _____ |
| 7. Contingent Business Income (Dependent Properties) | \$ _____ |
| 8. Electronic Data or Media | \$ _____ |
| 9. Errors and Omissions | \$ _____ |
| 10. Expediting Expenses | \$ _____ |
| 11. Fungus, West Rot, Dry Rot– property damage Business Income/Extra Expense- number of days | \$ _____ _____ |
| 12. Hazardous Substances | \$ _____ |
| 13. Off Premises Property Damage | \$ _____ |
| 14. Newly Acquired Locations # of days | \$ _____ _____ |
| 15. Ordinance or Law | \$ _____ |
| 16. Refrigerant Contamination | \$ _____ |
| 17. Water Damage | \$ _____ |

Initials of person completing this Section: _____

18. Unnamed Locations \$ _____

19. Off Premises Equipment (transportable equipment/objects) \$ _____

20. Brands and Labels \$ _____

B. Deductibles

1. Direct damage \$ _____

2. Indirect damage \$ _____

3. Combined deductibles \$ _____

C. Are the following coverages included in the quote? YES NO

1. Comprehensive coverage, including production machinery, EDP, phone systems, copiers, etc.? _____ _____

2. Replacement cost valuation? _____ _____

3. Joint Loss Agreement with property insurance company? _____ _____

4. Definition of *Covered Equipment*

5. Indicate limits for losses caused by the operation of building codes, laws, or ordinances:

a. Loss to undamaged portion of buildings \$ _____

b. Demolition costs \$ _____

c. Increased cost of construction \$ _____

6. Claim Data Expense – Any one breakdown \$ _____

7. Drying Out coverage (expenses incurred to dry out electrical covered equipment or objects if required) _____ _____

8. Coverage for the failure of microelectronics when physical damage is not detectable or when firmware or software failure causes non-physical damage? _____ _____

Initials of person completing this Section: _____

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 9. Business income and extra expense coverage to also cover losses stemming from the loss of cloud computing services (as a service interruption coverage)? | _____ | _____ |
| 10. Include electronic circuitry impairment (“ECI”) as a cause of loss? | _____ | _____ |
| 11. Green Upgrades Coverage (property damage limit)? | | \$ _____ |
| 12. Business Income/Extra Expense – number of days | | _____ |

Name/Title/Company/Phone/Email of person completing this Section: _____

IX. CRIME

(Responses reflect the coverages offered by _____ Insurance Company)

A. Employee Theft

- | | | |
|--|------------|----------------------|
| 1. Limit | Per Loss\$ | <input type="text"/> |
| 2. Deductible | Per Loss\$ | <input type="text"/> |
| 3. Is coverage provided on a Discovery Form ? | | |
| 4. Is coverage provided for losses caused by: | <u>YES</u> | <u>NO</u> |
| a. A treasurer? | _____ | _____ |
| b. Students while handling or possessing property or funds in connection with sanctioned student activities? | _____ | _____ |
| c. All officers and board members other than the treasurer? | _____ | _____ |
| d. Individuals required to be bonded by law? | _____ | _____ |
| e. Volunteers? | _____ | _____ |
| f. Terminated employees for at least 60 days after termination? | _____ | _____ |
| g. The failure of any employee to faithfully perform duties? | _____ | _____ |
| h. Arising out of the conversion of property of others? | _____ | _____ |
| i. Temporary help agency personnel, such as Manpower or Kelly? | _____ | _____ |

B. Loss of Monies & Securities [Is coverage provided in Property policy?]

- | | | |
|-----------------------------|----|----------------------|
| 1. Inside Premises – Limit | \$ | <input type="text"/> |
| 2. Outside Premises – Limit | \$ | <input type="text"/> |
| 3. Deductible | \$ | <input type="text"/> |

C. Forgery or Alteration

- | | | |
|---------------|----|----------------------|
| 1. Limit | \$ | <input type="text"/> |
| 2. Deductible | \$ | <input type="text"/> |

Initials of person completing this Section: _____

D. Computer Fraud

- 1. Limit \$
- 2. Deductible \$

E. Funds Transfer Fraud

- 1. Limit \$
- 2. Deductible \$

F. Credit, Debit or Charge Card Forgery

- 1. Limit \$
- 2. Deductible \$

G. Telephone Fraud \$

Name/Title/Company/Phone/Email of person completing this Section: _____

X. CYBER LIABILITY/BEACH RESPONSE/DATA COMPROMISE

(Responses reflect the coverages offered by _____ Insurance Company)

The names and types of cyber liability, breach response and data compromise coverages offered ARE NOT STANDARDIZED. As such, the coverage specifications below represent coverages offered by most carriers. READ THE POLICIES/ENDORSEMENTS TO UNDERSTAND THE COVERAGE.

| | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| A. <u>First Party Breach Response Expense</u> – Is coverage provided for an <i>actual or suspected</i> loss, theft, accidental and/or unauthorized release, use or accidental publication of personally identifiable information (PII)? | _____ | _____ |
| 1. Limit: Per Loss \$ Limit or # of Notified Individuals | | _____ |
| Annual Aggregate (if applicable) | | \$ _____ |
| 2. Deductible Per Loss – \$ or # of Records | | _____ |
| 3. Is coverage provided for expenses incurred for: | | |
| a. Notification letters? | _____ | _____ |
| b. Informational materials? | _____ | _____ |
| c. Toll free, call center helpline? | _____ | _____ |
| d. Public relations/crisis management services? | _____ | _____ |
| e. Compromise event? | _____ | _____ |
| f. Security breach services? | _____ | _____ |
| g. Credit monitoring services? | _____ | _____ |
| h. Legal services? | _____ | _____ |
| i. Forensic services? | _____ | _____ |
| j. Identity restoration case management? (See C.1. – 3. below) | _____ | _____ |
| 4. Which of the above expenses (3.a.-j.) erode the per loss limit? _____ | | |
| 5. Is the amount of coverage provided for the above expenses (3.a.-j.) subject to a limit less or different than the per loss limit? | _____ | _____ |
| If “YES”, which expenses and note amount of coverage: _____ | | |
| 6. Must the district use service providers approved by the insurance company in order for coverage to be provided? | _____ | _____ |
| 7. Is coverage provided for losses arising out of the failure to: | | |
| a. Prevent the transmission of computer malware? | _____ | _____ |
| b. Prevent the unauthorized access to, or use of, PII? | _____ | _____ |
| c. Provide access to the district’s computer/IT system/website? | _____ | _____ |

Initials of person completing this Section: _____

| | <u>YES</u> | <u>NO</u> |
|---|-------------------|-----------|
| 8. Is coverage provided for computer attack, including unauthorized access, malware attack and denial of service attack? | _____ | _____ |
| a. Limit | Per Loss \$ _____ | |
| b. Deductible | Per Loss \$ _____ | |
| c. Is coverage provided for expenses incurred for: | | |
| 1) Data restoration/recovery? | _____ | _____ |
| 2) Data recreation? | _____ | _____ |
| 3) System restoration? | _____ | _____ |
| 4) Loss of business income? | _____ | _____ |
| 5) Public relations services associated with a computer attack? | _____ | _____ |
| d. In what time period must the computer attack be reported to the insurance company in order for coverage to be triggered? | | _____ |
| 9. Is coverage provided for cyber extortion/ransomware losses? | _____ | _____ |
| a. Limit | Per Loss \$ _____ | |
| b. Deductible | Per Loss \$ _____ | |
| 10. Is coverage provided for extra expenses resulting from security breach? | _____ | _____ |
| a. Limit | Per Loss \$ _____ | |
| b. Deductible | Per Loss \$ _____ | |
| 11. Is coverage provided for extra expense resulting from system failure (unplanned and unintentional interruption)? | _____ | _____ |
| a. Limit | Per Loss \$ _____ | |
| b. Deductible | Per Loss \$ _____ | |
| 12. Is coverage provided for Social Engineering? | _____ | _____ |
| a. Limit | Per Loss \$ _____ | |
| b. Deductible | Per Loss \$ _____ | |
| 13. Will first party losses be payable in USD or cryptocurrency? | _____ | _____ |

Initials of person completing this Section: _____

| | <u>YES</u> | <u>NO</u> |
|--|---------------------------|-----------|
| B. <u>Third-Party Liability (including defense costs)</u> | | |
| 1. Limit | Per Loss \$ _____ | |
| | Annual Aggregate \$ _____ | |
| 2. Deductible | Per Loss \$ _____ | |
| 3. Is coverage provided for losses caused by: | | |
| a. Web site/media publishing liability? | _____ | _____ |
| b. Security breach/network security liability? | _____ | _____ |
| c. Civil awards? | _____ | _____ |
| d. Damages, settlements and judgments arising out of breach of network security or unauthorized use of PII? | _____ | _____ |
| e. Regulator defense, fines and penalty expenses? | _____ | _____ |
| f. Payment card industry defense, fines liabilities, costs and penalty expense? | _____ | _____ |
| g. Pre- and post-judgment interest? | _____ | _____ |
| h. Defense costs added to any judgments? | _____ | _____ |
| 4. Does insurance company have the right and duty to defend claims? | _____ | _____ |
| 5. Soft hammer coinsurance percentage – _____% | | |
| 6. Is coverage provided for developing proof of loss by third party? If "YES," list Limit – \$ _____ | _____ | _____ |
| 7. Full Prior Acts coverage? | _____ | _____ |
| 8. Is coverage provided for loss of salary and reasonable expenses to attend mediation/arbitration? If "YES," list Limit – \$ _____ | _____ | _____ |
| C. Identity Recovery – Identity Theft Case Management Services & Expense Reimbursement | | |
| 1. Limit | Per Loss \$ _____ | |
| | Annual Aggregate \$ _____ | |
| 2. Deductible | | |
| a. Case Management | \$ _____ | |
| b. Expense Reimbursement | \$ _____ | |

Initials of person completing this Section: _____

3. Does expense reimbursement coverage provide for:

- a. Lost wages? _____
- b. Costs for supervision of children or elderly or infirm
relatives or dependents? _____
- c. Cost of counseling from licensed mental health professional

- d. Miscellaneous expenses? _____

Name/Title/Company/Phone/Email of person completing this Section: _____

XI. STORAGE TANK LIABILITY

(Responses reflect the coverages offered by _____ Insurance Company)

A. Limits

- | | | |
|--|-----------|----------|
| 1. Bodily Injury, Property Damage, Corrective Action & Cleanup | Per Claim | \$ _____ |
| | Aggregate | \$ _____ |
| 2. Defense Expenses | | \$ _____ |
| 3. Mitigation Expenses | | \$ _____ |

B. Deductible Per Claim \$ _____

C. Retro Date: _____

| D. Coverage Specifications | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Defense outside limit of liability | _____ | _____ |
| 2. Punitive damages covered | _____ | _____ |
| 3. Notice requirement triggered when release becomes known to the individual at the District designated to handle insurance matters. | _____ | _____ |
| 4. Definition of Property Damage includes: | | |
| a. Loss of use | _____ | _____ |
| b. Diminution in value | _____ | _____ |
| c. Damage to natural resources | _____ | _____ |
| d. Consequential loss, including loss of income | _____ | _____ |
| 5. At a minimum, policy meets the EPA's requirements for using insurance to meet the UST financial responsibility requirement. | _____ | _____ |
| 6. Policy covers losses arising out of releases of petroleum products, ethanol and other alternative fuels. | _____ | _____ |

Initials of person completing this Section: _____

Name/Title/Company/Phone/Email of person completing this Section: _____

XII. VIOLENT EVENT RESPONSE [Coverage may be provided in the General Liability policy.]
(Responses reflect the coverages offered by _____ Insurance Company)

| A. Limits | <u>YES</u> | <u>NO</u> |
|---|-------------|--------------|
| 1. Aggregate Limit | \$ _____ | |
| 2. Each Event Limit | \$ _____ | |
| 3. Each Person Limit | \$ _____ | |
| 4. Do the payments for violent event claims erode the General Liability policy's annual aggregate limit? | _____ | _____ |
| 5. Supplemental Coverages | <u>DAYS</u> | <u>LIMIT</u> |
| a. Group counseling services expense | _____ | \$ _____ |
| b. Public relations and media/communication | _____ | \$ _____ |
| c. Security services expense | _____ | \$ _____ |
| d. Are the limits for supplemental coverages provided in addition to the Each Event Limit above? | _____ | _____ |
| B. Coverage Specifications | | |
| 1. Are the following covered as insureds: | | |
| a. School District? | _____ | _____ |
| b. Volunteer workers and employees? | _____ | _____ |
| c. Trustees or members of boards or commissions? | _____ | _____ |
| d. Teaching assistants or student teachers? | _____ | _____ |
| e. Students? | _____ | _____ |
| f. Parent support groups and their members, if authorized by SD | _____ | _____ |
| g. Newly acquired or formed organizations, other than partnership, joint venture or LLC over which you maintain ownership or majority interest? | _____ | _____ |

Initials of person completing this Section: _____

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 2. Do response expenses include: | | |
| a. Additional expense to transport students to/from substitute premises for up to 30 days after event? | _____ | _____ |
| b. Wages of temporary personnel hired to replace employees who sustained serious bodily injury during event for up to 30 days after event? | _____ | _____ |
| c. Public relations consultant and related media and communication costs? | _____ | _____ |
| d. Rental of comparable substitute premises for up to 30 days after event? | _____ | _____ |
| e. Death benefits? | | |
| f. Medical expenses? | | |
| g. Personal counseling services for an insured who has sustained serious bodily injury or was held as a hostage? | _____ | _____ |
| h. Personal counseling services for the immediate family of an insured who has sustained serious bodily injury or was held as a hostage? | _____ | _____ |
| i. Group counseling services? | _____ | _____ |
| j. Funeral expenses? | | |
| k. Loss of income? | | |
| l. Security services? | | |
| 3. Does the definition of "loss" include funeral expenses and death benefits with no sublimit? | _____ | _____ |
| 4. Does the definition of "loss of income" mean actual loss of gross income? | _____ | _____ |

Name/Title/Company/Phone/Email of person completing this Section: _____

XIII.Terror

(Responses reflect the coverages offered by _____ Insurance Company)

A. Limits

- 1. Aggregate Damage and Financial Loss Combined Limit \$ _____
- 2. Any One Occurrence Limit \$ _____

B. Sublimit of Liability (applies any one occurrence and in the annual aggregate)

- 1. Brand rehabilitation \$ _____
- 2. Claims preparation \$ _____
- 3. Contingent financial loss \$ _____
- 4. Damage to property at any unspecified third-party site \$ _____
- 5. Damage to property while in transit \$ _____
- 6. Denial of access \$ _____
- 7. Seepage contamination and pollution/clean up \$ _____
- 8. Utilities \$ _____
- 9. Attraction \$ _____
- 10. Contract works \$ _____
- 11. Extinguishment expenses \$ _____
- 12. Property damage caused by governmental actions to minimize impact of an act of terrorism threat \$ _____
- 13. Public authorities and increased cost of construction \$ _____
- 14. Seepage and pollution \$ _____

C. Questions – Does the policy respond to the following types of terrorism losses:

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. TRIA-certified acts of terrorism? | _____ | _____ |
| 2. Non-TRIA-certified acts of terrorism? | _____ | _____ |
| 3. Acts of sabotage? | _____ | _____ |
| 4. Domestic terrorism? | _____ | _____ |
| 5. Foreign terrorism? | _____ | _____ |

XIV. This Proposal Form has been completed and all questions answered by:

Agent Name (Please Print)

Agent Signature

Company

Date

Sample Request for Loss Run Letter
School District Letterhead

Date

Insurance Company and/or Agent
Address
City, State Zip

RE: Loss Information

To Whom It May Concern:

Please provide currently valued loss runs for the policies issued to the School District of _____ from [year] to [year]. Please make sure the loss runs include the following information:

- Date of loss;
- Whether the claim is open or closed;
- For each claim – amount paid, amount reserved and total incurred;
- Line of coverage involved in the claim; and
- Details and descriptions of any claims with an incurred amount of \$5,000 or more. The description should indicate what happened and the status of the parties' injuries (if applicable).

Please email or fax the information as soon as possible to:

School District of _____
Attention: _____
Email: _____
Fax: _____
Tel: _____

Thank you for your assistance. Please call with any questions.

Sincerely,

