

**Beazley** | Safeguard Education  
Supplement

# Beazley Safeguard Education Supplement

## Instructions

PLEASE ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTION IS NONE, PLEASE PRINT NONE. ATTACH SEPARATE SHEETS OF PAPER AS NECESSARY. THE APPLICATION MUST BE SIGNED AND DATED BY THE HIGHEST RANKING CLERGY OR EXECUTIVE. PLEASE CAREFULLY READ EACH OF THE STATEMENTS AT THE END OF THE APPLICATION BEFORE SIGNING.

## Section 1 – General information

1. Name of applicant:

## Section 2 – Applicant details

2. Nature of the applicant's team:

	Number of employees	Number of contractors	Number of volunteers	% of males
Teachers				
Substitute teachers				
Coaches				
Teaching aides				
Counsellors				
Religious officials				
Medical staff/Nurses				
Office staff				
Other (please describe)				
<b>Totals:</b>				

\*Please allocate employee numbers based on primary job function.

## Section 3 – Organization details

3. Please identify the types of programs and services applicant provides. Check all that apply.

Public Charter Non-profit  
 Private For profit  
 Other (please describe)

Age of Students/ Program Participants	% of Population Served:	Age of Students/ Program Participants	% of Population Served:
0-10	%	18-25	%
11-17	%	25+	%

4. If transportation services are provided, please confirm whether these are carried out internally or by third party vendors?

Internal services Third party services Both N/A

a. If third party vendors are used, does the applicant have hold harmless agreements in place with vendors performing transportation services? Yes No

b. If 'Yes', please provide a copy of the hold harmless agreement.

## Section 4 – Loss prevention methods

5. Please identify the loss prevention methods the applicant implements. Check all that apply.

Method	Method
Security on site	Resources and helplines
Cameras	Clearly defined screening and recruitment process for volunteers
Access to a safe individuals to disclose concerns to	Designated supervisors for volunteers

6. Does the applicant have a process to register and track all new and ongoing programs/activities that involve students? Yes No

If 'Yes', please describe:

7. Does the applicant have any overseas operations (e.g. student exchanges, study abroad programs, trips) Yes No

a. If 'Yes', does the applicant utilize host families? Yes No



8. For higher education institutions:
- |    |   |     |    |
|----|---|-----|----|
| a. | Is there a standalone policy that defines expectations across the institution for all programs involving youth and/or vulnerable populations?<br>If 'Yes', please provide a copy. | Yes | No |
| b. | Does the institution have specific safeguards in place to prevent abuse of enrolled students who are minors?<br>If 'Yes', please describe:  | Yes | No |
| c. | Does the institution conduct annual program audits or have other compliance mechanisms to ensure adherence to the protection policy?<br>If 'Yes', please describe:                | Yes | No |
| d. | Does the institution provide medical and/or behavioral health services to students or members of the public?<br>If 'Yes', please also complete the healthcare supplement.         | Yes | No |
9. Describe any other loss prevention methods designed to prevent abuse and molestation of vulnerable populations not previously addressed:

## Section 5 – Loss history

- |     |  |     |    |
|-----|--|-----|----|
| 10. | Are there any other facts, incidents, circumstances, or allegations that may implicate a Title IX violation within the last 10 years that were not previously addressed in the New Business application?<br>If 'Yes', please provide details on a separate sheet of paper. | Yes | No |
| 11. | Has the applicant been the subject of an Office of Civil Rights and/or US Department of Education investigation in the last 10 years?<br>If 'Yes', please provide details (including any findings or fines) on a separate sheet of paper.                                  | Yes | No |

THE APPLICANT WARRANTS TO THE BEST OF ITS KNOWLEDGE AND BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE ALL MATERIAL INFORMATION.

THE APPLICANT FURTHER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, IT WILL IMMEDIATELY NOTIFY US OF SUCH CHANGE. SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER NOR THE APPLICANT TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE AND WILL BE ATTACHED AND MADE PART OF THE POLICY SHOULD A POLICY BE ISSUED. IF AN EXCESS POLICY IS ISSUED THE APPLICATION WILL BECOME A PART OF THE EXCESS POLICY.

Applicant's authorized signature of a principal, partner or officer:



Title:

Date:     /     /

Applicant's authorized signature of the individual in charge of the human resources or personnel department:



Title:

Date:     /     /

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**