# PUBLIC RISK INNOVATION, SOLUTIONS, AND MANAGEMENT (PRISM) 

## Policy Statement General Liability 1 Program School Support Groups Delegation of Underwriting Authority

## Policy Statement:

The PRISM General Liability coverage does not automatically cover school support groups or auxiliary organizations of a member entity. There is concern over the lack of control that member school districts have over these types of organizations. Because coverage for these types of organizations is readily available from other sources at a reasonable cost, it is the policy of PRISM to discourage inclusion of school auxiliary organizations. On an exception basis, underwriting authority is delegated to staff to approve endorsements adding coverage if all of the following guidelines are met. If any of the guidelines are not met, then the Underwriting Committee may extend coverage on a case-by-case basis.

## Guidelines for adding School Support groups:

- Must have a complete application for consideration (see attached application).
- If the activities listed in question \#21 include sale and/or consumption of alcohol and where liquor liability is retained, or the demonstration or display of fireworks, the School Support Group will require Committee approval.
- Must respond affirmatively (YES) to question \#22, all events approved by the sponsoring School Board.
- All endorsements will include an exclusion for use of private passenger vehicles.


# PRISM <br> General Liability 1 Program <br> School Support Groups Underwriting Information Request 

## 1. PRISM Member Entity:

2. Desired effective date of coverage:
3. School Support Group Name:
4. Address:
5. Contact for this Support Group:
6. Contact's Phone No.: ( ) Fax No.: ( )
7. Contact's E-mail Address:
8. School Name:
9. School Address:
10. School District Name:
11. School District Address:
12. Contact Person:
13. Contact's Phone No.: ( ) Fax No.: ( )
14. Is the School Support Group not-for-profit? $\square$ Yes $\square$ No
15. What is the highest membership the School Support Group attained during the last fiscal year?
16. What were the School Support Group's gross revenues for the last fiscal year?
17. What were the School Support Group's revenues from liquor sales?
18. Type of School/Organization Supported:

| $\square$ Elementary | $\square$ Middle |
| :--- | :--- | :--- |
| $\square$ Foundation | $\square$ Other (please describe): |

19. Type of School Support Group:

| $\square$ Athletic Booster | $\square$ Computer Booster | $\square$ PTA/PTSA |
| :--- | :--- | :--- |
| $\square$ Band Booster | $\square$ Language Booster | $\square$ PTO |
| $\square$ Choir Booster | $\square$ Math Booster | $\square$ Reading Booster |
| $\square$ Other (please specify function): |  |  |

20. Does your group hold regularly scheduled bingo events? $\square$ Yes $\square$ No If yes, does the School Support Group have a signed lease with the bingo site?Yes No
21. Please list the types of activities and events your School Support Group is planning over the next 12 months:
a.
b.
c.
d.
e.
g.
h.
i.

Please indicate whether those activities and events will include the following:
Transportation by private passenger vehicles
Use of watercraft
Use of aircraft
Childcare, daycare, or latchkey
Door-to-door sales
Animal rides including but not limited to pony rides
Bungee jumping including gifts, rewards, or prizes that involve bungee jumping
Darts or dart games
Dunk tanks including but not limited to Flushem, flush tanks, or similar type homemade or manufactured devises
$\square$ Inflatable bouncing or rebound devices including but not limited to moon walks, astro walks, cosmo walks, and bounce houses
Purchase of gifts of equipment to the school including but not limited to playground equipment, computers, benches, tables, bike racks, desks, rungs or other furnishings, disaster kits, fencing, landscape, or other area improvements or betterments
$\square$ Sale of fireworks - Is this arranged through a commercial vendor?
$\square$ Yes No
$\square$ Demonstration or display of fireworks Sale of alcohol
Consumption of alcohol
If the above is checked, is liquor liability coverage provided by another party?
$\square$ If Yes, who provides the coverage:
If Yes, what are the coverage limits:
$\square$ Overnight activities/events - Will at least one school employee be in attendance the entire time? $\square$ Yes $\square$ No
$\square$ Crossing guard or vehicle traffic control
22. Are all events approved in advance by the sponsoring School Board?
$\square$ Yes $\square$ No
23. To your knowledge, has your School Support Group had any liability claims or suits brought within the past 5 years? $\square$ Yes If yes, please explain:
24. To your knowledge, has your School Support Group had any financial losses (theft, dishonesty, etc.) within the past 5 years: $\qquad$ Yes If yes, please explain:
25. Bank Account Name:
26. Is a duel signature required? $\square$ Yes Account No.:
27. Maximum Bank Account Balance: \$
28. Is the Account reconciled monthly? $\square$ YesNo
29. Is the account reconciled by someone other than a check signer(s)?Yes $\square$ No
30. Please indicate the amounts of money on hand for the following:

| a. | Cash: | $\$$ | Maximum | $\$$ | Average |
| :--- | :--- | :--- | :--- | :--- | :--- |
| b. | Checks: | $\$$ | Maximum | $\$$ | Average |
| c. | Merchandise Scrip: | $\$$ | Maximum | $\$$ | Average |
| d. | Other: | $\$$ | Maximum | $\$$ | Average | If other, please describe:

31. Is the School District requiring that the School Support Group name them as an Additional Covered Party?Yes No If yes, please provide the following information:
a. Additional Covered Party name or specific language:
b. Additional Covered Party address:
32. Is there any other entity requiring that the School Support Group name them as Additional Covered Party? $\square$ Yes
a. Additional Covered Party name or specific language:
b. Additional Covered Party address:

Requested by:

