



K-12 Security Risk Management Application

Name _____
 Principal Address _____ City _____ Province _____ Postal Code _____
 Telephone: () _____

Description of Operations

1. Total number of school districts to be included: _____
2. Combined average daily attendance of school districts: _____
3. Estimated annual combined number of outgoing and incoming exchange students: _____
4. Please provide any 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): _____

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: _____

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

Notice to Applicants

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.

This document was issued or made by the Company in the course of its insurance business in Canada.

Applicant Signature _____ **Title** _____ **Date** _____

Producer Signature _____ **Title** _____ **Date** _____