PUBLIC SCHOOL ACADEMY

and

URBAN HIGH SCHOOL ACADEMY

**INSURANCE QUESTIONNAIRE**

Contract Compliance Questionnaire - Insurance

The purpose of this questionnaire is to gather the pertinent information regarding the Insurance provisions of the Chartering contract between Grand Valley State University and your public school academy. Specifically the contract language reads:

Section 11.4. Insurance. The Academy shall secure and maintain in its own name as the “first named insured” at all times the following insurance coverages:

1. Property insurance covering all of the Academy’s real and personal property, whether owned or leased;
2. General/Public Liability with a minimum of one million dollars ($1,000,000) per occurrence and two million dollars ($2,000,000) aggregate (Occurrence Form);
3. Auto Liability (Owned and Non-Owned) with a minimum of one million dollars ($1,000,000) (Occurrence Form);
4. Workers’ Compensation or Workers’ Compensation without employees (this is considered minimum premium, “if any” insurance) (statutory limits) and Employers’ Liability insurance with a minimum of one million dollars ($1,000,000);
5. Errors & Omissions insurance including Directors & Officers and School Leaders Errors & Omissions Liability insurance with a minimum of one million dollars ($1,000,000) per occurrence and three million dollars ($3,000,000) aggregate (Claims Made or Occurrence Form);
6. Crime including Employee Dishonesty insurance with a minimum of five hundred thousand dollars ($500,000) (Occurrence Form);
7. Employment Practices Liability insurance with a minimum of one million dollars ($1,000,000) per claim/aggregate (Claims Made or Occurrence Form).
8. Umbrella with a minimum $4,000,000 limit and aggregate. Also, an Umbrella policy with an unlimited aggregate is acceptable at a $2,000,000 limit.

The insurance must be obtained from a licensed mutual, stock, or other responsible company licensed to do business in the State of Michigan. The insurance carrier(s) must be an “A” best rating or better. The Academy may join with other public school academies to obtain insurance if the Academy finds that such an association provides economic advantages to the Academy, provided that each Academy maintains its identity as first named insured with its own limits i.e. no sharing of limits.

The Academy shall list the University Board and the University on the insurance policies as an additional insured on insurance coverages listed in (b), (c), (e), and (g) above. The Academy shall have a provision included in all policies requiring notice to the University, at least thirty (30) days in advance, upon termination or non-renewal of the policy or of changes in insurance carrier or policy limit changes. In addition, the Academy shall provide the University President copies of all insurance certificates and endorsements required by this Contract. The Academy shall also provide to the University President an entire copy of the insurance policies. The Academy may expend funds for payment of the cost of participation in an accident or medical insurance program to insure protection for pupils while attending school or participating in a school program or activity. Other insurance policies and higher minimum may be required depending upon academic offerings and program requirements.

The Academy understands that the University’s insurance carrier periodically reviews the types and amounts of insurance coverages that the Academy must secure in order for the University to maintain insurance coverage for authorization and oversight of the Academy. In the event that the University’s insurance carrier requests additional changes in coverage identified in this Section 11.4, the Academy agrees to comply with any additional changes in the types and amounts of coverage requested by the University’s insurance carrier within thirty (30) days after notice of the insurance coverage change.

Please complete each of the following sections **COMPLETELY** and **CLEARLY**. You may want to give this questionnaire to your insurance agent or broker to complete. While we will require you to provide certificates, endorsements and declaration pages with this questionnaire, merely attaching these documents is **NOT** an acceptable response to these questions.

**General Information**

**Public School Academy Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Person Responding to This Questionnaire \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Insurance Agent or Broker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

a) Real and Personal Property Insurance

1. Company Name
2. Address
3. City State Zip
4. Limits $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per occurrence/$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_aggregate
5. Are these limits shared with other Charter Academies? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

* If yes, name the other Charter Academies. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Coverage Effective Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is this company a licensed insurance carrier in the State of Michigan? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No
2. Is the insurance carrier(s) an “A” best rating or better? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

b) General/Public Liability (Occurrence Form)

1. Company Name
2. Address
3. City State Zip
4. Limits $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per occurrence/$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_aggregate
5. Are these limits shared with other Charter Academies? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

* If yes, name the other Charter Academies. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Coverage Effective Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is the Charter Academy named as the “first named insured”? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No
* Are all names, past and present, of the Academy listed on the policy? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

1. Is this company a licensed insurance carrier in the State of Michigan? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No
2. Is Grand Valley State University listed as “an additional named insured” with

Primary and Non-Contributory Coverage? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

1. Is the insurance carrier(s) an “A” best rating or better? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No
2. Is there Sexual Abuse & Molestation coverage? \_\_\_\_\_\_\_ Yes\_\_\_\_\_\_\_\_No
3. Is there Corporal Punishment Coverage? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

**Please attach certificate, endorsement and declaration pages evidencing coverage, limits and the additional insured status of GVSU.**

c) Auto Liability (Owned & Non-Owned) (Occurrence Form)

1. Company Name
2. Address
3. City State Zip
4. Limits $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per occurrence/$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_aggregate
5. Are these limits shared with other Charter Academies? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

* If yes, name the other Charter Academies. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Coverage Effective Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is the Charter Academy named as the “first named insured”? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No
* Are all names, past and present, of the Academy listed on the policy? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No

1. Is this company a licensed insurance carrier in the State of Michigan? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No
2. Is Grand Valley State University listed as “an additional named insured” with

Primary and Non-Contributory Coverage? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No

1. Is the insurance carrier(s) an “A” best rating or better? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_No

**Please attach certificate, endorsement and declaration pages evidencing coverage, limits and the additional insured status of GVSU.**

d) Workers’ Compensation or Workers’ Compensation without employees (this is considered minimum premium, “if any” insurance) and Employers’ Liability Insurance (Occurrence Form)

1. Company Name
2. Address
3. City State Zip
4. Limits $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per occurrence/$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_aggregate
5. Are these limits shared with other Charter Academies? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

* If yes, name the other Charter Academies. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Coverage Effective Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is the Charter Academy named as the “first named insured”? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No

1. Is this company a licensed insurance carrier in the State of Michigan? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No
2. Is the insurance carrier(s) an “A” best rating or better? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

**Please attach certificate, endorsement and declaration pages evidencing coverage and limits.**

e) Errors & Omissions, including Directors & Officers, and School Leaders Errors & Omissions (Claims Made or Occurrence Form)

1. Company Name
2. Address
3. City State Zip
4. Limits $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per occurrence/$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_aggregate
5. Are these limits shared with other Charter Academies? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

* If yes, name the other Charter Academies. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Coverage Effective Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is the Charter Academy named as the “first named insured”? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No
* Are all names, past and present, of the Academy listed on the policy? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No

1. Is this company a licensed insurance carrier in the State of Michigan? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No
2. Is Grand Valley State University listed as “an additional named insured” with

Primary and Non-Contributory Coverage? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No

1. Is the insurance carrier(s) an “A” best rating or better? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_No
2. Is there Corporal Punishment coverage? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_No
3. Is there Sexual Abuse & Molestation coverage? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_No
4. Is there Employment Practices Liability coverage? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_No
5. Is there Directors & Officers’ coverage? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_No
6. Is there School Leaders’ E & O coverage? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_No

**Please attach a certificate, endorsement and declaration pages evidencing coverage, limits and the additional insured status of GVSU.**

f) Crime including Employee Dishonesty Insurance

1. Is there a separate policy for this coverage? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No
2. If no, which policy contains this coverage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Company Name
4. Address
5. City State Zip
6. Limits $\_\_\_\_\_\_\_\_\_\_\_\_per occurrence/$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_aggregate

* Is the Charter Academy named as the “first named insured”? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No

1. Is this company a licensed insurance carrier in the State of Michigan? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No
2. Is the insurance carrier(s) an “A” best rating or better? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_No
3. Is there third party coverage? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_No

**Please attach certificate, endorsement and declaration pages evidencing coverage, limits and the additional insured status of GVSU.**

g) Employment Practices Liability Insurance

1. Is there a separate policy for this coverage? \_\_\_\_\_\_ Yes\_\_\_\_\_\_ No
2. If no, which policy contains this coverage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Company Name
4. Address
5. City State Zip
6. Limits $\_\_\_\_\_\_\_\_\_\_\_\_per occurrence/$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_aggregate
7. Are these limits shared with other Charter Academies? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

* If yes, name the other Charter Academies. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Is the Charter Academy named as the “first named insured”? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No

1. Is this company a licensed insurance carrier in the State of Michigan? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No
2. Is Grand Valley State University listed as “an additional named insured”? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No
3. Is the insurance carrier(s) an “A” best rating or better? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_No

**Please attach certificate, endorsement and declaration pages evidencing coverage, limits and the additional insured status of GVSU.**

Signature of Person Responding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_