PART ONE - United Educators Insurance Application

Renewal Application for Policy Effective 09/01/2019

Insurance Application:
Application for: Alamo Community College District - 2948
201 West Sheridan
Building A
San Antonio, TX 78204-1429

Requested Products:
Primary General Liability - CGL - Renewal
Educators Legal Liability - ELL - Renewal
Excess General Liability - GLX - Renewal

Full Legal Name and Address of the Submitting Brokerages:
Broker: James Brundage
jim.brundage@usi.com
(915) 534-9457
USI Southwest- El Paso
303 N. Oregon
Suite 310
El Paso, TX 79901

Application completion and submission instructions:

1. Please complete all portions of this application completely, truthfully and accurately. If you do not understand a question, please contact United Educators for clarification. United Educators will rely on the information you supply in this application to evaluate your institution's exposure to risk, and the policies and procedures you have in place to prevent or reduce those risks, and to respond to your request for a quotation. Review of this application does not bind United Educators to issue a policy. The signatory of the application confirms that he/she is an authorized representative of the institution and all persons or concerns applying for renewal of the expiring policy, and declares that all information provided is complete, truthful and accurate.

2. To complete your renewal application submissions, your must provide United Educators with
   a. the educational institution's most recent audited financial statement, and
   b. a signed copy of the application either a printed full version of the application or the printed signature page version produced below.

3. The most recent audited financial statement and a signed copy of the renewal application (either the full version of the application or the signature page) can be sent by your broker by uploading using the "attachments" button on the application or via fax or mail to this address:

United Educators Insurance
7700 Wisconsin Avenue
Suite 500
Bethesda, MD 20814
Fax: (800) 346-7877

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NOTICE:
THIS POLICY IS ISSUED BY YOUR RISK RETENTION GROUP, YOUR RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL OF THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSURANCE INSOLVENCY GUARANTEE FUNDS ARE NOT AVAILABLE FOR YOUR RISK RETENTION GROUP.

PART TWO

RENEWAL FOR POLICY YEAR 2019

Type of Organization: 2-year

Common Section

Enterprise Risk Management and Risk Management Operations

1.Does the educational institution have a formal process to identify, assess and monitor risks across the entire institution, including a risk mitigation plan? Yes _X_ No ____

a.If Yes, is the plan reviewed at the Board of Trustee level? Yes _X_ No ____

b.If No, are there plans to create and implement such formal process? Yes ____ No ____

Comments: _____

Mergers and Acquisitions

2.Please list and describe any acquisitions or mergers with any educational institutions that have occurred within the last year or are planned within the next 12 months:

Name of Educational Institution _____

Description of operations and rationale behind this decision _____

Comments: No planned mergers or acquisitions.

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Affiliates and Subsidiaries

3.Please list and describe any newly created or acquired affiliates for which the educational institution requests coverage (affiliates that are not-for-profit entities under Internal Revenue Code and are controlled by the educational institution and whose financials are included in the educational institution's most recent audited financials are automatically covered, and there is no need to report these affiliates. Please see your policy for details.)

Name of Affiliate: _____

Indicate if:
O for-profit

O not-for-profit

Educational Institution's percentage of ownership or control: _____

Description of Affiliate's purpose/operation: _____

Year established/ acquired: _____

Annual budget: 0

Comments: No changes in affiliates or subsidiaries

Management Liability

Institution Accreditation

1. Please provide:

a. Name of the institution's accrediting body: Southern Association of Colleges and Schools Commission on Colleges

b. Date of the accrediting body's most recent review, month and year: 01/12/2018

c. Was the outcome of the most recent review "Accreditation Continued?" Yes _X_ No ____

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i. If No, please check the applicable outcome:

- ☐ Accreditation Continued - follow-up report requested
- ☐ Warning
- ☐ Probation
- ☐ Show Cause
- ☐ Withdrawal of accreditation
- ☐ Denial of accreditation
- ☐ Appeal

ii. If No, please attach report from accrediting body and educational institution's response.

☐ Check here if report is attached

d. Date of next review, month and year: _____

Comments: _____

Closings

2. Will the educational institution or any of its campus locations, departments or divisions close within the next 12 months, or are any such closures under consideration? Yes ____ No __X__

If Yes, please complete the below table for each location, department or division:

Name of the campus location, department or division: _____

Date of actual or planned closure: _____

Number of affected students and staff: _____

Reason for closure: _____

Comments: _____

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Newly Created or Eliminated Academic Degree Programs

3. Have any academic degree programs that are accredited by independent accrediting bodies, i.e. Nursing (CCNE), Law (ABA), etc. been created or eliminated in the past 12 months; or are any such changes under consideration for the next 12 months? Yes _X_ No ____

If Yes, please complete the table below for each created or eliminated academic degree program:

Name of academic degree program: Information Technology Cybersecurity Specialist, A.A.S.

Actual or estimated date of change: 08/21/2018

Number of students enrolled or affected: 10

Number of faculty and/or staff added or affected: 1

Indicate if

- (•) Created
- ( ) Eliminated

If newly created academic degree program, indicate accreditation status: accredited

If eliminated, describe the phase-out process for the academic degree program (i.e., close program to new enrollees and allow current students to transfer to another institution)

Name of academic degree program: Information Technology Network Administrator, A.A.S.

Actual or estimated date of change: 08/21/2018

Number of students enrolled or affected: 10

Number of faculty and/or staff added or affected: 1

Indicate if

- (•) Created
- ( ) Eliminated

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If newly created academic degree program, indicate accreditation status: accredited

If eliminated, describe the phase-out process for the academic degree program (i.e., close program to new enrollees and allow current students to transfer to another institution) _____

Comments: _____

Existing Academic Degree Programs

4. Is the educational institution in the process of seeking initial accreditation for any of its existing academic degree programs in a pending or non-approved status by the accrediting body? Yes ____ No ____

If Yes, for any academic degree programs pending or not approved, please complete the table below and attach a copy of the most recent report from the accrediting body and the educational institution's response:

Name of academic degree program: _____

Accrediting body: _____

Accreditation outcome: _____

Check here if most recent report from accrediting body is attached:
☐

Check here if educational institution's response is attached:
☐

Comments: _____

5. Within the last 12 months, do any existing accredited academic degree programs have any of the following accreditation statuses? Yes ____ No __X__

- Accreditation continued with follow-up report requested
- Appeal
- Become provisionally accredited
- Denial of accreditation
- Probation in any form
- Show cause or similar status
- Voluntary or Involuntary withdrawal of accreditation
- Warning or similar status

_____

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If Yes, for each academic degree program with any of the above statuses, please complete the table below and attach a copy of the report from the accrediting body and the educational institution's response:

Name of academic degree program affected: _____

Accrediting body: _____

Accreditation status/outcome: _____

Check here if report from accrediting body is attached:
☐

Check here if educational institution's response is attached:*
☐

*If the educational institution's response to the accrediting body is pending, please summarize the educational institution's planned response. _____

Comments: _____

Staff Changes / Reductions in Force

6. Have there been any reductions in workforce during the past 12 months, or are any such changes under consideration for the next 12 months? Yes ____ No __X__

If Yes, please complete the following table:

Department, division, or affiliate affected: _____

Date of change: _____

Number of faculty affected: _____

Number of tenured faculty affected: _____

Number of staff or administrators affected: _____

Were internal or outside counsel consulted? _____

Comments: _____

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Key Personnel

7. For the following positions please provide:

a. President (or equivalent)

1. Year appointed: 2006

2. Has resignation or departure been announced? Yes

If Yes, please explain the educational institution's plan for replacement: Replacement installed in Oct. 2018

b. VP of Finance/Administration (or equivalent)

1. Year appointed: 2010

2. Has resignation or departure been announced? Yes ____ No _X_

If Yes, please explain the educational institution 's plan for replacement: _____

c. Chief Academic Officer (or equivalent)

1. Year appointed: 2018

2. Has resignation or departure been announced Yes ____ No _X_

If Yes, please explain the educational institution's plan for replacement: _____

Comments: Chancellor Bruce Leslie retired in Sept. 2018 and Mike Flores was named his replacement. Mike Flores was our existing President for our Palo Alto College location since 2012.

General Liability

Sexual Abuse

1.A. Does the educational institution have a written policy addressing sexual abuse of minors? Yes _X_ No ____

If No, please explain: _____

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If Yes: _____

a. Does the policy apply to?

- ☑ All employees, including those with a lengthy tenure, those in positions of power, and highly paid staff (e.g., faculty, coaches, doctors)
- ☐ Some employees
- ☑ Volunteers
- ☐ Third-party contractors
- ☐ Others:

Please Describe: _____

b. Does the policy require reporting to the educational institution any sexual abuse of a minor? Yes _X_ No ____

c. Does the policy require timely reporting of sexual abuse of a minor to law enforcement, child protective services, or similar agency? Yes _X_ No ____

d. Does failure of any employee to timely report suspected sexual abuse of a minor result in discipline, including up to termination? Yes _X_ No ____

e. Does the educational institution train on the reporting obligations contained in its policy which protects minors from sexual abuse? Yes _X_ No ____

If Yes, who receives the training?

- ☑ Employees
- ☑ Volunteers
- ☐ Third-party contractors
- ☐ Others:

Please Describe: _____

1.B. Does the educational institution have a written policy addressing sexual abuse of college students by faculty, staff, or other non-students? Yes _X_ No ____

If No, please explain: _____

If Yes: _____

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a. Does the policy apply to?

- ☑ All employees, including those with a lengthy tenure, those in positions of power, and highly paid staff (e.g., faculty, coaches, doctors)
- ☐ Some employees
- ☑ Volunteers
- ☐ Third-party contractors
- ☐ Others:

Please Describe: _____

b. Does the policy require reporting to the educational institution any sexual abuse of a college student by a non-student? Yes _X_ No ____

c. Does failure of any employee to timely report suspected sexual abuse of a college student by a non-student result in discipline, including up to termination? Yes _X_ No ____

d. Does the educational institution train on the reporting obligations contained in its policy which protects college students from sexual abuse by a non-student? Yes _X_ No ____

If Yes, who receives the training?

- ☑ Employees
- ☐ Volunteers
- ☐ Third-party contractors
- ☐ Others:

Please Describe: _____

2.A. Does the educational institution provide an anonymous option for reporting alleged sexual abuse of minors? Yes _X_ No ____

If Yes, please describe the reporting options: Anonymous reporting can be submitted through our Ethics hotline for any areas of concern.

2.B. Does the educational institution provide an anonymous option for reporting alleged sexual abuse of college students by faculty, staff, or other non-students? Yes _X_ No ____

If Yes, please describe the reporting options: _____

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3.A. Once a report of alleged sexual abuse of a minor is received, who does the educational institution report the incident to? Select all that apply:

- ☑ Local (non-campus) police
- ☑ State or local child protection services
- ☑ Minor's parents or guardians
- ☑ United Educators, for occurrence or claims reporting
- ☐ None of the above
- ☐ Other:

Please Describe: _____

3.B. Once a report of alleged sexual abuse of a college student by faculty, staff, or other non-student is received, does the educational institution report the incident to United Educators for occurrence or claims reporting? Yes _X_ No ____

4.A. Does the educational institution investigate every report of alleged sexual abuse of a minor? Yes _X_ No ____

If No, please explain: _____

4.B. Does the educational institution investigate every report of alleged sexual abuse of a college student by faculty, staff, or other non-students? Yes _X_ No ____

If No, please explain: _____

5.A. Do the educational institution's investigations of alleged sexual abuse of a minor continue even if the allegations are denied by the alleged perpetrator or victim? Yes _X_ No ____

5.B. Do the educational institution's investigations of alleged sexual abuse of a college student by faculty, staff, or other non-student continue even if the allegations are denied by the alleged perpetrator or victim? Yes _X_ No ____

6.A. What departments or positions are designated to receive reports of alleged sexual abuse of minors? Title IX/VII/ADA/504 Coordinator, Deputy Coordinator, Administrator or ACPD

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6.B. What departments or positions are designated to receive reports of alleged sexual abuse of a college student by faculty, staff, or other non-students?

Title IX/VII/ADA/504 Coordinator, Deputy Coordinator, Administrator or ACPD

7.A. Which position(s) at the educational institution has/have responsibility to review reports of sexual abuse of minors for trends, patterns, or repeat offenders? Please select one:

☐ No position

☑ The following listed position(s):

Please Describe:

Title IX/VII/ADA/504 Coordinator, Deputy Coordinator, Administrator or ACPD

7.B. Which position(s) at the educational institution has/have responsibility to review reports of sexual abuse of college students by faculty, staff, or other non-students for trends, patterns, or repeat offenders? Please select one:

☐ No position

☑ The following listed position(s):

Please Describe:

Title IX/VII/ADA/504 Coordinator, Deputy Coordinator, Administrator or ACPD

8.A. Which leader(s) or administrator(s) of the educational institution is/are notified of alleged sexual abuse by one perpetrator against more than one minor? Select all that apply:

☑ Human resources

☐ Board of trustees

☑ President or head of school

☐ None of the above

☐ Other:

Please Describe:

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8.B. Which leader(s) or administrator(s) of the educational institution is/are notified of alleged sexual abuse by one faculty, staff or other non-student perpetrator against more than one college student? Select all that apply:

- ☑ Title IX coordinator
- ☑ Human resources
- ☐ Board of trustees
- ☑ President or head of school
- ☐ None of the above
- ☐ Other:

Please Describe: _____

9. Does the educational institution have a dispensary, clinic, infirmary, student health center, athletic facility, or similar facility maintained by the institution principally for use by its students? Yes _X_ No ____

If Yes: _____

a. Does the educational institution have a sexual abuse prevention policy that applies to medical personnel working at the dispensary, clinic, infirmary, student health center, athletic facility, or similar facility? Yes _X_ No ____

b. Does the educational institution have a policy regarding two medical professionals in the room for medical assessments or procedures involving intimate contact with a student? Yes ____ No _X_

c. Does the educational institution have a qualified person whose role is to ensure medical personnel are following the applicable sexual abuse prevention policy? Yes _X_ No ____

If Yes, please provide that position's title(s): _____

10. Have you provided to the educational institution's president/head of school, head of student affairs/life, and the board chair a copy of the United Educators publication "Questions for College Presidents and trustees?" Yes ____ No ____

Athletics

11. Does your institution participate in intercollegiate football? Yes ____ No _X_

Comments: _____

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Automobile

12. Are Motor Vehicle Records (MVRs) checked at least every three years for employees who regularly drive on institution-related business: Yes _X_ No ____

If Yes, are there written MVR guidelines, such as a point system, that will disqualify employee drivers with unsatisfactory MVRs? Yes _X_ No ____

13. Are Motor Vehicle Records (MVRs) checked for all students who regularly drive on institution-related business:

○ Yes

○ No

⦿ No Student Drivers

If Yes, are there written MVR guidelines, such as a point system, that will disqualify student drivers with unsatisfactory MVRs? Yes ____ No ____

14. If MVRs are not checked for employee and/or applicable student drivers, please explain the qualification and disqualification process of a driver: _____

Comments: _____

Camps and Child Care for Minors

15. Are there any summer camp, recreational program, sports program, or similar programs for children held at the educational institution's premises, but not owned or operated by the institution (i.e., operated by others): Yes ____ No _X_

If Yes, for all third-party-operated camps or similar programs:

a. Does the educational institution require certificates of the camp operator's general liability insurance? Yes ____ No ____

If Yes, indicate the minimum general liability limit required: _____

b. Is proof of the camp operator's sexual molestation liability coverage required? Yes ____ No ____

If Yes, indicate the minimum sexual molestation liability limit required: _____

c. Is the educational institution named as an additional insured on the camp operator's general liability policy? Yes ____ No ____

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d. If No to questions 15a, 15b, and/or 15c, please explain: _____

Comments: _____

Greek-Letter organizations

16. Does the educational institution have any social fraternities and/or sororities as recognized student organizations? Yes ____ No __X__

If Yes:

a. Does the educational institution require certificates of general liability insurance from these organizations? Yes ____ No ____

If Yes, indicate the minimum general liability limit required: _____

b. Is proof of alcohol, hazing, and sexual assault liability coverage required? Yes ____ No ____

c. Is the educational institution named as an additional insured? Yes ____ No ____

d. If No to questions 16a, 16b, and/or 16c, please explain: _____

Comments: _____

Watercraft

17. Please list and describe any additional surface watercraft over 50 feet in length for which the educational institution requests coverage. Do not include rowing/sculling shells or watercraft already scheduled. Please see your policy for coverage details

Watercraft name: _____

Length in feet: _____

Purpose of use: _____

Number of days used per year: _____

Approximate total number of individuals aboard from the educational institution: _____

List the destinations of travel: _____

Comments: _____

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The undersigned is an authorized representative of the above-named institution and all persons or concerns applying for coverage with this application. The undersigned declares that all information provided in this application is to the best of his/her knowledge complete, truthful and accurate.

_____
Name

_____
Title

Alamo Community College District
_____
Name of Institution

_____
Date

_____
Signature

The signing and submission of this application does not bind United Educators to issue, or the Institution to purchase, a policy. The undersigned hereby authorizes United Educators to make any inquiry in connection with this application. The information provided in this application is for underwriting purposes only and does not constitute notice to United Educators of a claim or potential claim under any policy.

Material Change:
If there is any material change in the answers to the questions in this application before the policy inception date, the Institution must immediately notify United Educators and any outstanding quotation may be modified or withdrawn.

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