

Texans for Excellence in Education

New Business Application



Policy Period 09/01/2025-09/01/2026

ALL APPLICABLE ITEMS MUST BE ANSWERED AND NECESSARY SCHEDULES MUST BE INCLUDED.
THIS APPLICATION WILL BECOME A WARRANTY OF COVERAGE TO THE POLICY.

Administrator: Insurance Program Managers Group
225 Smith Road
Saint Charles, IL 60174

Phone: (888) 377-5845
Web: www.ipmg.com

Submitting Producer:

Agency: _____
Address: _____
Suite: _____
City: _____ State: _____ Zip: _____

Agency Contact:

Name: _____
Address: _____
Suite: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Entity Information:

Entity: _____
Address: _____
Suite: _____
City: _____ State: TX Zip: _____

Entity Contact:

Name: _____
Address: _____
Suite: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Current Policy Information:

COVERAGE TYPE	CARRIER NAME	LIMITS	CURRENT DEDUCTIBLE	RETRO DATE	CURRENT PREMIUM
A. Property	_____	\$ -	\$ -	NA	\$ -
B. General Liability	_____	\$ -	\$ -		\$ -
C. Law Enforcement Liability	_____	\$ -	\$ -		\$ -
E. Automobile	_____	\$ -	\$ -	NA	\$ -
F. Pub Off E&O Liability	_____	\$ -	\$ -		\$ -
G. Workers' Comp	_____	\$ -	\$ -	NA	\$ -
E. Crime	_____	\$ -	\$ -	NA	\$ -
F. Inland Marine	_____	\$ -	\$ -	NA	\$ -
G. Excess	_____	\$ -	\$ -		\$ -
J.	_____	\$ -	\$ -		\$ -
K.	_____	\$ -	\$ -		\$ -
L.	_____	\$ -	\$ -		\$ -
Total Premiums:					\$ -

Please Include With Your Submission:

- 5 years of currently valued loss runs.
- Copy of current budget or appropriation.
- Copy of policies and procedures regard both Sexual Harassment and Sexual Misconduct.

GENERAL LIABILITY CHECKLIST:

- _____ 1 - Do you have any athletic programs?
- _____ 1 - Do you have any Day Care, Day Camp or Before/After School Programs?
- _____ 1 - Do you have any field trips?
- _____ 1 - Do you have any playgrounds?
- _____ 1 - Do you own any swimming pools?
- _____ 1 - Do you hire Independent Contractors?
- _____ 1 - Do you own/operate any unmanned aircraft?

* Questions at back of the application will need to be completed if this is a new exposure.

NEW BUSINESS QUESTIONS

General Questions

General Information

01 - What is the proposed Effective Date?	
02 - What is the requested Need By Date?	
03 - What is the requested excess liability limit?	
04 - Who is the Current Carrier?	
05 - What is the P&C Expiring Premium?	
06 - What is the Workers Compensation Expiring Premium?	
07 - What is the number of Full Time Equivalent employees?	
08 - What are the total number of students?	
09 - What is the rating territory?	
10 - What is your entity's website?	
11 - Have you declared bankruptcy in the last 5 years or are you currently in the process of filing for bankruptcy? If so, please provide details.	
12 - Have you ever had insurance coverage cancelled or non-renewed?	
13 - Do you have any knowledge of any incident(s), accident(s), or occurrence(s) that may result in a claim?	
14 - Do you have any new/eliminated/changed liability exposures that has occurred over the past year or is anticipated to occur in the coming year?	
15 - Have there been any recent school mergers or closings?	
16 - Are there any school openings planned in the next twelve (12) months?	
17 - Have you had on-site monitoring visits by State or Federal Regulatory agencies within the last three (3) years?	
18 - Has there been any State Board of Education criticism in the last three (3) years?	

Auto Liability

Auto

1 - What is the requested AL limit?	
2 - What is the requested AL deductible?	
3 - What is the requested AL auto symbol?	
4 - Are school bus services contracted?	
5 - Do you keep a certificate of insurance on file for the bus service?	
6 - Are you named as an Additional Insured on the bus service's policy?	
7 - Do you have any transportation services other than for students?	
8 - Is personal use of the Insured's vehicles allowed?	
9 - Is proof of insurance required for personal vehicles used on the Insured's business?	
10 - Are initial and annual Motor Vehicle Record checks done on drivers?	

Auto Liability Hired/Non-Owned Only

Auto

1 - What is the requested AL HNO limit?	
2 - What is the requested AL HNO deductible?	
3 - What is the AL HNO auto symbol?	

NEW BUSINESS QUESTIONS

Auto Physical Damage

Auto	
1 - What is the requested APD comprehensive deductible?	
2 - What is the requested APD collision deductible?	
3 - What is the APD auto symbol?	

Cyber Liability Coverage

Cyber	
01 - What is the requested Cyber Liability Limit?	
02 - What is the requested Cyber Liability Deductible?	
03 - What is the requested Cyber Liability Retroactive Date?	
04 - What is your annual revenue?	
05 - If Cyber Liability Coverage is requested, please complete the supplemental application.	

Crime

Crime	
What is the requested Crime Limit?	
What is the requested Crime deductible?	
3 - How many people handle money?	
4 - How often are audits conducted?	
5 - Are there monthly reconciliations of bank statements?	
6 - Are countersignatures required?	
7 - Are there employee background checks done on those who handle money?	

Employment Practices Liability

Employment Practices/Sexual Harassment	
1 - What is the requested Employment Practices Liability Limit?	
2 - What is the requested Employment Practices Liability deductible?	
3 - What is the current Employment Practices Liability retroactive date?	
4 - What is the total number of full time employees?	
5 - What is the total number of part time employees? (include volunteers, elected and appointed officials)	
6 - What is the total number of seasonal employees?	
7 - Do you have an employee manual or handbook?	
8 - Has the employee manual or handbook been reviewed by legal counsel?	
9 - Is there written acknowledgement that employees have received the handbook?	
10 - Are formal written job descriptions in place for all positions?	
11 - Is a standard employment application used for all prospective employees and volunteers?	
12 - Is there a minimum of two background checks for prospective employees and volunteers with documentation maintained in file?	
13 - How frequently are recurring checks provided?	
14 - Do background checks include checks with the sex offender registry, State Police, State Department or similar public agencies (where applicable)?	

NEW BUSINESS QUESTIONS

Employment Practices Liability

Employment Practices/Sexual Harassment

15 - Do you require a criminal background check prior to employment?	
16 - Does your employment application include questions regarding convictions for any crimes including abuse offenses or crimes of a sexual/physical nature?	
17 - Do you verify employment related references?	
18 - Do you use any contracted services where the contracted persons would have contact with children younger than 18 years of age or with persons with mental, emotional or physical disabilities?	
19 - Do you confirm that these contracted persons have had criminal background checks prior to service and that they are trained on your policies and procedures regarding sexual abuse and reporting guidelines?	
20 - Are new hires placed on a probationary period?	
21 - Are policies and procedures in place concerning Sexual Harassment, Discrimination, Equal Opportunity, etc.? (if yes, please provide a copy)	
22 - Is there written acknowledgement that employees have received the Sexual Harassment policy and procedures?	
23 - Has there been any layoff of employees or reduction in service within the past 3 years?	
24 - Are you aware of any occurrences that could lead to or result in claims being made against your organization?	

General Liability

General Liability Questions

1 - What is the requested General Liability limit?	
2 - What is the requested General Liability deductible?	
3 - What is the total number of Pre-K - 8 students enrolled?	
4 - What is the total number of High School students enrolled?	
5 - What is the total number of full time equivalent college students enrolled?	
6 - What is the total number of teachers employed?	
7 - What is the total number of nurses employed?	
8 - Is there any healthcare other than nurses provided?	
9 - How many trampolines do you own?	
10 - Are there any dormitories or student housing?	
11 - Is there any broadcasting or publishing (internet, radio, TV, etc)?	
12 - If you rent out your facilities, do you obtain a certificate of insurance and are you named as an additional insured on the renters policy?	

Athletic Programs

2 - Are medical exams required and copies of doctors' permission forms kept on file for all athletes?	
3 - Is a signed consent form from parents or guardians required and kept on file for all athletic participants? (if	
4 - Are certified trainers and coaches used in the athletic programs?	

Day Care, Day Camp, Before/After School Programs

2 - What is the average daily attendance at your day care facilities?	
3 - What is the average daily attendance at your day or summer camp programs?	

NEW BUSINESS QUESTIONS

General Liability

Day Care, Day Camp, Before/After School Programs

4 - What is the average daily attendance at your before and after school care programs?	
5 - Are students employed to care for children?	
6 - Are there controls over release of children?	

Field Trips

2 - Are students required to ride in district vehicles?	
3 - Do volunteers transport students?	
4 - Are parental consents required?	
5 - Are students always accompanied by adults?	

Playgrounds

2 - Are safety and conduct rules posted?	
3 - Do the supervisor to student ratio requirements meet the state requirement?	
4 - Are regular, documented inspections/maintenance scheduled for parks, playgrounds equipment and other park facilities?	

Swimming Pools

2 - How many swimming pools do you own or operate?	
3 - Are the swimming pools open to the public?	
4 - How many lifeguards are on duty at one time?	
5 - What is the required training and certification of lifeguards?	
6 - How many diving boards are there?	
7 - Are pool rules and regulations visibly posted?	
8 - Are all depths of pools visibly marked?	
9 - Are swimming and diving areas segregated by rope?	
10 - Is chlorine stored in a locked facility?	

Independent Contractors

2 - When independent contractors are used do you require a Certificate of Insurance?	
3 - Is your organization named as an additional insured on your contractors' policies?	
4 - Do you require independent contractors to carry liability limits of at least \$1,000,000?	
5 - Are there hold harmless agreements used in all of your contracts with independent contractors?	

Unmanned Aircraft

2 - If either Liability or Property Damage coverage for an unmanned aircraft is requested, please complete the Unmanned Aircraft Supplemental.	
3 - How many unmanned aircraft are covered for liability coverage under TEE?	

Security or Law Enforcement

1 - Do you have security guards?	
2 - Are they employees or is this a contractor?	
3 - What is the number of armed security guards?	

Inland Marine

NEW BUSINESS QUESTIONS

Inland Marine

Coverage Limits Deductibles

1 - What is the requested Inland Marine deductible?	
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Law Enforcement Liability

Law Enforcement Activities

1 - What is the requested Law Enforcement Liability limit?	
2 - What is the requested Law Enforcement Liability deductible?	
3 - Do you have a Law Enforcement Agency?	
4 - If yes, what is the number of armed security guards/officers?	

Property

Property

1 - What is the requested Property deductible?	
2 - What is the requested Property wind deductible?	
3 - \$1mil of BI/EE limit is automatically provided by ICRMT. What is the requested increased BI/EE Limit?	
4 - Is Earthquake & Flood coverage requested?	
5 - Is Equipment Breakdown Coverage requested?	
6 - Do you own/operate any vacant or unoccupied buildings?	
7 - Do you have a building maintenance program?	
8 - Do you lease any buildings out to other organizations?	
9 - Does you have any underground or above ground storage tanks on premises?	
10 - Do you have any entry or intrusion, local, central station or other alarms?	
11 - Is there any spray painting or wood working done on the premises?	
12 - Do you have any solar panels?	
13 - If you have solar panels, where are they installed (roof or ground)?	
14 - Who is responsible for the maintenance of the solar panels?	
15 - Are the solar panels impact resistant from hail?	
16 - Please provide details on the building schedule of all solar panels addresses, year built, locations (ground vs roof) and values.	

School Board Legal Liability

School Board Legal Liability

1 - What is the requested Educators Legal Liability deductible?	
2 - What is the current Educators Legal Liability retroactive date?	
3 - What is your Employee Benefits Liability retroactive date?	
4 - What type of school do you operate?	
5 - What are your total gross expenditures?	
6 - Do you have any Special Education Programs and/or facilities for the developmentally, mentally, emotionally, or physically disabled?	
7 - What percentage of total student enrollment currently participates in a Special Education Program?	
8 - Over the past year, how many IEP due process hearings have been conducted?	
9 - Is a Bullying policy in place?	
10 - Is a Concussion policy in place?	

NEW BUSINESS QUESTIONS

School Board Legal Liability

School Board Legal Liability

11 - Do you have an emergency & contingency plan policy/procedures?	
12 - Do you have a risk management program in place?	
13 - Do you have someone in your school responsible for the oversight of school safety and security?	
14 - Do you complete at least one lockdown drill per term?	
15 - Do you have established rules for hallway traffic/hall monitors, playgrounds & cafeteria/lunch room monitors to oversee breaks between classes, recess and lunch periods?	
16 - Do you use metal detectors on any school campus?	
17 - Do you have a written policy and procedure on handling threats of violence in schools?	
18 - Are classroom doors kept locked during class and when not in use?	
19 - Are the exterior doors of each school kept locked during the school day and is access limited to a single, monitored entry?	
20 - Are visitors required to show a photo ID and is visitor information recorded?	

Violent Event Response Coverage

1 - Have you every purchased Crisis Management Coverage, or an equivalent?	
2 - Have you ever had a Public Crisis Event?	
3 - If you have had a public crisis event, what actions have you taken to prevent a recurrence?	
4 - Is there an emergency or disaster plan in place?	
5 - Does this plan include school lock-down procedures?	
6 - Do you purchase, or plan to purchase Sexual Abuse Liability limits under this policy?	
7 - If yes, do you have a Sexual Abuse protocols and prevention measures in place?	
8 - Do you conduct background checks on all teachers and staff?	
9 - In the past year, have you had any violent acts involving weapons, threats of violence, bomb threats etc. at any school?	

Sexual Misconduct Liability

Sexual Abuse

1 - What is the requested Sexual Abuse Liability limit?	
2 - What is the requested Sexual Abuse Liability deductible?	
3 - What is the requested Sexual Abuse Liability retroactive date?	
4 - What is the total number of students?	
5 - Is your current coverages Claims Made or Occurrence for Sexual Abuse Liability?	
6 - Do you have a written policies and procedures addressing sexual and physical abuse?	
7 - What is your expiring Sexual Abuse Liability limit?	
8 - Are policies and procedures communicated to employees?	
9 - Are policies and procedures communicated to volunteers?	
10 - Is mandatory training required?	
11 - How frequently is training provided?	

NEW BUSINESS QUESTIONS

Sexual Misconduct Liability	
Sexual Abuse	
12 - Is an acknowledgement of receipt and understanding of the policies and procedures required?	
13 - Do policies and procedures include incident reporting and follow-up mechanisms?	
14 - Do you have written sexual abuse procedures which encompass your rules, including a code of conduct, reporting of incidents, investigation of those incidents and disciplinary measures for not following these procedures?	
15 - Is there an abuse prevention coordinator that reports to a member of management?	
16 - Are records maintained documenting adherence to all applicable policies and procedures?	
17 - Do you provide services for or work with children younger than 18 years of age?	
18 - Do you provide services or work with persons with mental, emotional, or physical disabilities?	
19 - Do you use volunteers that would have contact with children younger than 19 years of age or persons with mental, emotional or physical disabilities?	
20 - Do you require at least two employees or volunteers to be present at all times when working with children younger than 18 years of age or persons with mental, emotional, or physical disabilities?	

Uninsured/Underinsured Motorist	
Auto	
1 - What is the requested UM/UIM limit?	
2 - What is the requested UM/UIM deductible?	
3 - What is the requested UM/UIM auto symbol?	

ALL LINES AGGREGATE PUBLIC ENTITY PACKAGE APPLICATION

ALL QUESTIONS MUST BE ANSWERED

WORKERS' COMPENSATION APPLICATION

1) NAMED INSURED: _____ CONTACT NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: TX _____ ZIP CODE: _____

2) GROSS PAYROLL DISTRIBUTION BY CLASSIFICATION CODE

WC CODE	CLASSIFICATION	2024-2025 ESTIMATED	2023-2024 ESTIMATED	2022-2023 AUDITED	2021-2022 AUDITED	2020-2021 AUDITED
TOTALS						
EXPERIENCE MODIFICATIONS						

3) CONCENTRATION OF RISK

LOC ADDR	ZIP CODE	# EMPL ALL SHIFT	#EMPL IN MAX SHIFT	2024-2025 EST PAYROLL
TOTAL # OF EMPLOYEES (from Main App)	TOTALS			

4) UNDERWRITING

- 1 1 - What is the requested Workers' Comp A limit? _____
- 2 2 - What is the requested Workers' Comp B limit? _____
- 3 3 - What is the requested Workers' Comp deductible? _____
- 4 4 - What is your Federal Employers Identification Number (FEIN)? _____
- 5 5 - Do you own, operate or lease an aircraft? _____
- 6 6 - Do you own, operate, or lease a watercraft? _____
- 7 7 - Are essential physical demands included in job descriptions? _____
- 8 8 - If you use sub-contractors, do you require a certificate of insurance on file? _____
- 9 9 - Do you have a written safety program in operation? _____
- 10 10 - Do you require post-offer employment physicals? _____
- 11 11 - Do you have any volunteer or donated labor? _____
- 12 12 - Have you had workers compensation coverage declined/cancelled/non-renewed in last three years? _____
- 13 13 - Do you utilize or contract with an occupational health provider? _____
- 14 14 - Do you have a light duty/return to work program in place? _____
- 15 15 - Do you enforce disciplinary actions for safety policy violations? _____
- 16 16 - Do you have an employee safety committee? _____

COVERAGE NOTICE

If this account meets our underwriting standards, liability coverage will be quoted as follows:

- General Liability and Law Enforcement will be quoted on an Occurrence basis.
- Automobile Liability will be quoted on an Occurrence basis.
- Educators Legal Liability, and Employment Practices Liability will be quoted on a Claims-Made basis only.
- Sexual Abuse Liability will be quoted on an Occurrence basis.

The information provided in this application and all schedules are true and correct to the best of my knowledge.

Signed: _____
PRESIDING OFFICIAL

Date: _____

Named Insured: _____

Date: _____

Signed: _____
AGENT OR BROKER

Date: _____