

# 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.

Underwriting Committee Approved: June 4, 2003 Amended: August 16, 2017

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

1.	PRISM Member Entity:			
2.	Desired effective date of coverage:			
3. 4. 5. 6. 7.	School Support Group Name: Address: Contact for this Support Group: Contact's Phone No.: ( ) Contact's E-mail Address:			
8. 9.	School Name: School Address:			
10. 11. 12. 13.	School District Name: School District Address: Contact Person: Contact's Phone No.: ( ) Fax No.: ( )			
14.	Is the School Support Group not-for-profit?			
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:          Elementary       Middle       High School         Foundation       Other (please describe):			
19.	Type of School Support Group:PTA/PTSAAthletic BoosterComputer BoosterPTA/PTSABand BoosterLanguage BoosterPTOChoir BoosterMath BoosterReading BoosterOther (please specify function):Choir BoosterChoir Booster			
20.	Does your group hold regularly scheduled bingo events?  Yes No If yes, does the School Support Group have a signed lease with the bingo site? Yes No			
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21.	Please lis	t the	types	of	activities	and	events	your	School	Support	Group	is
	planning o	ver th	ie next	12	months:							

a.	d.	g.
b.	е.	h.
С.	f.	i.

Please indicate whether those activities and events will include the following: Transportation by private passenger vehicles

	I ransportation 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
	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
	Sale of fireworks – Is this arranged through a commercial vendor?
	Demonstration or display of fireworks
	Sale of alcohol
	Consumption of alcohol
	If the above is checked, is liquor liability coverage provided by another party?
	If Yes, who provides the coverage:
	If Yes, what are the coverage limits:
	Overnight activities/events – Will at least one school employee be in
	attendance the entire time? 🗌 Yes 🛛 🗌 No
	Crossing guard or vehicle traffic control
22.	Are all events approved in advance by the sponsoring School Board?

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23.	To your knowledge, has your School Support Group had any liability claims or suits brought within the past 5 years?  Yes No 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: Yes No If yes, please explain:						
25.	Bank Account Name: Account No.:						
26.	Is a duel signature required?  Yes No						
27.	Maximum Bank Account Balance: \$						
28.	Is the Account reconciled monthly?  Yes No						
29.	Is the account reconciled by someone other than a check signer(s)?						
30.	Please indicate the amounts of money on hand for the following:a.Cash:\$ Maximum\$ Averageb.Checks:\$ Maximum\$ Averagec.Merchandise Scrip:\$ Maximum\$ Averaged.Other:\$ Maximum\$ AverageIf other, please describe:\$ Maximum\$ Average						
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? Yes No a. Additional Covered Party name or specific language: b. Additional Covered Party address:						

Requested by:

Signature

Date

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