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 www.xsbrokers.com

School/University Supplement

(COMPLETE IN ADDITION TO G.L./EXCESS APPLICATION)

Applicant's Name _____
 Mailing Address _____

 Location _____

Agent Name _____
 Address _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
 12:01 A.M., Standard Time at the address of the Applicant

COVERAGE	LIMITS OF LIABILITY REQUESTED	
	EACH OCCURRENCE	AGGREGATE
COMBINED SINGLE LIMIT	\$ _____,000	\$ _____,000

PLEASE ANSWER ALL QUESTIONS

- Type of Courses offered:** Academic Vocational (Copy of school catalog acceptable)
- Number of students enrolled:** Day classes _____ Evening classes _____
- Dormitories:**
 Number of buildings _____
 Height-Construction-Age _____
 Number of students living on campus _____
- Does the school:** Have a Medical School? Yes No Do nuclear research? Yes No Have a nuclear reactor on campus? Yes No
- Is there a clinic or infirmary on the premises?** Yes No **If yes, is it covered in the primary?** _____
 Number of beds _____ Number of outpatients _____
 Number of nurses employed Full-time _____ Part-time _____
 Number of doctors employed Full-time _____ Part-time _____
- Does the school have:**
 Gym(s), coliseum(s), stadium(s), or bleachers. Specify which of the above and give construction, seating capacity and use (i.e., athletic events, concerts, etc., and whether or not activities other than those sponsored by the school are permitted).

 Pool(s) _____ Rifle range _____ Archery range _____

7. Athletics:

What type athletic programs does the school sponsor? _____

If any involve transportation, what means is used (chartered or regularly scheduled commercial transportation)? _____

Does the school provide accidental death insurance? _____

8. Does the school employ a security patrol? Yes No **If so, are they armed?** _____

9. Does insured have primary insurance for:

Teacher's liability (including or excluding corporal punishment)? _____

Injury to athletic participants? _____

School board legal liability (E&O)? _____