Academic Security Risk Management Program
K-12 Security Program

Assured 1. Organization name:

Head office address:

Insured Persons 2. Total number of school districts to be included:

Combined average daily attendance of school districts:

Estimated annual combined number of outgoing and incoming exchange students:

Number of employees/staff/faculty:

Travel 3. Specify the anticipated overseas travel by destination country, average number of employees, chaperones and students and average duration of stay
(Continue on a separate sheet if necessary)

Country	Average number of employees/ chaperones	Average number of students	Average duration of stay

Other insurance 4. Please provide details of any other insurances of this type known to exist covering the Assured or any person to be included in this Application (please include details of the Insurer and the Sum Insured):

Previous threats or losses 5. Have you or any insured person had any claims and/or experienced threats or incidents that would give rise to a claim under this insurance within the last 5 years? Yes ☐ No ☐

If Yes, please give details: (Continue on a separate sheet if necessary)

Additional information 6. Please include any additional relevant information (including risk management or preventative measures taken):

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Declaration

The undersigned duly authorized representative of the applicant declares to the best of his or her ability that the statements set forth herein are true.

NOTICE TO APPLICANTS: This application does not bind the Applicant or the Company, but it is agreed that this application will be the basis of the contract, should a policy be issued, and it will be attached to, and made part of the policy. The applicant undertakes to notify the Company immediately if the information supplied on this application changes between the date of this application and the time when the policy is issued.

Assured's name

Position in organization

Signature

Date