



ACADEMIC SCHOOLS SUPPLEMENT

SUBMISSION REQUIREMENTS

- ACORD Application (for lines of coverage to be written)
Statement of Valued (for blanket and/or agreed value)
4 Years of Currently Valued Company Loss Runs
Educators Professional Select Application (for D&O, E&O/EPL)
Drivers List with License Numbers and DOB
Schedule of Vehicles
Financial Statement

GENERAL APPLICANT INFORMATION

Applicant: Kairos Academies
Mailing Address: 2315 Miami St.
Website Address: www.kairosacademies.org
Effective Date: July 22, 2019
Risk Management Contact: Brittany Kelleher
Risk Management's Phone: 314-252-0602
Risk Management's Email: Brittany@kairosacademies.org

SECTION I - GENERAL INFORMATION

- 1. Type of school: Private, Public, Charter, Residential/Boarding, College/University, Special Needs, For Profit, Non-Profit
Grades: through:
2. Total number of students enrolled: 120
3. Date school founded: October 23, 2018 Date school chartered: October 23, 2018
4. Is Applicant's school accredited? Yes No
If yes, list accrediting organization: State Board of Education (authorizer); MO Charter School Commission
5. Does Applicant have day care on premises? Yes No
If yes, please complete the Day Care Supplemental Application.
6. Does Applicant want corporal punishment coverage? Yes No
Does your school's policy encourage or allow the use of corporal punishment? Yes No
Is there a formal, written policy prohibiting the use of corporal punishment? Yes No
Have there been any claims or incidents reported? Yes No
If yes, please explain the circumstances and details:
7. Does Applicant have medical facility/infirmary? Yes No
Does the facility dispense medication? Yes No
Does the facility provide only immediate care / first aid? Yes No
Does the facility only serve students and employees? Yes No
Are there only over-the-counter drugs stored on premises? Yes No
Are written instructions from parents required prior to dispensing any medications to minors? Yes No
Is there any overnight care provided? Yes No
How many beds are in the infirmary: N/a
Are there written operational procedures in place? Yes No
Is there a medical professional on staff? Yes No
If yes, please indicate which of the following and how many are employed by the Applicant:
Physical Therapist: Psychologist: Dentist: RN:
Nurse Practitioner: Physician: Counselor:
Does the professional carry their own malpractice insurance? Yes No
If yes, who is the carrier and what limit is carried:
Are medical history and care records kept for each patient? Yes No
8. Are there any fraternities or sororities on the premises? Yes No

9. Does the Applicant sponsor camps?

Yes No

SECTION II - SECURITY

- 1. Are all visitors to the school required to sign in and out? Yes No
- 2. Are there security guards at the school daily? *Kairos is in a building with employed security guards. They keep Kairos safe but are not insured by the school.* Yes No
- 3. Indicate the number of personnel providing security services:
 Employed: _____ Unarmed Security: _____ Armed Security: _____
 Contracted: _____ Unarmed Security: _____ Armed Security: _____
- 4. When security is contracted to a third party, is the contractor's general liability / law enforcement professional liability policy required to name the educational institution as an additional insured? Yes No
 If yes, does the third party maintain a minimum limit of liability coverage and indemnify the educational institution? Yes No
 If yes, indicate the minimum limit of liability of general / policy professional liability coverage your institution requires: \$ _____
- 5. Do security personnel have arresting authority? Yes No
- 6. If there is employed armed security, are they trained and/or re-certified annually to the standards required for public sector law enforcement personnel within the political subdivision for use of weapons? Yes No
- 7. Are criminal background checks and psychological reviews provided for all employed security? Yes No
 If yes, how often are these checks and reviews conducted: Every _____ Months
 If no, explain: _____
- 8. Is your security department accredited by the International Association of Campus Law Enforcement Administration (IACLEA)? Yes No
- 9. Does a mutual aid agreement exist with local city or county police? Yes No
- 10. Does the Applicant permit staff, volunteers, or visitors to carry open or concealed firearms on your premises? Yes No
- 11. If the Applicant does not permit open and/or concealed carry of firearms on any premises for which you are requesting insurance coverage do all locations have signage which conspicuously identifies the building as a Gun Free Zone? Yes No
- 12. Do security personnel store weapons on premises? Yes No
- 13. Do faculty, staff, or employees store weapons on premises? Yes No
- 14. Does the Applicant's Weapons Ban Policy have any exceptions? Yes No
- 15. Does the educational institution have emergency call boxes located throughout the campus that are connected directly to campus security or police? Yes No
- 16. Does the educational institution provide after-hours security escort service for students? Yes No

SECTION III - ATHLETICS

- 1. Does the Applicant obtain a signed release which includes a hold harmless agreement from the parents/guardians of all participants and obtained annually? Yes No
- 2. Are there procedures in place to verify that parents / guardians carry their own health insurance? Yes No
- 3. Are medical exams required for all participants in extra-curricular sports? Yes No
- 4. Is someone who is trained in first aid always present during practices and games? Yes No
- 5. Is Student Accident Insurance carried? Yes No
 If yes, what is the limit carried? Student Accident Insurance is in process and will be carried before the start of the yr.
- 6. Does the school have a written concussion management protocol that is compliant with current state legislation? Yes No
 - a. Does the Applicant distribute the written protocol to coaches, parents, and players, and require the parent / guardian's acknowledgement that they have received and reviewed? Yes No
 - b. Does the protocol include training in recognizing the signs / symptoms of a concussion or other closed head injury? Yes No
 - c. Does the Applicant utilize base line testing?
 Is the training required for all coaches and faculty involved in physical education or sports instruction? Yes No
 - d. Does the protocol when a concussion is suspected require:
 - i. removing the athlete or student from play? Yes No
 - ii. evaluation by an appropriated healthcare professional? Yes No
 - iii. informing the athlete or students' parents / guardians about the possibility of a concussion and giving them information about concussions? Yes No
 - iv. keeping the athlete or student out of play until an appropriate healthcare professional certifies that the athlete or student is symptom free and gives the OK for them to return to play? Yes No

- e. Does the Applicant utilize any concussion impact monitoring technology? Yes No
- i. If yes, name of manufacturer: _____
- ii. Who monitors the data:
 Coaches Employees Volunteers 3rd Party
7. Does the Applicant have any saddle animals or equestrian teams? Yes No
8. Does the Applicant have any swimming pools on the premises? Yes No
 If yes, are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? Yes No
 If no, provide time table and action plan: _____
-
9. Number of athletic trainers: _____
10. Is the Applicant compliant with the Zackery Lystedt law? (only applicable in WA) Yes No
11. Bleachers:
 # of Outside: 0 Seating capacity: _____ How often inspected: _____
 # of Inside: 0 Seating capacity: _____ How often inspected: _____
12. Are any of the following offered? (check all that apply)
- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Equestrian | <input type="checkbox"/> Snow Skiing |
| <input type="checkbox"/> Bungee Jumping | <input type="checkbox"/> Polo | <input type="checkbox"/> Sky Diving |
| <input type="checkbox"/> Climbing (Mountain, Rock or Wall) | <input type="checkbox"/> Rugby | <input type="checkbox"/> Trampoline |
| <input type="checkbox"/> Crew/ Rowing | <input type="checkbox"/> Scuba Diving | <input type="checkbox"/> Water Skiing |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

SECTION IV – FIELD TRIPS

1. Approximately how many field trips are sponsored each year? 3
2. Are all trips within the United States? Yes No
 If no, please list locations outside of the United States: _____
3. Describe the types of trips that are taken:
Educational enrichment
4. Is written permission / waiver obtained from each child's parent or guardian? Yes No
5. If parents/volunteers or staff vehicles are used, does Applicant obtain proof of Liability coverage? Yes No

SECTION V – ABUSE & MOLESTATION

1. Does your employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? Yes No
2. Does your state permit you to do criminal background investigations? Yes No
 If yes, do you routinely request and receive such background investigations? Yes No
 Are federal and state criminal background checks performed on:
 Staff Yes No
 Volunteers Yes No
3. Do any independent contractors have access to students or perform operations where they will be physically touching another person? Yes No
 If yes, please explain: _____
4. Does the Applicant perform background checks on hired independent contractors? Yes No
5. Is there a new employee and volunteer orientation that includes training in abuse awareness? Yes No
6. Does the Applicant verify employment related references? Yes No
7. Does the Applicant conduct personal interviews? Yes No
8. Does the Applicant have written procedures dealing with sexual abuse? Yes No
If yes, please attach a copy.
9. Does the Applicant have a plan of supervision that monitors staff in day-to-day relationships with students, both on and off premises such as class trips? Yes No
10. Does the Applicant have a Sexual Abuse Awareness Program for students? Yes No
11. Does the Applicant have a specific training for the faculty on identifying and reporting incidents of sexual abuse and molestation? Yes No
12. Has the Applicant ever had an incident which resulted in an allegation of sexual abuse? Yes No
If yes, please describe the incident: _____
13. Was a claim made against the organization? Yes No
14. Was the case settled? Yes No
15. Was the case taken to trial? Yes No
16. How much money was paid in damages to the victim: \$ _____

17. Does Applicant's current insurance program provide abuse and molestation coverage? Yes No
 If yes, Occurrence Claims Made
 Limits: \$ _____ Carrier: _____ Retroactive Date: _____

SECTION VI - AUTOMOBILE

1. Does the Applicant use an independent school bus contractor to transport students? Yes No
 a. If yes, are Certificates of Insurance required from the contractor? Yes No
If yes, attach Certificate of Insurance.
 b. Is the school an additional insured on the contractor's policy? Yes No
 2. Does the Applicant hire or borrow vehicles for non-busing purposes? Yes No
 If yes, please describe purpose and length of time vehicles are hired or borrowed:

3. Approximately how many cars are hired or borrowed annually? _____
 Total cost of hire, bus contractors: \$ _____ Total cost of hire, other: \$ _____
 4. Are any buses leased or loaned to others or used by outside organizations? Yes No
If yes, please explain:

5. Number of employees using their own vehicles for school business (occasional or full-time use): _____
 6. For those employees who use their own vehicles for school business, either full-time or occasionally, does the school require the employee to carry primary insurance? Yes No
 If yes, what is the maximum limit the Applicant is requiring them to carry? \$ _____

7. Does the Applicant have a full-time fleet manager? Yes No
 If yes, please advise: Number of years in current position: _____ Total number of years' experience: _____
 If no, who is responsible for fleet safety and maintenance? _____

8. Does the school have a routine maintenance program for all vehicles? Yes No
 9. Are maintenance records kept for each vehicle? Yes No
 10. Does the Applicant's organization utilize GPS fleet telematics devices? Yes No

- If yes, please check off the fleet telematics being utilized:
 Plug In Hard Wired Mobile Phone Other: _____

11. What percentage of the Applicant's fleet is provided with these fleet telematics devices? _____ %
 12. Does the school obtain Motor Vehicle Reports on ALL employees? Yes No
 If yes, when? At time of hire Annually Randomly (based on accidents or suspicions)

13. Does the Applicant have a formal driving policy in place with MVR standards? Yes No
 a. Is driving policy communicated in writing to all employees? Yes No
 Does the policy prohibit the use of cellphones / electronic messaging while driving? Yes No
 b. Is a signed acknowledgement form kept on file? Yes No
If yes, please attach a copy of signed acknowledgement.
 c. Does the Applicant have written guidelines defining an acceptable Motor Vehicle Record? Yes No
 If yes, attach copy of guidelines.

14. What action is taken if an "unacceptable" driver is identifiable? _____

15. Does the Applicant perform accident investigations for each automobile accident? Yes No
 16. Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driver training? Yes No
 17. Describe any ongoing training provided to drivers: _____

18. Describe security regarding bus / vehicle storage:
 Locked Garage Fenced Lot Lighting Security Cameras
 Security Personnel Vehicle Locked When Unattended Other: _____

WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

1. Fire Protection and Testing
 - a. Is the building provided with an Automatic Fire Sprinkler System (AS)? Yes No N/A
 - i. If yes, approximately what percentage (%) of the building is sprinklered? _____ %
 - ii. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe Both
 - iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? Yes No N/A
 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):
 - iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? Yes No N/A
 - v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? Yes No N/A
2. Emergency Water Response (domestic and AS water lines)
 - a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? Yes No N/A
 - b. Are water shutoff valves exercised (closed and reopened) at least annually? Yes No N/A
 - c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? Yes No N/A
3. Automatic Water Shutoff Devices
 - a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? Yes No N/A
4. Unused/Vacant Spaces
 - a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? Yes No N/A
5. Unheated Areas (attics, crawl spaces, exterior wall joists)
 - a. Are all domestic water lines located in areas heated to at least 45°F? Yes No N/A
 - i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation):

6. General Comments:

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO 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). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

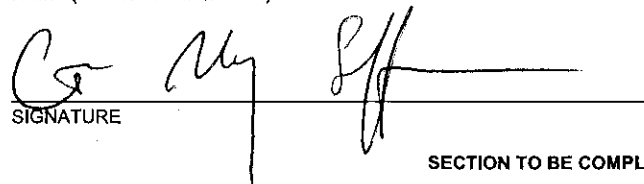
APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: 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.

APPLICABLE IN 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.

APPLICABLE IN NEW YORK: 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Gavin Schiffres
NAME (PLEASE PRINT/TYPE)


SIGNATURE

Chief Executive Officer
TITLE

(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

7/2/2019
DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)



PRIVATE & CHARTER SCHOOL STUDENT ACCIDENT PROGRAM REQUEST FOR INSURANCE

NEW BUSINESS **RENEWAL OF POLICY NUMBER** _____

Coverage will become effective on the date requested or when your Hartford Licensed Agent Appointment is active. As Blanket Insurance, no list of names is required. Standard commission is 15% and the **Minimum Policy Premium is \$340**. For additional underwriting information (including License and Appointment forms) please refer to our website at **WWW.ACCIDENTLINES.COM**. Once completed, please return this Application to **BLANKETLINEQUOTES.GBD@THEHARTFORD.COM**

POLICYHOLDER INFORMATION

Name of Proposed Insured Kairos Academies
 Mailing Address 2315 Miami St City St. Louis State MO Zip Code 63118
 Physical Address 2315 Miami St City St. Louis State MO Zip Code 63118
 Signature of Person Providing Information [Signature] Date 07/02/2019
 Email Address Brittany@kairosacademies.org Phone Number (314) 252-0692

PRODUCER INFORMATION*

Name of Agency/Broker _____ Hartford Agency Code _____
 Address _____
 Signature of Licensed Resident Agent (where required) _____
 Sub-Producer (Agent) Name _____ Agent License # (for situs state) _____
 Email Address _____ Phone Number _____

* Must be Life and Health appointed- if you are not, you must complete an Appointment Application and attach a copy of the license for the Agency and Sub-Producer (required)

COVERAGE & PLAN DESIGN *Includes Montessori, Private & Charter Schools

Proposed Effective Date August 12, 2019 Proposed Expiration Date August 11, 2020

Benefits- select Plan 1 or Plan 2 to indicate requested plan design

Plan 1 Benefits

- \$10,000 Accidental Death & Dismemberment (ADD)
- \$25,000 Accident Medical Expense (AME)
- \$250 Dental Limit
- \$0 Deductible
- Excess Coverage
- Sickness is not covered under this policy*

Plan 2 Benefits

- \$15,000 Accidental Death & Dismemberment (ADD)
- \$50,000 Accident Medical Expense (AME)
- \$250 Dental Limit
- \$0 Deductible
- Excess Coverage
- Sickness is not covered under this policy*

Enrollment- please indicate the number of students by grade (Teachers and Staff not eligible for coverage)

Pre-K- 6th Grade 120 total
 Grades 7-12 _____

Sports Coverage Options (all students in the school will be rated under this option)

- Not including sports
- Including all sports but not Tackle Football and/or Ice Hockey
- Including all sports and including Tackle Football and/or Ice Hockey

Program may not be available in all states

PRIOR COVERAGE

Is there a Blanket Accident Policy currently in force? No Yes

If yes, attach Premium & Loss information for past 3 years and include a copy of the current policy or certificate.



EDUCATIONAL BUSINESS INCOME WORKSHEET

Named Insured: Kairos Academies Completed By: Brittany Kelleher Title: Chief Operating Office
 Policy Number: _____ Effective Date: July 22, 2019
 Date: 7/3/2019

ALL ENTRIES TO BE ON AN ANNUAL BASIS	Most Recent 12- Month Period Ending:	Estimated 12- Month Policy Period Beginning:
A) INCOME		
1. Tuition (net of non-refundable scholarships and financial aid)	\$	\$1399022
2. Room and Board (dormitory fees and meal contracts)	+\$	+\$0
3. Laboratory and other fees	+\$	+\$0
4. Bookstore sales and other retail sales (excl. sales tax)	+\$	+\$0
5. Ticket Sales (athletic, concerts, and other events)	+\$	+\$0
6. Research Grants and/or Contracts	+\$	+\$0
7. Commissions or Rents from others using your Facilities	+\$	+\$0
8. Rental Income (from leased campus buildings and other investment property if included in policy)	+\$	+\$0
9. Other Income (do not include donations, fund raising and investment income):	+\$	+\$
10. TOTAL ANNUAL GROSS INCOME (Add Lines 1-9)	=\$0	=\$1399022
B) EXPENSES AND DEDUCTIONS		
11. Contractual adjustments, bad debts, and collection expenses	-\$	-\$270490
12. Cost of merchandise sold and material and supplies, consumed directly supplying your services	-\$	-\$
13. Cost of services purchased from outsiders (not your employees) to resell, that does NOT continue under contract. Costs that continue are NOT deducted.	-\$	-\$263421
14. Are you excluding OR limiting "Ordinary Payroll" expenses? If yes, DEDUCT: All "Ordinary Payroll" expenses. See Footnote (14). If NO, leave blank.	-\$	-\$
15. BUSINESS INCOME EXPOSURE FOR 12 MONTHS	=\$0	=\$865111
C) ADDITIONAL FACTORS		
16. Period of Restoration: See Note (16) below Adjust for maximum time to rebuild, repair or replace property damaged by serious loss at your campus (consider facility that is most vulnerable to causing loss of revenues) or time to move to a new permanent location and resume your normal operations. e.g. 6 months = .5; 9 months = .75; 12 months = 1.00; 18 months = 1.50; 2 years = 2.00 Estimated number of Months = <u>3</u> which equals to a factor of <u>.25</u> Factor 16. MULTIPLY Line 15. by Factor 16.		=\$216277.75
17. If "Ordinary Payroll" is limited to <input type="checkbox"/> 90 days or <input type="checkbox"/> 180 days, ADD BACK largest payroll amount associated with the number of days checked above.		+\$
18. Minimum Amount of Business Income Insurance needed for your estimated Period of Restoration		=\$216277.75
19. Extended Business Income: Indicate number of months your anticipated reduced income after resuming normal operations: <u>0</u> Months. See Footnote (19) ADD amount of estimated reduced income for the number of months indicated above.		+\$
20. Is Extra Expense to be insured AND included in your Business Income Limit of Insurance? If yes, ADD Extra Expense incurred to avoid or minimize suspension of business and continue operations. (Calculate using Worksheet on page 3). If no, fill in zero.		+\$98622.5
21. YOUR ESTIMATED AMOUNT OF NEEDED BUSINESS INCOME & EXTRA EXPENSE INSURANCE. Do not reduce this amount by the Coinsurance Percentage you select below.		=\$314900.25

EXTRA EXPENSE COVERAGE

Extra Expense Coverage provides additional coverage in the event of a loss for necessary expenses sustained during the period of restoration that you would have not have incurred if there had been no direct physical loss or damage to property. For example, it becomes necessary to contract with an outside food service since your kitchen is non-operational due to a loss or you must rent residential accommodations for your students who have been displaced.

ALL ENTRIES TO BE ON AN ANNUAL BASIS		ACTUAL VALUES OF YEAR ENDED:	ESTIMATED TOTAL VALUE FOR NEXT 12 MONTHS ENDED:
1.	Relocation expenses	\$	\$6000
2.	Insurance expenses:	\$	\$
3.	Janitorial and Security	\$	\$
4.	Labor, altering, and equipping	\$	\$
5.	Light, power, heat, telephone/data lines	\$	\$25000
6.	Rent (housing and educational facilities)	\$	\$67622.5
Other Additional Expenses			
1.	Bonus for quick services	\$	\$
2.	Laboratory costs	\$	\$
3.	Legal and other professional fees	\$	\$
4.	Overtime labor of employees or additional staff or temporary labor	\$	\$
5.	Public services announcements/advertising/postage expenses	\$	\$
6.	Purchase of goods and materials	\$	\$
7.	Rent or leasing of machinery and equipment	\$	\$
8.	Travel expenses	\$	\$
9.	Other expenses	\$	\$
TOTAL EXTRA EXPENSE TO BE INSURED:		\$0	\$98622.5

This Business Income Worksheet is offered to assist in establishing adequate business income and extra expense values for insurance purposes. It is not offered as legal, accounting, or professional advice. It is intended as a guide that you can use together with other at your disposal to establish values you wish to insure. Because the steps outlined in this resource rely on information provided by the insurance purchaser, no representation is made with respect to accuracy, adequacy, or suitability of the values established. Philadelphia Insurance Companies will not assume any liability by reason of this information; the values determined using it, or the insurance buying decisions made as a result. You should review with your insurance agent/broker in determining the business income/extra expense values you wish to insure.

COMPLETION OF THIS WORKSHEET DOES NOT GUARANTEE ACCEPTANCE OR AGREEMENT OF ANY TERMS OR CONDITIONS.

SIGNATURES

Applicant Representative:

Name: Gavin Schiffres Title: Chief Executive Officer

Signature:  Date: 7-5-2019

Insurance Agency/Brokerage Representative:

Name: _____ Title: _____

Signature: _____ Date: _____