

SCHOOL BOARD LEGAL LIABILITY INSURANCE RENEWAL APPLICATION CLAIMS MADE POLICY FORM

ALL QUESTIONS MUST BE COMPLETED IN ORDER TO REVIEW FOR QUOTATION

SECTION I - Applicant Information

1. Name of Entity: E. Bridgewater Public Schools
2. Address: 143 Plymouth St
3. City: E. Bridgewater State: MA
4. Zip: 02333 County: Plymouth
5. E-Mail of Primary Contact: Jshea@ebps.net

6. Have you had any on-site monitoring visits by a State or Federal Regulatory Agency within the last year, other than routine visits? Yes ☐ No ☒
Advise the name of the agency, purpose of visit and results:

7. Has the entity been criticized by the state board of education? Yes ☐ No ☒ If yes, attach details.

SECTION II - Student Information

1. Student Enrollment (If a college, the number of students include the full-time equivalent of part-time students).

	Elementary/Middle	Junior/Senior High School
Total # of Students	<u>1207</u>	<u>1009</u>
Teacher/Student Ratio	<u>13.6</u>	
Number of Special Education Students (included above)	<u>379</u>	
Teacher/Student Ratio	<u>10</u>	

2. Do you allow field trips for students? Yes ☒ No ☐

If yes, do you require a signed permission slip from parents or legal guardians for each student? Yes ☒ No ☐

a. Do you allow students to take field trips to the following?

1. Inside a Jail or Detention Facility - in areas with inmates (not court or administration building)?

Yes ☐ No ☒ If yes, explain purpose:

II. Amusement Parks? Yes ☒ No ☐

III. Swimming Pools? Yes ☐ No ☒

b. Students always accompanied by an adult? Yes ☒ No ☐

3. Do you allow strip searches on students? Yes ☐ No ☒

a. Do you have a written policy regarding your strip search policy? Yes ☐ No ☒

If you allow strip searches, provide a copy of the policy.

SECTION III - Employee Information

1. Please indicate the number of employees as follows:

Total number of employees:	<u>351</u>
Certified Teaching Faculty:	<u>156</u>
Non-Certified Faculty:	<u>54</u>
Nurses:	<u>4</u>
Counselors:	<u>11</u>
Psychologists:	<u>3</u>
Speech Therapists:	<u>5</u>
Physical Therapists:	<u>CONTACTED</u>
Occupational Therapists:	<u>2</u>

2. Total number of terminations over the past year: zero termination but 4 resignations

3. Total number of employee initiated terminations over the past year: see above

4. Do you have written personnel policies and procedures manual addressing the following areas:

	Yes	No	In Writing?
a. Hiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Termination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Background Checks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Suspension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sexual Harassment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Medical Leave	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Grievance Procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please attach an explanation for all NO answers.

5. Are criminal background checks performed on all employees? Yes ☒ No ☐

a. Are prior employment background checks performed on all employees? Yes ☒ No ☐

If no, which employees are not checked and why?

SECTION IV - Operations Information

1. In the last year, have you been involved in any school mergers/closings or plan to do so in the next 12 months?

Yes ☐ No ☒

a. If yes, has your attorney reviewed the plan? Yes ☐ No ☐

b. Were any employees or are any expected to be laid off as a result of the merger/closing? Yes ☐ No ☒

2. Are any school openings expected in the next 18 months? Yes ☐ No ☒

a. Estimate the increase in personnel: _____
b. Estimate the increase in enrollment: _____

3. Is your attorney an employee of the educational entity? ☐ or on retainer? ☐ *Attorney is paid for services rendered*

4. Does your attorney regularly participate in all grievances or administrative hearings? Yes ☒ No ☐ If not, why? _____

5. Did any of the following take place in the past year? Explain all yes answers below:

a. Strikes, slowdown or other disruptions? Yes ☐ No ☒
If yes, did it involve teachers? ☐ other employees? ☐
b. Lay-offs or staff reduction? Yes ☐ No ☒
If yes, did it involve teachers? ☐ other employees? ☐
Explanations: _____

6. Does the district have written guidelines for administrative hearings and appeals? Yes ☒ No ☐

a. Have these guidelines been reviewed by an attorney? Yes ☒ No ☐

7. How many administrative hearings have taken place in the last 12 months? 3

How many involved students? 3

How many involved teachers? 0

8. In the past year, have you had any violent acts involving weapons/guns or threats of violence at any school, including bomb threats? Yes ☐ No ☒
If yes, how many and the type of violence/threat: _____

9. Do you have metal detectors or other screening devices in any of the schools? Yes ☐ No ☒

10. Do you employ any security or law enforcement officers? Yes ☒ No ☐

Note: You should report any incidents, facts, circumstances, acts or omissions that could reasonably be expected to result in a claim to your MHA Public Officials Liability Coverage within the policy period in order to preserve coverage under your policy.

Entity's Attestation - The authorized signer of this application attests to the best of his/her knowledge that statement set forth herein are true; that no fact, circumstances or situation indicating the probability of a claim or action now known to any public official or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim or signing of this application does not bind the signer to purchase the insurance, but is agreed this form shall be the basis of the contract should a policy be issued, and this form will serve as the basis of and will be referenced in the policy.
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

John Shea
Authorized signatory for entity

School Business Administrator
Title

7/14/2021
Date

SBAPPR 6/10

11. Do you have an emergency plan in place in case of a natural or terrorist catastrophe regarding early student dismissal and student evacuation? Yes ☒ No ☐

If no, please attach an explanation.

If yes, have you notified parents of the procedure? Yes ☒ No ☐

SECTION VI - Financial Information

1. Provide budget figures for past year:

Year	Revenues	Expenditures
2022	*	23,921,667

* Assume Revenue equals expenditures

2. Do you expect a budget reduction in the next year? Yes ☐ No ☒

a. If yes, how much: \$ NA
b. What programs will be affected: NA

3. What is the amount of outstanding bonds? \$ _____

4. What is your latest bond rating: _____

5. Has any bond been defeated in the past year? Yes ☐ No ☒

If yes, what was bond for? _____

6. Has your public entity been in default on principal or interest on any bond? Yes ☐ No ☒
If yes, explain: _____

SECTION VII - Claims Information

1. Is the entity operating under any court orders? Yes ☐ No ☒ If yes, why? _____

2. Has any claim been made in the past year or is now pending against any person in their capacity as an official or employee of the entity? Yes ☐ No ☒

3. Does any board member, employee or volunteer have any knowledge of any negligent act, error, omission, or breach of duty which may reasonably be expected to give rise to a claim? Yes ☐ No ☒