



The New York Schools Insurance Reciprocal

333 Earle Ovington Blvd., Suite 505 • Uniondale NY, 11553-3624 • 1-800-ISNYSIR • (516) 227-3355 • FAX: (516) 227-2352

NEW BUSINESS APPLICATION

SCHOOL DISTRICT/BOCES: _____

MAILING ADDRESS: _____

County: _____

PHONE NUMBER: (Area Code) () FAX NO: ()

SUPERINTENDENT: _____

BUSINESS OFFICIAL & TITLE: _____

RISK MANAGEMENT/SAFETY COORDINATOR: _____

DIRECTOR OF TRANSPORTATION: _____

BUILDINGS & GROUNDS /FACILITIES CONTACT: _____

PLEASE ATTACH THE FOLLOWING INFORMATION TO THIS APPLICATION :

- **SCHEDULE OF INSURANCE** (Including current carriers, policy periods, policy limits and premiums)
- **LOSS/CLAIMS HISTORY** (Minimum of previous three years)

APPLICATION DATED: _____

SIGNATURE OF SCHOOL BUSINESS OFFICIAL: _____

NYSIR QUOTATION REQUESTED BY: _____

CURRENT INSURANCE INFORMATION:

COVERAGE	CURRENT LIMIT	CURRENT PREMIUM (If Known)	CURRENT DEDUCTIBLE (if applicable)
A. GENERAL LIABILITY:	\$	\$	\$
B. PROPERTY:	\$	\$	\$
C. INLAND MARINE:	\$	\$	\$
D. AUTOMOBILE: LIABILITY:	\$	\$	\$
TOTAL PIP:	\$	\$	\$
MEDICAL PAYMENTS:	\$	\$	\$
UNINSURED MOTORIST:	\$	\$	\$
COMPREHENSIVE:	\$	\$	\$
COLLISION:	\$	\$	\$
GARAGEKEEPERS:	\$	\$	\$
OBEL:	\$	\$	\$
E. SCHOOL BOARD LEGAL LIABILITY:	\$	\$	\$
F. UMBRELLA/EXCESS LIABILITY:	\$	\$	\$
G. BOILER & MACHINERY:	\$	\$	\$
H. CRIME:	\$	\$	\$
I. UNDERGROUND STORAGE TANK LIABILITY:	\$	\$	\$
J. FLOOD/EARTHQUAKE	\$	\$	\$
K. OTHER:	\$	\$	\$

PROPERTY FORM (Attach additional sheets as necessary) Or please attach most recent district statement of values/ property appraisal.

BUILDING NAME/ADDRESS	Use/Ownership Code: (see below)	AGE/ YR. BUILT	CONST.* TYPE (see below)	SQ. FEET	Local Protection (see below)	BUILDING \$VALUES\$	CONTENTS \$VALUES\$

***CONSTRUCTION TYPE:
above:**

- 1. FRAME - Wood walls and roof
- 2. MASONRY - Masonry walls and wood roof
- 3. NC - 1 - Metal pre-fabricated
- 4. NC - 2 - Masonry with non-combustible walls/roof
- 5. Fire Resistive

USE TYPE

(E) elementary, (M) middle school/intermediate,
 (H) high school, (V) vocational ed., (A) administration,
 (S) storage, (G) garage,
 (T) transportation, (VAC) vacant building.

OWNERSHIP CODE

E/O-entirely owned
 L/F-leased from
 L/T-leased to

PROTECTION - Please fill in corresponding number

- 1. Central station fire alarm
- 2. Local siren fire alarm
- 3. Fire alarm connected to Fire Dept.
- 4. Central station burglar alarm
- 5. Local siren burglar alarm
- 6. Burglar alarm to Police Dept.
- 7. Security force visiting
- 8. Other
- 9. Other
- 10. None

PROPERTY

(Property you own, lease or rent).

1. Is the district contractually required to purchase property/fire insurance on a leased location? Yes No

2. Does district own any vacant building(s) not currently included on the district's schedule of locations? Yes No

3. Renew per expiring locations schedule shown on the attached Statement of Values? Yes No

4. Do you have plans in the next 12 months to install/operate/maintain any energy producing "co-generation" facilities in the district? Yes No

Please indicate on a separate attachment, if and when renovations or new construction is scheduled for the coming school year.

GENERAL LIABILITY

1. **School Districts only** (If a BOCES, see item 2. next column.) **Average Daily Attendance:**

Grades K-8 _____ **9-12** _____

Please **do not include BOCES** students in the above figure. You may attach the attendance section of State Ed Form SA129 as a supplement or in lieu of these figures.

2. **A. (BOCES only)** if you are a school district, only complete 1. previous column.

Enrollment:

	Full Time	Part Time
Vocational/ Operational Ed:	_____	_____
Special Ed:	_____	_____
Other:	_____	_____

B. Student Malpractice Coverage:

Please complete a separate Student Malpractice (Professional) Liability Application, if applicable.

3. Are security guards on campus during school hours? Yes No

If yes, are they:

District Employees Contracted Both

4. Does the District currently have a Student Accident Policy? Yes No

If Yes:

NAME OF CARRIER:

5. a) Number of swimming pools in use by district? _____
- b) Number of diving boards in use by district? _____

6. Is pool open to the general public and others? Yes No

GENERAL LIABILITY (continued)

7. Are any of your **playgrounds** or **playground equipment** older than 15 years?

Yes No

8. Does district possess any owned or borrowed **watercraft** above 25 feet in length?

Yes No

- a. No. # of owned watercraft above 25 feet: _____
- b. Estimated Annual use in months: _____
- c. # of owned watercraft below 25 feet: _____
- d. Annual use in months: _____

9. Does district sponsor student trips or train students on non-owned or hired watercraft above 25 feet in length?

Yes No

- a. Estimated # of outings or rentals per year? _____

10. Does your district have an active **anti-violence, peer mediation, student dispute resolution** or similar such **program**?

Yes No

- a. If yes, how effective do you rate this program?

Highly Effective Somewhat Effective Not Very Effective

- b. If No, are you interested in having NYSIR contact you to help you develop a similar such program?

Yes No

FUEL STORAGE INFORMATION

This is not an application for Underground Storage Tank Liability coverage. Please contact the NYSIR Underwriting Department to request an application for Underground Storage Tank Liability insurance. The Environmental Impairment Liability Coverage is not provided under your NYSIR policies.

Number of Tanks:	Heating Oil	Diesel	Gasoline	Waste Oil
Above Ground				
Below Ground				

TRANSPORTATION

1. Total number of students being bused on district-owned vehicles: _____
2. Total number of district-owned vehicles used regularly to transport students:
Bus _____ Van _____ Other _____
3. Total number of buses laid up for summer months: _____

For questions 1-4 below please do not include athletics or field trips.

1. Total Number of contracted school buses: _____.
2. Total number of students being bused on contracted buses: _____
3. Estimated transportation contract for the coming year: \$ _____
4. List the names of transportation contractors used by the district:
5. Are all required vehicles DOT inspected? Yes No
6. Are all drivers 19A certified as required? Yes No
- 7a. Other than bus drivers, do any other employees or volunteers drive district vehicles to transport students?
 Yes No
- b. If yes, do any of these employees or volunteers transport students more than 30 times throughout the year?
 Yes No

VII. **FLEET SCHEDULE** (attach additional sheets as necessary)

DEDUCTIBLES REQUESTED

Add/Delete	Effective Date	Year	Make/Model	Vin#	USE P, B, VB, S (see below)	Seating Capacity	\$ Cost New	Gross Vehicle Weight	Other than Collision	Collision

USE: (P) Private Passenger (VB) Van used as bus (B) Bus (S) Service Maintenance

BUSINESS PROPERTY FLOATERS

This coverage provides property insurance on specified movable property at a lower deductible than the district's annual property deductible.

Athletic Equipment	\$ _____
Audio Visual Equipment	\$ _____
Building/Grounds Equipment	\$ _____
Contractors Equipment	\$ _____
Electronic Data Processing (EDP) Equipment	\$ _____
Electronic Scoreboard	\$ _____
Fine Arts	\$ _____
Mobile Equipment	\$ _____
Musical Instruments	\$ _____
Nurses Equipment	\$ _____
Office Equipment	\$ _____
Radios/Cameras	\$ _____
Software Programs	\$ _____
Valuable Papers & Records	\$ _____
Miscellaneous Property (attach list of types of equipment to apply)	\$ _____
Other (describe)	\$ _____
Other (describe)	\$ _____



CLAIMS-MADE SCHOOL LEADERS ERRORS AND OMISSIONS APPLICATION

I. APPLICANT INFORMATION

1. A. Name of School Entity: _____
Address: _____

Telephone: _____
Contact Person for Business: _____
2. A. Number of Schools Comprising School Entity _____
B. Total Current Enrollment _____
C. Expected Enrollment in Three Years _____
D. In the last 3 years, has the district been involved in any school mergers/closings or plan to have any in the next 12 months? _____ Yes _____ No
If yes, has your attorney reviewed your merger/closing plan? _____ Yes _____ No
E. Any school openings in next 18 months? _____ Yes _____ No
If yes, explain: _____

3. A. Please indicate the number of employees in the following categories:
Total Number of Employees: _____
Certified Teaching Faculty: _____
Non-Certified: _____
Administration: _____
Counselors/Psychologists: _____
Volunteers _____
Security/Law Enforcement _____
Other: _____
- B. Number of School Board Members _____
- C. Do you anticipate reduction of staff in the next 12 months? _____ Yes _____ No
If yes, explain _____
4. A. Have you had on-site monitoring visits by State or Federal Regulatory Agencies within the last 3 years? _____ Yes _____ No
If yes, explain findings/results (copy of report requested) _____



CLAIMS-MADE SCHOOL LEADERS ERRORS AND OMISSIONS APPLICATION

5. A. Does the School Entity have counsel?
If yes, please identify: _____
Labor Counsel: _____
General Counsel: _____
- B. Is the Entity's counsel _____ on retainer
_____ an employee of the Entity
- C. Does your attorney regularly participate in all grievances or administrative hearings?
_____ Yes _____ No

II. FINANCIAL INFORMATION

1. Budget: (Current and Prior 2 Years)

Year	\$ Revenues	\$ Expenditures
20__	_____	_____
20__	_____	_____
20__	_____	_____

Reasons for surplus or deficit:

2. Do you expect either your federal or state aid to be reduced this year? ____ Yes ____ No
If so, how will the gap be closed?

3. Has any bond been defeated in the past 3 years?
_____ Yes _____ No

If yes, explain:

4. What is entity's current bond rating? _____
No Rating _____



CLAIMS-MADE SCHOOL LEADERS ERRORS AND OMISSIONS APPLICATION

III. SCHOOL BOARD ERRORS AND OMISSIONS (LEGAL LIABILITY) INFORMATION

1. A. What is the name of your current School Board Errors & Omissions Insurance Company?

Term _____
Limit _____
Deductible _____
Premium _____

2. A. Has Any Employee of the School District been suspended, demoted, dismissed, transferred, or had their Contract of Employment non-renewed within the past twelve months?
_____ Yes _____ No

B. Has there been an employee strike within the past three years? ___ Yes ___ No

3. A. Has the Board instituted written guidelines for handling:

Sexual Harassment: _____ Yes _____ No
Sexual Molestation: _____ Yes _____ No
Corporal Punishment: _____ Yes _____ No
Employee Termination: _____ Yes _____ No

B. Do you have an employee handbook? _____ Yes _____ No

C. Do you have a student handbook?

D. Do you have policies and procedures for drug testing
students? _____ Yes _____ No
bus drivers? _____ Yes _____ No
other employees? _____ Yes _____ No

E. Has the District designated a Title IX Compliance Officer? _____ Yes _____ No

If yes to 3 (A-E), please provide a copy of relevant policy/handbook.

4. A. Has any claim been made or is now pending against the School District or any persons in their capacity as an official or an employee of the School District? _____ Yes _____ No

B. Has any person, former employee, or job applicant made claim alleging unfair or improper treatment regarding employee hiring, remuneration, advancement, treatment, or termination of employment? _____ Yes _____ No

C. Has any person, former employee, or job applicant filed a complaint with the EEOC or Human Rights Commission or any similar state or federal agency? _____ Yes _____ No

D. Has any person alleged sexual molestation/abuse and brought suit against any
student? _____ Yes _____ No
employee? _____ Yes _____ No
other? _____ Yes _____ No
other? _____ Yes _____ No



CLAIMS-MADE SCHOOL LEADERS ERRORS AND OMISSIONS APPLICATION

- 5. A. Does the School Entity, its Board, or its employees have any knowledge of any pending injury, or knowledge of any error or omission which might reasonably be expected to give rise to a claim against the Board, the Entity or any of its employees? ___Yes ___ No
- B. Has the Entity put its current E&O carrier in notice of such potential claim?
- C. Are there any special education hearings pending? If yes, how many?
How many special education hearings have taken place in the last 12 months?
Has the Entity's current carrier been put on notice of such special education hearings?

If you answered "YES" to any of the above Claims/Operational Information 4 (A-D) or 5 (A-C) Please explain below, or attach supplemental attachment:

IT IS AGREED THAT IF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION LISTED OR NOT LISTED IN SECTION IV (1-9) ABOVE EXISTS, WHICH HAS NOT BEEN PREVIOUSLY REPORTED TO THE NEW YORK SCHOOLS INSURANCE RECIPROCAL, THAN ANY CLAIM BASED UPON, ARISING OUT OF OR ATTRIBUTABLE THERETO IS EXCLUDED FROM THE POLICY BEING APPLIED FOR.

IV. ENTITY'S ATTESTATION:

Entity's Attestation - The Authorized signer of this application attests to the best of their knowledge that statements set forth herein are true, that no fact, circumstance or situation indicating the probability of a claim or action now known to any entity official or employee has not been declared, and it is agreed by all concerned that omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. It is further acknowledged that the signing of this application does not bind the signer to complete the insurance, but it is agreed this form shall be the basis of the contract should a policy be issued, and this form will serve as the basis of and will be referenced in the policy.

The statements set forth herein are considered material to the policy of insurance being applied for and, in addition to the penalties set forth above, any misrepresentation may result in rescission of the subject policy.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Authorized Signature/Entity	Date	Phone Number
Title	Representative: _____	
	Address: _____	
	Phone No.: _____	

Please disregard any question contained within this application that is prohibited by law.



**2018 Commercial Crime Policy Application
for NYSIR Program Applicants**

APPLICANT INFORMATION

School District or BOCES Name: _____

Mailing Address: _____

City: _____ State: N.Y. Zip Code: _____ Proposed Effective Date: _____

Agency: Northern Insuring Agency, Inc., P.O. Box 789, 171 Margaret Street, Plattsburgh, N.Y. 12901-0789

LOSS EXPERIENCE

List all crime losses > \$1,000 sustained during the last three years. * Check here if none

Date of Loss	Total Amount of Loss	Description of Loss and Corrective Action

*Attach a separate sheet if additional space is needed. Attach currently valued loss runs for new business.

UNDERWRITING DATA

Please include the following:

- CPA Management Letter on Internal Controls
- School Board Response Letter to CPA Management Letter

	Number		Number
Administrative / Supervisory Staff			
Teaching Staff (include Full Time & Part Time – do not include substitutes)		Number of Students	
Other Staff (Support, Maintenance, Etc.)		Annual Budget	
School Board Members		\$ _____	
Total Number of Employees*			

***Includes full-time, part-time and School Board Members. PLEASE NOTE THIS POLICY DOES NOT COVER INDIVIDUALS THAT ARE NOT DIRECT EMPLOYEES OF THE SCHOOL DISTRICT.**

IMPORTANT:

School Districts that practice segregation of duties and perform background checks on new employees have a better opportunity to either prevent or detect employee dishonesty. Segregation of duties means that no single employee can control a process or transaction from beginning to end.

INTERNAL CONTROLS		
1.	A. Is countersignature of checks required? B. If yes what is the dual signing limit?	• Yes • No \$
2.	Is segregation of duties practiced in the following areas:	Inventory management? • Yes • No Vendor approval? • Yes • No Purchase order approval & payment? • Yes • No Cash and check receipts? • Yes • No Oversight of blank check stock? • Yes • No Payroll? • Yes • No Wire transfer receipts and payments? • Yes • No
3.	Do employees who reconcile bank statements also: If any answer is yes, explain procedures.	Make deposits? • Yes • No Make withdrawals? • Yes • No Sign checks? • Yes • No
4.	Are all incoming checks stamped "for deposit only" immediately upon receipt?	• Yes • No
5.	Are inventory records computerized?	• Yes • No
6.	Is a physical count of inventory conducted at least annually?	• Yes • No
7.	Are the duties of computer programmers and operators separated?	• Yes • No
8.	Are computer passwords changed frequently?	• Yes • No How Often?
9.	For new employees, do you perform any of the following types of background checks?	Prior employment? • Yes • No Education? • Yes • No Criminal History? • Yes • No Drug Testing? • Yes • No Credit History? • Yes • No None? • Yes • No
10.	Does your school district contract with BOCES to provide service? If yes, do you want those individuals covered for employee dishonesty at a \$100,000 sublimit (maximum amount available)? Provide details including title and job responsibilities.-	• Yes • No • Yes • No
Details and/or additional explanatory information on any of the above (attach separate narrative if necessary):		
AUDIT FUNCTIONS		
1.	A. Do you engage an independent CPA for an annual audit? B. If yes, does the audit include all locations?	• Yes • No • Yes • No
2.	Please indicate the type of audit:	Certified • Compilation • Review •
Details and/or additional explanatory information on any of the above (attach separate narrative if necessary):		

State Education Department		
1.	Have you complied with all of the State Education Department's requirements under the New York State Comptroller's Five Point Plan? <u>If "No", explain in detail which point(s) you have not complied with, why not, and when the District /BOCES will be in compliance.</u>	• Yes • No
Details and/or additional explanatory information on any of the above (attach separate narrative if necessary):		

SCHOOL DISTRICT OPERATIONS		
1.	Do you have any of the following policies in place with communication to all employees:	Code of Ethics? • Yes • No Fraud Policy? • Yes • No Conflict of Interest? • Yes • No
2.	Are these documents reviewed and signed off on by all employees including school board members?	• Yes • No
3.	Does the school district have an investment policy that is approved by the Board of Education?	• Yes • No
4.	Is a confidential hotline or procedure in place for employees to report violations of your policies?	• Yes • No
5.	Does the school district have an outside investment advisor? If yes, provide name:	• Yes • No
6.	Do any independent contractors perform services that are similar to duties of an employee? If so, provide details:	• Yes • No
7.	Does your school district utilize the services of another school districts employee? If yes, please provide details. If yes, do you want those individuals covered for employee dishonesty at a \$100,000 sublimit (maximum amount available)?	Yes • No Yes • No
Details and/or additional explanatory information on any of the above (attach separate narrative if necessary):		

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

Attention: Insureds in Kentucky, New Jersey, New York, Ohio, and Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (PARTNER, PRINCIPAL OR OTHER OFFICER ACCEPTABLE TO TRAVELERS) OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE

INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

REPRODUCED SIGNATURES, INCLUDING PHOTOCOPIES, WILL BE TREATED AS ORIGINAL.

Signature* of **Applicant's** Authorized Representative
(Partner, Principal or Officer)

Name (Printed)

Title

Date

***IF YOU ARE ELECTRONICALLY SUBMITTING THIS APPLICATION TO TRAVELERS, APPLY YOUR ELECTRONIC SIGNATURE TO THIS FORM BY CHECKING THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX BELOW. BY DOING SO, YOU HEREBY CONSENT AND AGREE THAT YOUR USE OF A KEY PAD, MOUSE, OR OTHER DEVICE TO CHECK THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX CONSTITUTES YOUR SIGNATURE, ACCEPTANCE, AND AGREEMENT AS IF ACTUALLY SIGNED BY YOU IN WRITING AND HAS THE SAME FORCE AND EFFECT AS A SIGNATURE AFFIXED BY HAND.**

LIMITS OF INSURANCE

Please circle one Limit of Insurance per Coverage Form:

INSURING AGREEMENT	LIMIT OF LIABILITY			RETENTION
Fidelity	\$1,000,000			\$1,000
	\$2,000,000			\$1,000
	\$3,000,000			\$1,000
	\$4,000,000			\$1,000
	\$5,000,000			\$1,000
Forgery or Alteration	\$25,000	\$50,000	\$100,000	\$500
On Premises Money & Securities	\$10,000	\$25,000	\$50,000	\$500
In Transit Money & Securities	\$10,000	\$25,000	\$50,000	\$500
Computer Fraud	Same as Fidelity limit			\$1,000
Computer Program & Electronic Data	\$100,000			\$500
Funds Transfer	Same as Fidelity limit			\$1,000
Claim Expense	\$20,000			\$-0-

Note: Higher retentions are available.



Required Questionnaire for Increasing Limits of Insurance for CyberOne and Data Compromise Coverage

All of the following questions must be answered in order to apply for an increase in aggregate coverage limits from \$250,000 to \$1,000,000. Please complete, sign, and date the questionnaire. Completion of this document does not provide any insurance coverage or amend any existing insurance coverage or coverage limit.

Subscriber Name _____

1. Has your organization suffered a breach of personal information in the last 12 months? Yes No
2. Do you conduct background checks on prospective employees? Yes No
3. Is there a posted document retention/destruction policy in place? Yes No
4. Do you maintain regularly updated computer security measures, e.g. firewall configured to maximum security, secured wireless connectivity, virus protection configured to update automatically? Yes No
5. Are your employee, customer, and other physical and electronic records maintained in a secure environment with limited access? In the case of electronic records, this includes using networks that cannot be accessed externally. Yes No
6. Is access to personal information and/or third party confidential information restricted by job position? Yes No
7. Is there a Chief Information and/or Chief Security Officer (or equivalent)? Yes No
8. Do you have a comprehensive Information Security and Privacy Policy addressing such items as use of email (including size limitations), etc.? Yes No
9. Do you provide regular security training/information to all people who have access to personally identifying information, whether in paper or electronic format? Yes No
10. Are all users issued unique IDs and passwords when connecting to or accessing the internal network and do passwords require periodic changes, minimum length and mixed case, letters, numbers and special characters? Yes No
11. Do you backup computer data and store it off site? Yes No
12. Do you use encryption techniques for secure communications and the transfer of confidential information? Yes No
13. BOCES only: What is the Average Daily Attendance (ADA) of the School Districts you serve? _____

Name of School District Official

Signature

Date

Return this completed document to NYSIR. Any change in coverage limit(s) must be approved in writing by the Underwriting Department and a policy endorsement(s) must be issued to reflect the change(s). An additional premium will be charged for the increase in coverage limit(s).

None of this material amends, or otherwise affects, any provisions or coverage of any insurance policy issued by the New York Schools Insurance Reciprocal. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.



Unmanned Aircraft System (UAS) Questionnaire

(Please complete, sign and date the questionnaire. This document does not provide any insurance coverage or amend any existing insurance coverage.)

District/BOCES Name: _____

District/BOCES Contact & Telephone #: _____

UAS Information

(This information is required for each unmanned aircraft. You may copy this form for additional aircraft.)

Aircraft Manufacturer: _____

Model: _____

Maximum Speed: _____

Weight: (pounds): _____

Equipped with camera: Yes____ No____

FAA Registration Number: _____

Purchase Price: \$_____

UAS Use

Educational Purposes: Description: _____

Other Purposes: Description: _____

Name of District/BOCES Official

Signature of District/BOCES Official

Date _____