

CMP Application



(page) _____

(account name) _____

School/Day Care Profile

Name (if other than applicant): _____

Address (if other than applicant): _____

Who oversees the operation of your organization?

No independent oversight

Board of directors: _____ # of outside directors: _____ # of inside directors: _____

Affiliated organization(s). Identify and give a brief description of each entity: _____

How long has the organization been in existence as it currently operates? _____

Is your preschool/day care/school licensed or certified? Yes No

If yes, by whom: _____

Med-Pay Options

School/Day Care student medical \$1,000/person \$3,000/person \$5,000/person

School sports medical (Attach CP-G6) \$1,000/person \$3,000/person \$5,000/person

Do you have another insurance policy that provides medical coverage to your students? Yes No

Preschool/Day Care only

What is the total square foot area occupied by your Preschool/Day Care? _____

Classification	Enrollment*	# of teachers	# of teacher's aides
Ages 1 month-5 yrs			

*Maximum number of students at one time.

Schools-- K-12th Grade

Classification	Enrollment	# of teachers	# of teacher's aides
K- 8th grade			
9th- 12th grade			

List all intramural sports offered at your school:

Sport	# participants	Sport	# participants

List all inter-school sports that your students participate in:

Sport	# participants	Sport	# participants

Do you want to add coverage for inter-school sports? Yes No

If yes, what is the total number of games for all sports per year? _____

Do parents of students who participant in sports sign a sport injury risk waiver? Yes No

If yes, attach a copy.

Does your organization offer any special education classes? Yes No

If yes, describe: _____

Preschool/Day Care/Schools

What are your procedures for releasing children after your program dismisses? (Check all that apply.)

- Signed identification of qualified adults
- Supervision of children until picked up
- Identification devices linking children and qualified adults
- Other: _____

What age groups come under this program? _____

How do you screen drivers who operate vehicles for your organization? _____

Are employees and volunteers screened to protect against acts of child sexual abuse? Yes No

Other than sports, do you sponsor any off-premises trips or events? Yes No

Do you provide any of the following services?

- | | | | |
|---------------------|-------------------------------|--------------------------------------|--|
| Nurse care: | <input type="checkbox"/> None | <input type="checkbox"/> by employee | <input type="checkbox"/> by outside organization |
| Physician care: | <input type="checkbox"/> None | <input type="checkbox"/> by employee | <input type="checkbox"/> by outside organization |
| Psychologist care: | <input type="checkbox"/> None | <input type="checkbox"/> by employee | <input type="checkbox"/> by outside organization |
| Social worker care: | <input type="checkbox"/> None | <input type="checkbox"/> by employee | <input type="checkbox"/> by outside organization |

Do you house or shelter any students? Yes No

If yes, maximum number housed/sheltered at any one time: _____

If children are sheltered, what is the reason they are being sheltered? _____

Housing Information

Loc.#/Bldg. # (from prop. sched.)	# students housed	Smoke alarm in each room	# adult house parents
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are cooked meals provided to students? Yes No

If yes, meals served: Breakfast Lunch Dinner

Any fire suppression systems in your kitchen? Yes No

If yes, describe type and cooking surfaces covered: _____

Do you have a written policy regarding the discipline/dismissal of students? Yes No

Do you use corporal punishment to discipline? Yes No

If yes, please describe: _____

Other information: _____

Fraud Statement: Brotherhood Mutual Insurance Company relies on the information provided in this application and supplemental coverage request forms to determine whether a proposal or policy will be issued and at what premium level. Any person who knowingly and with intent to defraud an insurance company, files an application for insurance containing any materially false information, or concealing any material information, will be subject to any and all applicable civil, criminal, and contractual penalties. By submitting this information to us, the agent acknowledges that the information was provided by the person interviewed, and that all the information is true and correct to the best of the agent's knowledge.