|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***ENTITY INFORMATION*** | | | | | | | |
| Named Insured: | | | | | | | |
| ***EDUCATIONAL*** | | | | | | | |
| **EMPLOYEE** | **FT** | **PT** | **EMPLOYEE** | | | **FT** | **PT** |
| Administrators |  |  | Licensed Psychologists | | |  |  |
| Certified Staff |  |  | Nurses | | |  |  |
| Tutors |  |  | *Of the above how many are ARNPs?* | | |  |  |
| Licensed Counselors |  |  | Security Guards | | |  |  |
| Physical Therapists |  |  | Occupational Therapists | | |  |  |
| Athletic Trainers |  |  | All Other Employees | | |  |  |
| Volunteers |  |  |  | | |  |  |
| ***STUDENTS*** | | | | | | | |
| **Educational** *(as reported at fall enrollment)* | | | | **Number of Students** | | | |
| Daycare / Preschool Age 0-3 *(Please complete Daycare supplement)* | | | |  | | | |
| Daycare / Preschool Age 4-5 *(Please complete Daycare supplement)* | | | |  | | | |
| Grades K-6 | | | |  | | | |
| Grades 7-9 | | | |  | | | |
| Grades 10-12 | | | |  | | | |
| Part-Time, Distance, or Online Students | | | |  | | | |
| Colleges: Full-time, On Campus Students | | | |  | | | |
| Colleges: Part-time, On Camps Students | | | |  | | | |
| Colleges: Online Students | | | |  | | | |
| ***ACTIVITIES*** | | | | | | | |
| Do you have playground facilities? | | | | | Yes  No | | |
| **If yes,** please list types of equipment: | | | | | | | |
| Number of students participating in interschool athletics grades 6-12:  (Only count a student one time if they participate in multiple sports) | | | | | | | |
| Out of the number above, how many participate in cheerleading? | | | | | | | |
| Out of the number above, how many participate in middle school level football? | | | | | | | |
| Out of the number above, how many participate in high school level football? | | | | | | | |
| Do you have a football helmet inventory system in place? | | | | | Yes  No | | |
| Do all athletes participate in baseline testing? | | | | | Yes  No | | |
| Does the entity sponsor a tackle football program? | | | | | Yes  No | | |
| Is the entity compliant with the Zackery Lystedt Law? | | | | | Yes  No | | |
| Do you have a return-to-play protocol system or procedure that requires more than a physician’s release form or note for concussions? | | | | | Yes  No | | |
| Is the applicant a member of the Washington Interscholastic Activities Association? (WIAA) | | | | | Yes  No | | |
| **Extra-Curricular Activities** | | | | | | | |
| List and describe annual field trips, athletic programs, extracurricular activities offered, and fundraising events: | | | | | | | |
| Archery | Scuba Diving | | | | | | |
| Bungee Jumping | Snow Skiing | | | | | | |
| Climbing (Mountain or Wall) | Sky Diving | | | | | | |
| Equestrian | Water Skiing | | | | | | |
| Polo  Rugby | Other (Describe): | | | | | | |
| **Extra-Curricular Activities Continued:** | | | | | | | |
| Is there international travel? | | | | | Yes  No | | |
| **If yes,** *please provide details:* | | | | | | | |
| Is the travel provided or organized by an outside vendor? | | | | | Yes  No | | |
| Are camps operated and directed by insured school? | | | | | Yes  No | | |
| Are camps operated and directed by outside provider? | | | | | Yes  No | | |
| **If yes**, *who?* | | | | | | | |
| ***ADDITIONAL INFORMATION*** | | | | | | | |
| Is the educational institution current with their State Annual Certification for the current year per WAC 180-90-105? | | | | | Yes  No | | |
| Is the Educational Institution accredited by a recognized accrediting body or Educational Service District (ESD)? | | | | | Yes  No | | |
| If yes, by whom are they accredited? | | | | |  | | |
| Are there contracted bus operations? | | | | | Yes  No | | |
| Number of buses contracted: | | | | |  | | |
| Are certificates of insurance obtained listing insured school as additional insured? | | | | | Yes  No | | |
| Please indicate limits of liability provided by contracted services: | | | | |  | | |
| Is there any student housing or dormitories owned/leased by the school? (**If yes**, *please complete the Dormitory/Student Housing supplement)* | | | | | Yes  No | | |
| Are meals served? (**If yes**, *please complete the Commercial Cooking supplement)* | | | | | Yes  No | | |
| Do you allow corporal punishment? | | | | | Yes  No | | |
| Does your internet policy include monitoring the online activity of minors? | | | | | Yes  No | | |
| Does your internet policy include educating minors about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms, and cyber bullying awareness and response? | | | | | Yes  No | | |

**Completed Supplements Must be Submitted To:**

Byron Riche Phone: (800) 407-2027

Clear Risk Solutions Fax: (509) 754-3406

159 BASIN STREET SW PMB #206 [briche@chooseclear.com](mailto:rross@chooseclear.com)

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