

EDUCATOR'S PROFESSIONAL LIABILITY INSURANCE - PROPOSAL FORM

Educator's Professional Liability Coverage is written on a claims-made basis. Except as otherwise provided, this policy will cover only claims first made against the Insured during the Policy Period. Please read the policy carefully.

Defense Cost Provision:

Please note that the Defense Cost provision of this policy stipulates that the Limits of Liability may be completely exhausted by the cost of legal defense. Any deductible may be similarly reduced or exhausted by Defense Costs.

Completing the Proposal Form

* Please answer ALL questions in full leaving no blank spaces.

* If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.

LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN RECEIVED IN ACCORDANCE WITH SECTION 64VB OF THE INSURANCE ACT, 1938.

GENERAL INFORMATION

1. Parent Organisation: _____
 Principal Address: _____
 Year Established: _____

ADDITIONAL INFORMATION NEEDED AS PART OF THIS APPLICATION:

2. Important, please attach the following information:

- a) The most recent annual audited financial statement (including balance sheet, income statement and all notes);
 b) The most recent interim financial statement;
 c) The most current Employee Handbook including policies, guidelines or written procedures addressing: Sexual harassment, discrimination, employment termination, any appeal procedures and guidelines for granting tenure;
 d) Catalogues or brochures that describe curriculum offered;
 e) Copies of all employment application forms used by the parent organisation;
 f) If a charter school, a copy of the final approved charter.

Type of Educational Organisation:

- ☐ INDEPENDENT COLLEGE/UNIVERSITY ☐ PUBLIC COLLEGE/UNIVERSITY ☐ INDEPENDENT SECONDARY SCHOOL
☐ EDUCATION RELATED ASSOCIATION ☐ INDEPENDENT PRIMARY SCHOOL ☐ TRADE SCHOOL ☐ CHARTER SCHOOL
☐ OTHER (Please explain): _____

3. If an Education related Association, advise what accrediting services are provided: _____

4. Are all degree programs accredited or certified? ☐ Yes ☐ No

Accreditation provided by: _____

If no, please explain: _____

5. Please provide a listing of all subsidiaries, affiliates and joint ventures in which the applicant has a controlling interest and which are to be included as insureds under the policy: ☐ None

ENTITY NAME	NATURE OF OPERATIONS	% OWNED	DATE ACQUIRED

6. Total Enrollment: 3 Years ago _____ 2 Years ago _____ 1 Years ago _____ This Year _____

7. Total Number of:

ADMINISTRATIVE STAFF FULL TIME FACULTY PART TIME FACULTY

 BOARD OF GOVERNORS TRUSTEES ALL OTHER EMPLOYEES

 Number of employees terminated in the last two years _____

8. EMPLOYMENT PRACTICES AND POLICIES:

9. Does the applicant:

- Use written guidelines for suspension, dismissal or non renewal of employment contracts? ☐ Yes ☐ No
 Use outside employment counsel for employment advice? ☐ Yes ☐ No
 Distribute an employee handbook to all employees? ☐ Yes ☐ No
 Have a manual of its Human Resource procedures? (Last update _____) ☐ Yes ☐ No
 Provide formal training for its supervisors in administering these procedures? ☐ Yes ☐ No
 Have a written policy against discrimination, including sexual harassment? ☐ Yes ☐ No
 Have a grievance procedure for dealing with discrimination or sexual harassment claims? ☐ Yes ☐ No
 Use any tests (e.g. drug, polygraph) for screening applicants or for continued employment? ☐ Yes ☐ No
 Have a written progressive disciplinary program? ☐ Yes ☐ No
 Have written guidelines for granting tenure? ☐ Yes ☐ No
 Provide a formal appeal process for tenure requests? ☐ Yes ☐ No

Obtain advice from legal counsel or a human resource Manager prior to termination? ☐ Yes ☐ No

Use employment-at-will statements? ☐ Yes ☐ No

Anticipate any layoff, staff reduction, or facility closing within the next 12 months? ☐ Yes ☐ No

Anticipate a reduction/change in curriculum within the next 12 months? ☐ Yes ☐ No

STUDENT POLICIES

10. **Does the applicant:**

Have a written policy for employee/faculty fraternization with students? ☐ Yes ☐ No

Is this policy circulated periodically as a reminder? ☐ Yes ☐ No

Have a written procedure for handling student harassment complaints? ☐ Yes ☐ No

Have an appeal procedure for admissions? ☐ Yes ☐ No

Who is responsible for overseeing this appeal procedure? _____

Have a written procedure for student disciplinary issues? ☐ Yes ☐ No

MISCELLANEOUS

11.a. Does the applicant or any entity listed in Item 6 above license any patent for commercial use? ☐ Yes ☐ No
If yes, provide particulars _____

11.b. Does the applicant or any entity listed in Item 6 above produce any product for commercial use or for use by a person or entity other than the applicant?
☐ Yes ☐ No If yes, provide details _____

12. Has there been any denial of accreditation, or disciplinary/probationary action taken against the applicant (or any program of the applicant) by any accrediting organisation within the past 3 years?
☐ Yes ☐ No If yes, provide details _____

13. Has any regulatory body initiated any disciplinary or probationary action against the applicant (or any program of the applicant) within the past 3 years?
☐ Yes ☐ No If yes, provide details _____

PRIOR COVERAGE

14.a. Do you currently have

Type of Coverage	Yes	No	Insurer	Limits	Deductible	Expiration
D&O						
EDUCATOR'S E&O						
EMPLOYMENT PRACTICES						
SCHOOL BOARD LIABILITY						

14.b. Has any of the above insurance been cancelled or non renewed within the past 5 years?

☐ Yes ☐ No If yes, provide details _____

PREMIUM DETAILS

Amount Rs. Rupees _____

SOURCES OF FUND

Salary ☐ Business ☐ Other ☐ (Please Specify) _____

BANK ACCOUNT DETAILS

Name of the Bank Account Holder

Bank Account No. Account: Savings ☐ Current ☐

Name of Bank Branch

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code (11 character code appearing on your cheque leaf)

I wish: ☐ Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.

Note:

- Please provide a cancelled copy of cheque of your bank account.
- The Company will not be responsible in case of non credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

IMPORTANT

FRAUD WARNING

The Applicant understands that if a proposal has been completed for this insurance, then the statements and all particulars provided in such proposal, and any attachments thereto, are material to the company's decision to provide this insurance. The Applicant further understands that the company will, in its sole discretion, issue this Policy in reliance upon the truth of such statements and particulars.

THIS POLICY SHALL BE VOIDABLE AT THE OPTION OF THE COMPANY IN THE EVENT OF MIS-REPRESENTATION, MIS-DESCRIPTION OR NON-DISCLOSURE OF ANY MATERIAL PARTICULAR BY THE INSURED. ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD THE COMPANY OR OTHER PERSONS, FILES A PROPOSAL FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH WILL RENDER THE POLICY VOIDABLE AT THE COMPANY'S SOLE DISCRETION AND RESULT IN A DENIAL OF INSURANCE BENEFITS.

IF A CLAIM IS IN ANY RESPECT FRAUDULENT, OR IF ANY FRAUDULENT OR FALSE PLAN, SPECIFICATION, ESTIMATE, DEED, BOOK, ACCOUNT ENTRY, VOUCHER, INVOICE OR OTHER DOCUMENT, PROOF OR EXPLANATION IS PRODUCED, OR IF ANY FRAUDULENT MEANS OR DEVICES ARE USED BY THE APPLICANT POLICYHOLDER, BENEFICIARY, CLAIMANT OR BY ANYONE ACTING ON THEIR BEHALF TO OBTAIN ANY BENEFIT UNDER THIS POLICY, OR IF ANY FALSE STATUTORY DECLARATION IS MADE OR USED IN SUPPORT THEREOF, OR IF LOSS IS OCCASIONED BY OR THROUGH THE PROCUREMENT OR WITH THE KNOWLEDGE OR CONNIVANCE OF THE APPLICANT, POLICYHOLDER, BENEFICIARY, CLAIMANT OR OTHER PERSON, THEN ALL BENEFITS UNDER THIS POLICY ARE FORFEITED.

Notice:

Anti-Rebating

Per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows:

NO PERSON SHALL ALLOW OR OFFER TO ALLOW, EITHER DIRECTLY OR INDIRECTLY, AS AN INDUCEMENT TO ANY PERSON TO TAKE OUT, RENEW OR CONTINUE AN INSURANCE POLICY, IN RESPECT OF ANY KIND OF RISK RELATING TO LIVES OR PROPERTY IN INDIA, ANY REBATE OF THE WHOLE OR PART OF THE COMMISSION PAYABLE OR ANY REBATE OF THE PREMIUM SHOWN ON THE POLICY, NOR SHALL ANY PERSON TAKING OUT OR RENEWING OR CONTINUING A POLICY ACCEPT ANY REBATE, EXCEPT SUCH REBATE AS MAY BE ALLOWED IN ACCORDANCE WITH THE PUBLISHED PROSPECTUS OF THE INSURER.

VIOLATIONS OF SECTION 41 OF THE INSURANCE ACT 1938, AS AMENDED SHALL BE PUNISHABLE WITH A FINE WHICH MAY EXTEND TO ₹ 10 LAKHS.

DECLARATION

The undersigned persons declare that to the best of their knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every director, officer and employee proposed for this insurance to facilitate the proper and accurate completion of this Proposal. The undersigned further agree that, between the date of this Proposal and the effective date of the Policy, if insurance is provided, (1) any material change in the condition of the Applicant is discovered, or (2) there is any material change in the answers to the questions contained herein, either of which would render this Proposal inaccurate or incomplete, notice of such change will be reported in writing to the Company immediately and, if necessary, any outstanding quotation may be modified or withdrawn.

The signing of this Proposal does not bind the undersigned to purchase the insurance, but it is agreed by the Applicant and all persons proposed for this insurance that the particulars and statements contained in this Proposal and attachments and materials submitted with this Proposal (which shall be retained on file by the Company and shall be deemed attached to the Policy, if insurance is provided, as if physically attached thereto) are true and correct and will be the basis of the Policy and will be considered as incorporated in and constituting part of the Policy. It is further agreed by the Applicant and all persons proposed for this insurance that such particulars and statements are material to the decision to provide this insurance and that any Policy will be issued in reliance upon the truth of such particulars and statements. All such particulars and statements shall be deemed to be made by each and every one of the persons proposed for this insurance, provided that, except for any misstatements or omissions of which the signers of this Proposal are aware, any misstatements or omissions in this Proposal, or the attachments and materials submitted with it, concerning any matter which any person proposed for this insurance has reason to suppose might offer grounds for a future claim against him or her shall not be imputed, for purposes of rescission of the Policy, to any other persons proposed for this insurance who are not aware of the omission or the falsity of the statement.

PLEASE NOTE: ONLY DULY APPOINTED AGENTS OF THE COMPANY ARE AUTHORISED TO SOLICIT PROPOSALS FOR INSURANCE. AGENTS AND BROKERS ARE NOT AUTHORISED TO BIND INSURANCE. NO COVERAGE SHALL BE PROVIDED UNLESS THE COMPANY ACCEPTS THE PROPOSAL AND BINDS THE INSURANCE.

I/We hereby understand, declare, consent and authorize the Company to use personal health details and financial information, as provided to the Company for underwriting the risk. I/We hereby also understand, declare, consent and authorize the Company that the Company shall have right to retain the aforementioned information and disseminate the same to its service provider(s) for providing services related to insurance.

A policy cannot be issued unless the proposal is duly completed, signed, dated and stamped.

Signed: _____

Date: _____

Name: _____

Title: _____

Managing Director, Risk Manager or Insurance Manager only