

**MANAGEMENT LIABILITY
FOR-PROFIT EDUCATIONAL ORGANIZATION
SUPPLEMENTAL APPLICATION**



Atlantic Specialty Insurance Company
(Stock company owned by Intact Insurance Group USA LLC)

intactspecialty.com/management-liability

THIS SUPPLEMENTAL APPLICATION IS PART OF THE MANAGEMENT LIABILITY APPLICATION, INCLUDING A RENEWAL APPLICATION, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS AND REPRESENTATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENTAL APPLICATION.

If additional space is needed to answer the below questions, attach a separate document to this Application to provide complete answers. If the answer to a question is none, state "None" or "0" in the space provided.

I. GENERAL INFORMATION

1. Name of Applicant:
(as identified in the Management Liability Application submitted for the proposed insurance)

II. ORGANIZATIONAL INFORMATION

2. Enrollment (Applicant and its subsidiaries):
a. Current Enrollment: _____
b. Prior Year Enrollment: _____

3. Types of Employment (Applicant and its subsidiaries):
a. Number of full-time faculty / instructors: _____
b. Number of part-time faculty / instructors: _____
c. Number of administrative personnel (including principals, deans and provosts): _____

4. Please select all that describe the Applicant's and its subsidiaries' nature of business:
 Junior / Community College Law School Private School
 4 Year College / University Special Education Facility Other: _____
(Describe):

5. Campus Information:
a. How many campuses are a part of the Applicant and its subsidiaries? _____
b. Have any campuses, schools or study programs (including music, art or athletics) been closed, reduced or discontinued during the past twelve (12) months? Yes No
c. Does the Applicant or any of its subsidiaries plan to close, reduce or discontinue any campuses, schools or study programs (including music, art or athletics) in the next twelve (12) months? Yes No
If "Yes" to 5.b. or 5.c., please attach complete details.
d. What percentage of the Applicant's and its subsidiary's classes are conducted online or via internet? _____ %
e. Is there on-premises housing on any of the Applicant's or its subsidiaries' campuses? Yes No
f. Are there disaster/emergency plans for natural disasters, on-campus violence and terrorist attacks? Yes No

6. Accreditation:

- a. Are the Applicant and its subsidiaries accredited? Yes No
- i. Date of last accreditation: _____
- ii. List accrediting body(ies): _____
- b. Does the Applicant or any of its subsidiaries offer programs that are not accredited? Yes No
- c. Has the Applicant, any of its subsidiaries or any academic programs of the Applicant or its subsidiaries lost accreditation, been placed on probation or been deemed unable to gain accreditation? Yes No
- If "Yes," please attach complete details.
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7. Financial Information:

- a. Does the Applicant or any of its subsidiaries receive any federal funding? Yes No
- i. If "Yes," what percentage of revenues is received from governmental sources? _____ %
- ii. If "Yes," has any governmental body threatened or taken any probationary or censure activity with regards to the continued participation in any federal funding program? Yes No
- b. What is the Applicant's and its subsidiaries' student loan default rates? _____
- c. Are admissions personnel compensated based on enrollment? Yes No
- d. Does the Applicant or any of its subsidiaries make promises or guarantees related to job placement, qualifications, or certifications attained through course of study or transferability of credits? Yes No
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8. Graduation Information:

- a. What are the Applicant's and its subsidiaries' current graduation rates? _____
- b. What are the Applicant's and its subsidiaries' current retention rates? _____
- c. What are the Applicant's and its subsidiaries' current after graduation employment rates? _____
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III. SIGNATURE AND AUTHORIZATION

The undersigned declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplemental Application and any attachments or information submitted with this Supplemental Application are true and complete. For Florida Applicants, the preceding sentence is replaced with the following sentence: The undersigned represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplemental Application and any attachments or information submitted with this Supplemental Application are true and complete. The undersigned understands that this Supplemental Application and any such attachments or information submitted herein are part of the application submitted by or on behalf of the Applicant for the proposed insurance, and are subject to the representations and conditions set forth therein.

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

PENNSYLVANIA APPLICANTS: 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.

NEW YORK APPLICANTS: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	

NOTE: THIS APPLICATION MUST BE SIGNED BY THE CHIEF EXECUTIVE OFFICER OR THE CHIEF FINANCIAL OFFICER OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.