

Blue Oak Charter School
450 W. East Avenue, Chico, CA 95926
Meeting Room 24
FINANCE COMMITTEE
REGULAR MEETING AGENDA
Monday, August 12, 2024 4:15 PM

Join Zoom Meeting

<https://us06web.zoom.us/j/81351231681?pwd=DV9ET5Knf7BEotGsruHzGt243bfy9T.1>

Meeting ID: 813 5123 1681

Passcode: dj8RTV

Vision: To be a model for successful education of the whole child.

Mission: To nurture and deepen each child's academic and creative capacities using methods inspired by Waldorf education in a public school setting.

Virtues: Hold Reverence - Have Courage - Build Friendships - Seek Wisdom - Show Compassion

Notice: Any person with a disability may request the agenda be made available in an appropriate alternative format. A request for a disability-related modification or accommodation may be made by a person with a disability who requires a modification or accommodation to participate in the public meeting at, 450 W. East Ave., Chico, CA or by calling (530) 879-7483 between the hours of 8:00 a.m. and 4:00 p.m. Monday through Friday (at least 48 hours before the meeting). All efforts will be made for reasonable accommodations.

Blue Oak Charter Council (BOCC) may tape, film, stream, or broadcast any open BOCC Meeting. The BOCC Chair may announce that a recording or broadcasting is being made at the direction of BOCC members and that the recording or broadcast may capture images and sounds of those attending the meeting. Any BOCC recording may be erased or destroyed 30 days after the meeting. All times noted on the agenda are approximate and listed solely for convenience. The Board may hear items earlier or later than is noted and may move the order of agenda items.

AGENDA

OPEN SESSION - 4:15 PM

1. OPENING

1.1. Call Meeting to Order

1.2. Roll Call of Committee Members and Establish Quorum

1.3. Invocation - School Verse Read

"This is our school, May peace dwell here, May the rooms be full of contentment. May love abide here, Love of one another, Love of our school, and Love of life itself. Let us remember that as many hands build a house, So many hearts build a school."

1.4. Audience to Address the Committee

This is the opportunity for members of the community to address the committee concerning items not on the agenda. Committee Members will not respond to comments due to Brown Act expectations concerning agendas. Persons addressing the Committee will be allowed a maximum of three (3) minutes for their presentation. Persons may not yield their time to another speaker (Gov. Code § 54954.3)

- 1.5. Agenda Modifications
- 1.6. Approve Minutes - **July 9, 2024** (5min)

2. FINANCIAL REPORTS

- 2.1. Charter Impact Monthly Report **(July 2024)** Annie Gilbert-Charter Impact
- 2.2. Attendance and Enrollment (15min)
 - 2.2.1. Cash Flow
 - 2.2.2. Balance Sheet Detail
 - 2.2.3. Warrants/Aged Payable
 - 2.2.4. Actual to Budget Summary (*part of the Financial Forecast in the Charter Impact Report*)
- 2.3. Point of Sale Transactions/Check Register **(July 2024)**
- 2.4. Credit Card Statement **(July 2024)**

3. BUSINESS

- 3.1. Update on New School Site Discussion(10 min)
- 3.2. Nursing Contract Discussion/Action(10min)
- 3.3. Contract Philadelphia Ins./add on Cyber Insurance 2024-25 Discussion/Action(10min)
- 3.4. Contract Nourish Partners Discussion/Action(10 min)
- 3.5. Proposal of increase to experience credit for Classified Staff Discussion(15 min minutes)
- 3.6. Contract Review Music Discussion/Action (10 min)
- 3.7. New Meeting Schedule 2024-25 Discussion/Action(10 min)
- 3.8. Teacher Remuneration Discussion/Action(15min)
- 3.9. Administrative Pay Scale Review Discussion/Action(15min)
- 3.10. Classroom Accounts Balances Review Discussion (10min)

4. NEXT MEETING - Tuesday September 10, 2024

5. ADJOURNMENT

Minutes Taken By: Maggie Buckley

Approved by: _____ Date: _____

Blue Oak Charter School
450 W. East Avenue, Chico, CA 95926
Meeting Room 24
FINANCE COMMITTEE
REGULAR MEETING AGENDA

Tuesday, July 9, 2024 4:15 PM

Join Zoom Meeting

<https://us06web.zoom.us/j/89978627326?pwd=GZ8Ayn8aOcZagawTFwHeDBBaJq3bX7.1>

Meeting ID: 899 7862 7326

Passcode: e6CMjN

Tuesday, July 9, 2024 - 4:15 PM

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AGENDA

OPEN SESSION - 4:15 PM

1. OPENING

- 1.1.** Call Meeting to Order 4:18PM
- 1.2.** Roll Call of Committee Members and Establish Quorum

Name	Present	Absent
Trisha Atehortua	X	
Susan Domenighini	X	
Kate McDonald	X	

Cheryl Grant	X	
Elizabeth Nail	X	

1.3. Invocation - School Verse Read

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1.4. Audience to Address the Committee

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1.5. Agenda Modifications No agenda modifications.

1.6. Approve Minutes - June 11, 2024

Motion to send minutes to BOCC for approval by Susan Domenighini. Second motion by Trisha Atehortua.

➤ Vote.

Name	Yes	No	Abstain	Absent
Trisha Atehortua	X			
Susan Domenighini	X			
Kate McDonald	X			
Cheryl Grant	X			
Elizabeth Nail	X			

➤ Vote passes.

2. FINANCIAL REPORTS

2.1. Charter Impact Monthly Report (June 2024)

Annie Gilbert-Charter Impact

Just a caveat. We just got financials at the end of the day yesterday. This is my first June at Charter Impact. Since this is the year end financials we will see some additional invoices come so adjustments will need to be made for June. This is called a "soft close" meaning it is not final. There may be expenses and revenue that come later after the end of the fiscal year on 6-30-24. Adjustments to the budget will be presented in the unaudited actual report in September.

P2 ADA reports are now available on the department of education website = 214.8 In April we reported an ADA of 211. That reflects the independent study numbers. In revenue there were some funds that were reclassified, specifically the CA Collaborative for Educational Excellence (CCEE). Revenue from this totals \$18k. Forecast deficit is \$220k with actuals through June. Based on current level of spending, cash is forecast to be \$771k at June 30th, 2024 representing 61 days cash on hand. We knew we would have a deficit at year end as the year progresses the state becomes more specific With their finances and numbers. It might increase due to any possible additional expenses.

Yes, it is not unusual for schools to end without a deficit. When we look at the fund balance, there is a minimum fund balance that the authorizer requires us to keep and that is in the range of 5-15%. We currently have a healthy fund balance. There are years where a school knows that we will be spending more than we take in. A deficit is then expected. Sometimes this is planned, sometimes not. As long as the fund balance is above 5% then you are in range. There are many reasons for the deficit this year. The biggest thing is that we show in future years that our expenditures will be in line with our revenue. Obviously you cannot continue in the type of deficit or your fund balance would continue to decline and you would not be in compliance with your authorizer at Chico Unified.

At one point historically we were working with \$30k cash on hand. Today we are sitting at \$700,000k. Part of having a cash balance is so you can be more flexible with expenses.

Other reasons for the \$220k deficit this year include maintaining aide positions, supporting several teaching staff with unusual circumstances concerning health and other situations and giving support to the school as a whole during covid and beyond. ERC funding was expected to come to us that did not..

Arts, Music & Instructional Materials Block Grant Board approved plan.

Attendance Actual was 234, Forecast 234, Budgeted for 262.

ADA	Actual	215	Forecast 215	Budgeted for 244
Attendance Rate	90.1%		91.0%	93. %
Unduplicated %	57.78%		60.0%	58.4%
Revenue per ADA			\$20,472	\$17,280
Expenses per ADA			\$21,509	\$17,161

Unduplicated pupil count is estimated. Expect it to stay consistent.

Revenue we budgeted for more students than we had.

Annie needs the enrollment numbers from the Registrar so she can better estimate budget items.

The enrollment/attendance numbers are needed each month for her to provide a more accurate report.

Revenue from community engagement hasn't changed \$70k and the one time funding of \$849k has also not changed. The biggest piece of one-time funding was the \$380k for extended learning. We were able to apply expenditures because there's a lot of extended time, over 35% increased school days. That funding goes down to \$192k for the next two years.

Reduced funding that will go away next year- ESSR III (Covid)

MTSS funding was a grant that may not have been allocated properly so that needs a deeper look into expenses attached to this item. We do have training to charge to this area so we will be having a meeting regarding this item as well as other budget clarifications.

Prop 28 is the new arts and music funding very strict as far as using it to support something that is already in place. Need to be careful to not supplant these funds. Taking money we are already spending and spend this instead. Annie needs to meet with the Auditors to address this area as there was a reduction in staff that applied here.

The soft close of the 6-30-24 budget does not recognize most of this one-time funding. In fact, that's \$779k unfavorable, because of that one time funding. It's not all of it but most of it. This amount will soon be recognized in the budget and that is included in that next annual full year budget. So, the forecast of 4.3 million includes that one time funding of \$849k and your actual year end "hard close" of the budget.

When we budget for last year we didn't have the lunch program and the community engagement grant expenses and or revenue in that forecast because we were not aware of these actual numbers.

Salaries increased from May to June. Then you would expect an increase in benefits as well. Books

and supplies and additional \$20k is for summer camp and extended learning programs. SPED expenses were up 16k from the previous month. SPED budget for the year was over \$87k. Why is this? Did we hire another person? Annie mentioned that this area of the budget was over all year. When we looked at the percentage of expenses that charged to SPED we believe that adjustments might need to be made. It may have to do with how salaries are classified. More budget adjustments will be looked at. One example of why this happens is we had our own speech therapist last year. This is why they were allocated in the salaries. This year we had a new contractor so they were allocated to a different area of the budget.

Increase is due to forecast not due to new hires or additional expenses.

SPED expenses were over and we will be looking at why, is it due to how salaries are classified? Were there some mis-classifications? Big bills came in - School Psychologist, Advantage Therapy.

As we are getting into the final budget numbers, can we look at the work we need to do next year? Yes. The budget will always stay the same but the actual and the forecast will both change. Every month we look at the budget to determine if we are in range. This is the best way to stay on top of this.

We will get better at tracking the budget.

Fund balance ending 10.9% budgeted 17.9% Most schools budget for 5%

Cash balance 61 days

Susan is concerned about the coding - we still need to be sure that we have accuracy in coding. She is still trying to ensure that are coding correctly.

Susan needs to know what would be covered under the SB740 - additional funds are available and they may allow submission of additional costs if the threshold has not been met.

Compliance Deadlines are reviewed.

2.2. Attendance and Enrollment

2.2.1. Cash Flow

2.2.2. Balance Sheet Detail

2.2.3. Warrants/Aged Payable

2.2.4. Actual to Budget Summary (*part of the Financial Forecast in the Charter Impact Report*)

Motion to send Financials to BOCC for approval Trisha Atehortua. Second motion by Kate McDonald.

➤ Vote.

Name	Yes	No	Abstain	Absent
Trisha Atehortua	X			
Susan Domenighini	X			
Kate McDonald	X			
Cheryl Grant	X			
Elizabeth Nail	X			

➤ Vote passes.

2.3. Point of Sale Transactions/Check Register (June 2024)

Discussion/Motion to send the POS transactions to BOCC for approval by Trisha Atehortua. Second motion by Elizabeth Nail.

➤ Vote.

Name	Yes	No	Abstain	Absent
Trisha Atehortua	X			
Susan Domenighini	X			
Kate McDonald	X			
Cheryl Grant	X			
Elizabeth Nail	X			

➤ Vote passes.

2.4. Credit Card Statement (June 2024)

Discussion/Motion to send the Credit Card Statement to BOCC for approval by Cheryl Grant. Second motion by Trisha Atehortua.

➤ Vote.

Name	Yes	No	Abstain	Absent
Trisha Atehortua	X			
Susan Domenighini	X			
Kate McDonald	X			
Cheryl Grant	X			
Elizabeth Nail	X			

➤ Vote passes.

Annie Gilbert - Just one more follow regarding what numbers we used to determine the budget for 2024-25, up before you don't hear from me for a few weeks. For next year we used 233 enrollment, at a 91% attendance rate. Which would calculate to 211.5688 and currently we are at 215. So it is very much in line or conservative with our current numbers. There are permits that are needed before closing but we are still in line with the current closing date of August 15. The Finance Committee will not be looking into financing it will go directly to the BOCC as the options were already discussed.

3. BUSINESS

3.1. Update on the progress of our new building- Susan received a text from John Roth CBRE Vice President who is currently meeting with Chico Unified. The appraisal came in below what was asked. Christine at Chico Unified is working on finding an architect not looking at financing here at this meeting today. BOCC will have the tax free bond information and financing options at the next meeting next Tuesday. They will talk about design cost etc.. Cheryl asks, Did you get the name of the architect that I sent to

you? Yes it was received and passed on. Thanks to Cheryl for doing this research. Susan encourages everyone to attend or listen in to the next BOCC meeting as there will be a full presentation with a lot of information shared.

- 3.2.** BCOE Data Contract 2024-25 Discussion/Motion to send to BOCC for approval by Kate McDonald. Second motion by Elizabeth Nail.

➤ Vote.

Name	Yes	No	Abstain	Absent
Trisha Atehortua	X			
Susan Domenighini	X			
Kate McDonald	X			
Cheryl Grant	X			
Elizabeth Nail	X			

➤ Vote passes.

- 3.3.** Cyber Insurance Contract 2024-25
Discussion- table item until next meeting. The Finance Committee would like to know more about the support BCOE provides and how it differs from this proposal for cyber protection before making a decision to send this to the board for approval.

- 3.4.** School Psychologist Contract 2024-25
Discussion/Motion to send contract to BOCC for approval by Elizabeth Nail. Second motion by Kate McDonald.

➤ Vote.

Name	Yes	No	Abstain	Absent
Trisha Atehortua	X			
Susan Domenighini	X			
Kate McDonald	X			
Cheryl Grant	X			
Elizabeth Nail	X			

➤ Vote passes.

4. NEXT MEETING - Monday, August 12, 2024

5. ADJOURNMENT 5:37PM

Minutes Taken By: Maggie Buckley

Approved by: _____ Date: _____

DRAFT

Name	Present	Absent
Trisha Atehortua		
Susan Domenighini		
Kate McDonald		
Cheryl Grant		
Elizabeth Nail		

➤ Vote.

Name	Yes	No	Abstain	Absent
Trisha Atehortua				
Susan Domenighini				
Kate McDonald				
Cheryl Grant				
Elizabeth Nail				

➤ Vote passes.














business Checking – XXXXX0889

Search transactions

Activity: Date range; **Start date:** Jul 01, 2024; **End date:** Jul 31, 2024; **Type:** Debits

Transactions

 Pending  Posted

Date ▼	Description ◇	Debit ◇	Credit ◇	Balance
 Jul 31, 2024	<u>Check 50005</u>	4,942.39		
 Jul 31, 2024	<u>Check 50008</u>	4,668.06		
 Jul 31, 2024	<u>Check 50007</u>	4,482.71		
 Jul 31, 2024	<u>Check 12198</u>	999.00		
 Jul 31, 2024	<u>Check 12214</u>	331.80		
 Jul 31, 2024	<u>Check 12211</u>	109.85		
 Jul 30, 2024	<u>Check 12215</u>	55,670.00		
 Jul 30, 2024	ACH Payment INOVA PAYROLL OF TAX COL	2,629.04		
 Jul 29, 2024	<u>Check 12209</u>	75.00		
 Jul 29, 2024	ACH Payment CALPERS 3100	11,375.60		
 Jul 29, 2024	ACH Payment CALPERS 3100	353.63		
 Jul 26, 2024	<u>Check 12174</u>	106.99		
 Jul 25, 2024	<u>Check 12205</u>	9,915.99		
 Jul 25, 2024	<u>Check 12197</u>	292.56		
 Jul 25, 2024	ACH Payment BENEFIT RESOURCE BRI XFER	186.32		
 Jul 25, 2024	ACH Payment ASSET FINANCE ACH0725	162.38		
 Jul 24, 2024	<u>Check 12203</u>	15,877.26		
 Jul 24, 2024	<u>Check 12201</u>	471.71		

FSA
Copier Lease agreement

Jul 24, 2024	<u>Check 12202</u>	287.82
Jul 24, 2024	<u>Check 12207</u>	240.00
Jul 24, 2024	ACH Payment BLUE OAK CHARTER EE DIR DEP	70,017.79
Jul 24, 2024	ACH Payment INOVA PAYROLL OF TAX COL	17,206.76
Jul 23, 2024	<u>Check 12206</u>	2,764.36
Jul 23, 2024	<u>Check 12199</u>	1,017.44
Jul 23, 2024	<u>Check 12208</u>	857.44
Jul 23, 2024	<u>Check 50002</u>	50.00
Jul 23, 2024	<u>Check 12204</u>	36.00
Jul 22, 2024	<u>Check 12200</u>	6,392.03
Jul 19, 2024	<u>Check 12196</u>	6,190.99
Jul 17, 2024	ACH Payment INOVA PAYROLL OF TAX COL	38.52
Jul 16, 2024	<u>Check 12192</u>	1,520.40
Jul 16, 2024	<u>Check 12140</u>	50.00
Jul 16, 2024	ACH Payment BENEFIT RESOURCE BRI XFER	124.00
Jul 15, 2024	<u>Check 12194</u>	15,120.00
Jul 15, 2024	<u>Check 12195</u>	1,400.00
Jul 15, 2024	ACH Payment AMEX EPAYMENT ACH PMT <i>American Express - School CC</i>	1,811.09
Jul 15, 2024	ACH Payment ASSET FINANCE ACH0715 <i>Copier Lease agreement</i>	324.75
Jul 12, 2024	<u>Check 12186</u>	8,462.10
Jul 12, 2024	<u>Check 12193</u>	2,249.09
Jul 12, 2024	<u>Check 12154</u>	102.02
Jul 11, 2024	<u>Check 12187</u>	278.64
Jul 11, 2024	<u>Check 12188</u>	276.70
Jul 11, 2024	ACH Payment ASSET FINANCE CORP COLL <i>Copier Lease Agreement</i>	261.97

•	Jul 11, 2024	ACH Payment BENEFIT RESOURCE BRI XFER	186.32
•	Jul 10, 2024	<u>Check 12189</u>	6,110.63
•	Jul 10, 2024	<u>Check 12179</u>	1,115.49
•	Jul 10, 2024	<u>Check 12180</u>	576.85
•	Jul 10, 2024	<u>Check 12190</u>	331.21
•	Jul 10, 2024	<u>Check 12178</u>	179.56
•	Jul 09, 2024	<u>Check 12191</u>	975.00
•	Jul 09, 2024	<u>Check 12185</u>	684.28
•	Jul 09, 2024	<u>Check 12163</u>	60.00
•	Jul 09, 2024	ACH Payment BLUE OAK CHARTER EE DIR DEP	7,964.51
•	Jul 09, 2024	ACH Payment INOVA PAYROLL OF TAX COL	2,386.92
•	Jul 08, 2024	<u>Check 12155</u>	3,596.00
•	Jul 08, 2024	<u>Check 12138</u>	756.11
•	Jul 08, 2024	<u>Check 12127</u>	93.03
•	Jul 08, 2024	<u>Check 12181</u>	43.00
•	Jul 05, 2024	<u>Check 12183</u>	5,750.00
•	Jul 05, 2024	<u>Check 12173</u>	330.00
•	Jul 05, 2024	<u>Check 12172</u>	293.58
•	Jul 05, 2024	<u>Check 12177</u>	97.00
•	Jul 05, 2024	POS Purchase CALIFORNIA CHART 213-244-1446 CA #3136	3,596.00
•	Jul 03, 2024	<u>Check 12164</u>	8,600.00
•	Jul 03, 2024	<u>Check 12152</u>	4,787.45
•	Jul 03, 2024	<u>Check 12170</u>	4,128.50
•	Jul 03, 2024	<u>Check 12159</u>	1,426.41

Jul 03, 2024	<u>Check 12171</u>	401.71
Jul 03, 2024	<u>Check 12160</u>	324.26
Jul 03, 2024	<u>Check 12153</u>	223.50
Jul 03, 2024	<u>Check 12157</u>	173.00
Jul 03, 2024	<u>Check 50000</u>	50.00
Jul 02, 2024	<u>Check 12182</u>	10,317.29
Jul 02, 2024	<u>Check 12161</u>	5,287.50
Jul 02, 2024	<u>Check 12166</u>	2,739.96
Jul 02, 2024	<u>Check 12169</u>	1,486.26
Jul 02, 2024	<u>Check 12176</u>	1,384.30
Jul 02, 2024	<u>Check 12167</u>	836.53
Jul 02, 2024	<u>Check 12168</u>	832.83
Jul 02, 2024	<u>Check 12165</u>	570.00
Jul 02, 2024	<u>Check 12151</u>	300.31
Jul 02, 2024	<u>Check 12184</u>	179.54
Jul 02, 2024	ACH Payment CALPERS 3100	24,812.42
Jul 02, 2024	ACH Payment CALPERS 3100	2,263.42
Jul 02, 2024	ACH Payment CALPERS 3100	718.50
Jul 02, 2024	ACH Payment CALPERS 1900	200.00
Jul 01, 2024	<u>Check 12162</u>	54,000.00
Jul 01, 2024	<u>Check 12158</u>	3,675.00
Jul 01, 2024	<u>Check 12156</u>	638.76
Jul 01, 2024	ACH Payment T-MOBILE PCS SVC 800-937-8997	60.98

School Cell phone

**Blue BusinessSM Plus Credit Card**

BLUE OAK CHARTER SCH

SUSAN DOMENIGHINI

Closing Date 07/19/24 Next Closing Date 08/19/24

Account Ending 8-42008

p. 1/5

Customer Care: 1-800-521-6121**TTY:** Use Relay 711**Website:** americanexpress.com

New Balance	\$2,623.41
Minimum Payment Due	\$87.00
Payment Due Date	08/13/24

Membership Rewards[®] Points

Available and Pending as of 06/30/24

129,225For up to date point balance and full program details, visit membershiprewards.com**Account Summary**

Previous Balance	\$1,811.09
Payments/Credits	-\$1,811.09
New Charges	+\$2,562.43
Fees	+\$0.00
Interest Charged	+\$60.98

Late Payment Warning: If we do not receive your Minimum Payment Due by the Payment Due Date of 08/13/24, you may have to pay a late fee of up to \$39.00 and your APRs may be increased to the Penalty APR of 29.99%.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:


If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	10 years	\$5,530
\$103	3 years	\$3,701 (Savings = \$1,829)

New Balance	\$2,623.41
Minimum Payment Due	\$87.00

Credit Limit	\$25,000.00
Available Credit	\$22,376.59

Days in Billing Period: 31

If you would like information about credit counseling services, call 1-888-733-4139.

 See page 2 for important information about your account.

 Please refer to the **IMPORTANT NOTICES** section.

↓ Please fold on the perforation below, detach and return with your payment ↓

**Payment Coupon**

Do not staple or use paper clips

**Pay by Computer**americanexpress.com/
business**Pay by Phone**

1-800-472-9297

Account Ending 8-42008Enter 15 digit account # on all payments.
Make check payable to American Express.

SUSAN DOMENIGHINI
BLUE OAK CHARTER SCH
BLUE OAK CHARTER SCH
450 W EAST AVE
CHICO CA 95926

Payment Due Date	08/13/24
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New Balance	\$2,623.41
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Minimum Payment Due	\$87.00
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See reverse side for instructions
on how to update your address,
phone number, or email.

AMERICAN EXPRESS
PO BOX 60189
CITY OF INDUSTRY CA 91716-0189

\$ _____
Amount Enclosed



0000349993059480190 000262341000008700 15 H

Payments: Your payment must be sent to the payment address shown on your statement and must be received by 5 p.m. local time at that address to be credited as of the day it is received. Payments we receive after 5 p.m. will not be credited to your Account until the next day. Payments must also: (1) include the remittance coupon from your statement; (2) be made with a single check drawn on a US bank and payable in US dollars, or with a negotiable instrument payable in US dollars and clearable through the US banking system; and (3) include your Account number. If your payment does not meet all of the above requirements, crediting may be delayed and you may incur late payment fees and additional interest charges. Electronic payments must be made through an electronic payment method payable in US dollars and clearable through the US banking system. Please do not send post-dated checks as they will be deposited upon receipt. Any restrictive language on a payment we accept will have no effect on us without our express prior written approval. We will re-present to your financial institution any payment that is returned unpaid.

Permission for Electronic Withdrawal: (1) When you send a check for payment, you give us permission to electronically withdraw your payment from your deposit or other asset account. We will process checks electronically by transmitting the amount of the check, routing number, account number and check serial number to your financial institution, unless the check is not processable electronically or a less costly process is available. When we process your check electronically, your payment may be withdrawn from your deposit or other asset account as soon as the same day we receive your check, and you will not receive that cancelled check with your financial account statement. If we cannot collect the funds electronically we may issue a draft against your deposit or other asset account for the amount of the check. (2) By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you give us permission to electronically withdraw funds from the deposit or other asset account you specify in the amount you request. Payments using such services of ours received after 8:00 p.m. MST may not be credited until the next day.

How We Calculate Your Balance: We use the Average Daily Balance (ADB) method (including new transactions) to calculate the balance on which we charge interest on your Account. Call the Customer Care number on page 3 for more information about this balance computation method and how resulting interest charges are determined. *The method we use to calculate the ADB and interest results in daily compounding of interest.*

Paying Interest: Your due date is at least 25 days after the Closing Date of each billing period. We will not charge you interest on your purchases if you pay the New Balance by the due date each month. We will charge you interest on balance transfers (unless otherwise disclosed) beginning on the transaction date. You can avoid paying interest on the Amount Above the Credit Limit by paying your Minimum Payment Due before the closing date of the month in which it is due. See your Cardmember Agreement for further details.

Foreign Currency Charges: If you make a Charge in a foreign currency, we will convert it into US dollars on the date we or our agents process it. **We will charge a fee of 2.70% of the converted US dollar amount.** We will choose a conversion rate that is acceptable to us for that date, unless a

particular rate is required by law. The conversion rate we use is no more than the highest official rate published by a government agency or the highest interbank rate we identify from customary banking sources on the conversion date or the prior business day. This rate may differ from rates in effect on the date of your charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

Credit Balance: A credit balance (designated CR) shown on this statement represents money owed to you. If within the six-month period following the date of the first statement indicating the credit balance you do not request a refund or charge enough to use up the credit balance, we will send you a check for the credit balance within 30 days if the amount is \$1.00 or more.

Credit Reporting: We may report information about your Account to credit bureaus. Late payments, missed payments, or other defaults on your Account may be reflected in your credit report.

Billing Dispute Procedures

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us at:

American Express, PO Box 981535, El Paso TX 79998-1535

In your letter, give us the following information:

- **Account information:** Your name and account number.
- **Dollar amount:** The dollar amount of the suspected error.
- **Description of Problem:** Describe what you believe is wrong and why you believe it is a mistake.

You must contact us:

- Within 60 days after the error appeared on your statement.
 - At least 2 business days before an automated payment is scheduled, if you want to stop payment on the amount you think is wrong.
- You must notify us of any potential errors in writing. You may call us, but if you do we may not follow these procedures and you may have to pay the amount in question.

What Will Happen After We Receive Your Letter

When we receive your letter, we will do two things:

1. Within 30 days of receiving your letter, we will tell you that we received your letter. We will also tell you if we have already corrected the error.
2. We will investigate your inquiry and will either correct the error or explain to you why we believe the bill is correct.

While we investigate whether or not there has been an error:

- We will not try to collect the amount in question.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

After we finish our investigation, one of two things will happen:

- If we made a mistake: You will not have to pay the amount in question or any interest or other fees related to that amount.
- If we do not believe there was a mistake: You will have to pay the amount in question, along with applicable interest and fees. We will send you a statement of the amount you owe and the date payment is due. We may report you as delinquent if you do not pay the amount we think you owe.

Change of Address, phone number, email

- Online at www.americanexpress.com/updatecontactinfo
- Via mobile device
- Voice automated: call the number on the back of your card
- For name, company name, and foreign address or phone changes, please call Customer Care

Please do not add any written communication or address change on this stub

Pay Your Bill with AutoPay

Deduct your payment from your bank account automatically each month.

- Avoid late fees
- Save time

Visit americanexpress.com/autopay today to enroll.

For information on how we protect your privacy and to set your communication and privacy choices, please visit www.americanexpress.com/privacy.



Blue BusinessSM Plus Credit Card
BLUE OAK CHARTER SCH
SUSAN DOMENIGHINI
Closing Date 07/19/24

p. 3/5

Account Ending 8-42008



Customer Care & Billing Inquiries
International Collect
Cash Advance at ATMs Inquiries
Large Print & Braille Statements

1-800-521-6121
1-623-492-7719
1-800-CASH-NOW
1-800-521-6121



Website: americanexpress.com

**Customer Care
& Billing Inquiries**
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 60189
CITY OF INDUSTRY
CA
91716-0189

Hearing Impaired

Online chat at americanexpress.com or use Relay dial 711 and 1-800-521-6121

Payments and Credits

Summary

	Total
Payments	-\$1,811.09
Credits	\$0.00
Total Payments and Credits	-\$1,811.09

Detail

*Indicates posting date

Payments	Amount
07/12/24* ONLINE PAYMENT - THANK YOU	-\$1,811.09

New Charges

Summary

	Total
Total New Charges	\$2,562.43

Detail



SUSAN DOMENIGHINI
Card Ending 8-42008

	Amount
06/20/24 POSTAL PLUS 930553410008320 CHICO@POSTALPLUS.BIZ 5901- CHICO CA \$214.14	
06/21/24 USPS STAMPS ENDICIA 900000002 527536428 20260 5901- 888-434-0055 DC \$50.00	
06/25/24 AMAZON MARKETPLACE NA PA MERCHANDISE 5610- AMZN.COM/BILL WA \$443.24	
06/25/24 PAYPAL *MICHAELINST 4029357733 5804- 4029357733 OR \$634.24	
06/27/24 STAMPS.COM 0528200487 95926 5901- 855-889-7867 CA \$19.99	
07/01/24 JACKRABBIT TECHNOLOGIES, INC.*JACKRABB EDUCATIONAL SERVICE 2600- HUNTERSVILLE NC \$89.00	
07/03/24 BLS*CONVENFEE BUSINESS SERVICE 5804- WAKEFIELD MA \$20.95	
07/03/24 BLS*SACWALWOLF SCHOOL 5804- FAIR OAKS CA \$700.00	
07/09/24 PUB PRINTING +14027794696 4302- WATERLOO NE \$36.59	
07/12/24 HOMEDEPOT.COM 800-430-3376 4310- 800-430-3376 GA \$61.19	

Continued on reverse

Detail Continued

					Amount
07/17/24	SP SARAHS SILKS +17078870400	4302-	FORESTVILLE	CA	\$85.95
07/17/24	AMAZON MARKETPLACE NA PA MERCHANDISE	4302-	AMZN.COM/BILL	WA	\$13.03
07/17/24	AMAZON MARKETPLACE NA PA MERCHANDISE	4302-	AMZN.COM/BILL	WA	\$20.17
07/17/24	BROWNSHEEPC 3086416958	4302-	3086416958	NE	\$153.18
07/19/24	AMAZON MARKETPLACE NA PA MERCHANDISE	4302-	AMZN.COM/BILL	WA	\$20.76

Fees

	Amount
Total Fees for this Period	\$0.00

Interest Charged

	Amount
07/19/24 Interest Charge on Purchases	\$60.98
Total Interest Charged for this Period	\$60.98

About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full and on time each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2024 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2024	\$39.00
Total Interest in 2024	\$198.12

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Purchases	29.99% (v)	\$2,393.13	\$60.98
Total			\$60.98
(v) Variable Rate			



Consulting Services Agreement

This Consulting Services Agreement (this "Agreement") is made effective **July 1, 2024**, by and between **Nourish Partners Inc ("Consultant" or "Nourish Partners")** and _____ ("**Company**"), collectively referred to as the "Parties".

THE PARTIES AGREE AS FOLLOWS:

Scope of Services

1.1 Nourish Partners will provide the **Company** with consulting services as mutually agreed upon and described in the attached Scope of Services ("**Project**" or "**Services**"). The parties may enter into multiple Projects, each of which shall be attached hereto and become part of this Agreement and shall be subject to all the terms and conditions set forth herein.

1.2 The parties contemplate that it may be desirable to make changes to the Project(s). Before performing any work associated with any such change, a written change order fully-executed by both parties shall set forth the necessary revisions to the Project(s), and the parties, shall agree in writing that such work constitutes a change from the original Project, as amended, and that they further agree to the change provisions set forth in the change order. Each change order shall be numbered serially and executed by both **Nourish Partners** and the **Company**.

1.3 In the event any provision contained in any Project conflicts with any provision in this Agreement, the provision in this Agreement shall govern; provided, however, that if any Project expressly references a conflicting provision in this Agreement that is intended to be modified by such Project, then such Project shall govern with respect to such conflicting provision.

Obligations of Company

2.1 The **Company** will make available to **Nourish Partners** certain supplies, materials or other support, as both the **Company** and **Nourish Partners** determine to be necessary.

Fees and Expenses; Payment and Late Fees

3.1 The **Company** shall be responsible for payment of all fees and expenses for Services as identified in the applicable Project(s) as those services are provided.

3.2 The fees and expenses for Services hereunder shall be invoiced to the **Company** and due for payment under the terms set forth in the Project(s) to this Agreement.

3.3 Unless otherwise provided in this Agreement, payments will be made by check or direct deposit within 30 calendar days following the Company's receipt of an invoice. In the event that



the invoice is not paid within 30 calendar days of receipt, the **Company** will be assessed a 10% fee of the total invoice for each 10 calendar days the invoice is late.

Term and Termination

4.1 This Agreement shall commence on the effective date first set forth above, and shall remain in force and effect until terminated by either party in accordance with this Agreement. Either party may terminate this Agreement, any Project, or the engagement of a particular consultant under a Project at any time and for any reason upon a minimum of thirty (30) days written notice to the other party.

4.2 In the event of a termination of this Agreement, the **Company** shall be obligated to make payments to **Nourish Partners** for any and all Services rendered through the date of termination.

Proprietary Rights; Confidential Information

5.1 Any materials, goods, and/or services provided to the **Company** under the duration of this contract shall be the property of **Nourish Partners**. **Nourish Partners** can and may utilize materials, goods and/or services during or after the termination of this contract at their own discretion. Nothing contained in this contract shall be construed as prohibiting **Nourish Partners** from utilizing in any manner, knowledge and experience of a general nature acquired in the performance of services for the Company.

5.2 "Confidential Information" includes all information identified by a disclosing party as proprietary and confidential, which Confidential Information shall remain the sole property of the disclosing party unless the ownership of such Confidential Information is otherwise expressly set forth in the agreement. Items will not be considered Confidential Information if: (a) available to public other than by a breach of an agreement by the recipient; (b) rightfully received from a third party not in breach of any obligation of any confidentiality; (c) independently developed by one party without access to the Confidential Information of the other; or (d) rightly known to the recipient at the time of disclosure as verified by its written records.

5.3 Each party agrees that it shall not use for any purpose or disclose to any third party any Confidential Information of the other party without the express written consent of the other party. Each party agrees to safeguard the Confidential Information of the other party against use or disclosure other than as authorized by or pursuant to this Agreement through measures, and exercising a degree of care, which are at least as protective as those, **Nourish Partners** or the **Company**, as the case may be, exercises in safeguarding the confidentiality of its own proprietary information, but no less than a reasonable degree of care under the circumstances.



Each party shall permit access to the Confidential Information of the other party only to those individuals (a) who have entered into a written nondisclosure agreement with the other party on terms equally as restrictive as those set forth herein, and (b) who require access in performance of their duties to the other party in connection with the other party's rights under this Agreement.

5.4 Each party acknowledges that the wrongful use or disclosure of Confidential Information of the other party may result in irreparable harm for which there will be no adequate remedy at law. In the event of a breach by the other party or any of its officers, employees or agents of its or their obligations under this Section 5, the non-breaching party may immediately terminate this Agreement without liability to the other party, and may bring an appropriate legal action to enjoin such breach, and shall be entitled to recover from the breaching party reasonable attorneys' fees and cost in addition to other appropriate relief.

Warranties

6.1 Nourish Partners warrants that the services to be provided under this Agreement shall be performed in a professional manner conforming to generally accepted industry standards and practices. The **Company** agrees that **Nourish Partners'** sole and exclusive obligation with respect to the services covered by this limited warranty shall be, at **Nourish Partners'** sole discretion, to correct the nonconformity during consultancy.

Limitations of Liability

7.1 Notwithstanding anything herein to the contrary, **Nourish Partners'** liability hereunder shall not exceed the greater of the total amount paid for 25% of services rendered by **Nourish Partners** under the applicable Project. **Nourish Partners** shall be liable for consequential, incidental, special or indirect damages arising out of or connected to the performance or non-performance under this agreement.

General Provisions

8.1 The relationship of the **Company** and **Nourish Partners** is that of independent contractors. Personnel of both parties are neither agents nor employees of the other party for federal tax purposes or any other purpose, and are not entitled to any employee benefits of the other party. Nothing in this Agreement is intended to create or constitute a joint venture, partnership, agency, trust, or other association of any kind between the parties or persons referred to herein. The **Company** appoints **Nourish Partners** and its employees as an authorized representative on their behalf.



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

RENEWAL APPLICATION FOR:

**PRIVATE COMPANY PROTECTION PLUS
DIRECTORS AND OFFICERS & PRIVATE COMPANY LIABILITY INSURANCE
EMPLOYMENT PRACTICES LIABILITY INSURANCE
FIDUCIARY LIABILITY INSURANCE**

NOTICE: THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS AND COVERS ONLY THOSE CLAIMS FIRST MADE DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE UNDERWRITER PURSUANT TO THE TERMS HEREIN. THIS POLICY PROVIDES A LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS THAT SHALL BE REDUCED BY AMOUNTS INCURRED AS DEFENSE COSTS. FURTHER NOTE THAT DEFENSE COSTS PAID SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

INSTRUCTIONS

- Whenever used in this Application the term **Applicant** shall mean the Named Corporation and its wholly-owned/controlled Subsidiaries and their respective Directors, Officers, Trustees or Governors.
- The **Applicant** is required to complete Application Sections 1 and 5.
- The **Applicant** should complete the other applicable Section(s) for which coverage is desired. (See chart below)

Check Coverage Desired	Application Section	Requested Limit	Requested Retention	Requested Effective Date
General Information	1	N/A	N/A	N/A
<input type="checkbox"/> Directors & Officers	2	\$	\$	
<input checked="" type="checkbox"/> Employment Practices	3	\$ 1,000,000	\$10,000	7/31/24
<input type="checkbox"/> Fiduciary Liability	4	\$	\$	
General Summary	5	N/A	N/A	N/A

SECTION I – GENERAL INFORMATION

1. Name of **Applicant**: Blue Oak Charter School, Inc.
2. Change in Address: ☒ None or _____
3. Change in website address: ☒ None or www. _____
4. Have there been any changes in the **Applicant's** operations? ☐ Yes ☒ No
If yes, please provide details.

5. The Officer of the **Applicant** designated to receive any and all notices from the Underwriter or their authorized representative concerning this insurance is: Name: Luis Ortega

5A. Risk Management Contact: Luis Ortega Risk Management's Phone: 530 879 748
Risk Management Email: luisortega@blueoakcharterschool.org ext 2

- c. In the past twelve (12) months, did an Independent CPA render a "going concern" opinion?

☐ Yes ☒ No

Note: If the Applicant answered yes to 10 (a), (b), or (c) please attach details including the most recent financial audit, review or compilation with the auditors notes.

11. Outside Directorship

Does the **Applicant** direct or request any individual to serve as director, officer, governor or trustee of any other entity?

If yes, please complete questions a – g below.

- a. Name of individual director, officer, governor or trustee: _____ Position held: _____
b. Name of outside entity: _____
c. Nature of entity's business: _____
d. Percentage of ownership by **Applicant**: _____ % Domestic or Foreign: _____
e. Does the outside entity provide indemnification to its Directors and Officers? ☐ Yes ☐ No
f. Complete the following information regarding the Directors and Officers
Liability Insurance carried by the outside entity: Insurer: _____
Limit of Liability: \$ _____ Policy Period: _____
g. Has the outside entity or its Directors and Officers been involved in any Directors and Officers Liability litigation? ☐ Yes ☐ No

SECTION III - EMPLOYMENT PRACTICES INFORMATION

(Complete this section **only** if Employment Practices Liability coverage is desired.)

- 12. Please provide the following employee count information:**

	<u>Currently</u>	<u>One Year Ago</u>	<u>Two Years Ago</u>
U.S. based employees:			
Total Full Time:	_____	_____	_____
Total Part Time:	_____	_____	_____
Volunteers:	_____	_____	_____
Temporary:	_____	_____	_____
Leased:	_____	_____	_____
Total Non U.S. based employees:	_____	_____	_____
TOTAL SUM OF ABOVE:	_____	_____	_____

Number of employees per the following states:

CA:	_____	_____	_____
FL:	_____	_____	_____
NJ:	_____	_____	_____
NY:	_____	_____	_____
TX:	_____	_____	_____

- 13. Total number of current employees with annual compensation greater than \$100,000:** 1

- 14. How many employees have been terminated or demoted in the past twelve (12) months?**
Voluntary: 4 Involuntary: 1 Laid Off: 4

- 15. Is any reduction of employees or change of status anticipated or being contemplated in the next year?** ☒ Yes ☐ No
If yes, number estimated: 1.5

- 16. Does the Applicant anticipate any plant, facility, branch, office, or department closing, consolidation, reorganization or layoff in the next twelve (12) months?** ☒ Yes ☐ No
If yes, provide details. The loss of a grant may require a staff reduction

17. Does the **Applicant** have a human resources department?
If no, describe how this function is handled.

☒ Yes ☐ No

18. **Human Resource Policies and Procedures**

Has the **Applicant** implemented any new employment policies or procedures over the past twelve (12) months?
If yes, please provide details.

☐ Yes ☐ No

SECTION IV - FIDUCIARY LIABILITY COVERAGE

(Complete this section **only** if Fiduciary Liability coverage is desired.)

☐ N/A

19. List all plans for which coverage is requested (use attachment if necessary):

Plan Name	Year Established	Assets/ Contributions	Type*	Participants	Administrator
Example: The ABC Manufacturing Corp 401K Plan	2000	\$1,000,000	3	75	self
a) _____	_____	\$ _____	_____	_____	_____
b) _____	_____	\$ _____	_____	_____	_____
c) _____	_____	\$ _____	_____	_____	_____
d) _____	_____	\$ _____	_____	_____	_____

- * 1 = Employee Welfare Benefit Plan (as defined by ERISA)
2 = Defined Contribution Plan (as defined by ERISA)
3 = Defined Benefit Plan (as defined by ERISA)
4 = Other If "Type" is an ESOP a Fiduciary Liability - ESOP Supplement must be completed.

If additional space is needed, please attach a separate page or use the additional information page provided at the end of the application.

20. Have there been any changes to any plan listed above?
If yes, provide details by attachment.

☐ Yes ☐ No

21. Has any plan requested or contemplated filing a request for termination?
If yes, provide details by attachment.

☐ Yes ☐ No

22. Has any plan been spun-off (sold), transferred or terminated?
If yes, provide details by attachment.

☐ Yes ☐ No

Please attach the most recent tax form 5500 for each plan listed above.



PHILADELPHIA
INSURANCE COMPANIES

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One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

RENEWAL SOLICITATION

In order to provide a timely renewal proposal, please provide the following information at least 45 days in advance of the policy expiration date.

- o DocuSign applications
- o Signed SOV when limits > \$1M or Blanket or Agreed Value is offered
- o Business Income Worksheet (when blanket limits and/or Agreed Value or limits greater than \$1M at any one location)
- o Copy of prior carrier's loss runs (5 year total loss history needed)
- o Updated driver's list (if scheduled autos) including name, date of birth, license number and state of licensure in excel format
- o ACORDS
- o Most recent financial statement
- o Automobile Filing Questionnaire if vehicle filing required by the Department of Motor Vehicles
- o Please provide annual Cost of Hire for Hired Autos if applicable
- o Please indicate the number of employees for Non-Owned Auto and Crime Exposure if applicable
- o Loss Control contact's name, phone number, and email address
- o Additional information may be requested by Underwriting



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By completing and signing this document electronically, you agree to the terms in the Consumer Disclosure and consent to use of an electronic signature. Thank you and we look forward to a continued partnership on this account.

Please note that you are able to attach additional documents by clicking the paperclip icons below.

Annual Cost of Hire: _____

Number of Employees: 60

Non-Owned Auto: _____

Crime Exposure: _____

Loss Control Contact Info:

Name: Luis Ortega

Phone Number: 530 879 7483

Email: luis.ortega@blueoakcharterschool.org

PLEASE PROVIDE TOTAL ENROLLMENT FOR EACH CATEGORY**IF ONLY ONE LOCATION, PLEASE COMPLETE THIS SECTION WITHIN THE APPLICATION**Campus Name

Blue Oak Charter School

Location Address

450 W East Ave Chico CA 95926

Pre-K DaycareElementary (K-8th)

192

High School (9th-12th)CollegeTeachers

10

Campus NameLocation AddressPre-K DaycareElementary (K-8th)High School (9th-12th)CollegeTeachersCampus NameLocation AddressPre-K DaycareElementary (K-8th)High School (9th-12th)CollegeTeachersCampus NameLocation AddressPre-K DaycareElementary (K-8th)High School (9th-12th)CollegeTeachersCampus NameLocation AddressPre-K DaycareElementary (K-8th)High School (9th-12th)CollegeTeachers

PLEASE PROVIDE TOTAL ENROLLMENT FOR EACH CATEGORY
IF ONLY ONE LOCATION, PLEASE COMPLETE THIS SECTION WITHIN THE APPLICATION

Campus Name

Location Address

Pre-K Daycare

Elementary (K-8th)

High School (9th-12th)

College

Teachers

Campus Name

Location Address

Pre-K Daycare

Elementary (K-8th)

High School (9th-12th)

College

Teachers

Campus Name

Location Address

Pre-K Daycare

Elementary (K-8th)

High School (9th-12th)

College

Teachers

Campus Name

Location Address

Pre-K Daycare

Elementary (K-8th)

High School (9th-12th)

College

Teachers

Campus Name

Location Address

Pre-K Daycare

Elementary (K-8th)

High School (9th-12th)

College

Teachers



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

SCHOOLS RENEWAL APPLICATION

SUBMISSION REQUIREMENTS:

- Signed Statement of Values for blanket limits and/or Agreed Value
- Signed Educational Business Income Worksheet for blanket limits and/or Agreed Value or limits greater than \$1M at any one location
- An ACORD application, if **adding** Property, General Liability, Inland Marine, Crime, Autos, or an Umbrella
- Terrorism Relection/Rejection Form
- Automobile Selection/Rejection forms, if applicable

GENERAL APPLICANT INFORMATION

Date: 7/7/24
 Named Insured: Blue Oak Charter School, Inc.
 Renewal Effective Date: 7/31/24 Renewal of Policy Number: PHPK2584373 & PHPK2584369
 Current website address: www.blueoakcharterschool.org
 Risk Management Contact: Luis Ortega Phone: 530 879 7483
 Email: luisortega@blueoakcharterschool.org

☒ **THERE HAVE BEEN NO CHANGES TO THIS POLICY'S COVERAGES**

Please complete sections on **GENERAL LIABILITY, SECURITY, ATHLETICS, AND SEXUAL MISCONDUCT**

Sign and Date at the bottom.

☐ **QUOTE RENEWAL WITH THE FOLLOWING CHANGES:**

Mailing Address: _____

Deleting Location(s): _____

Is Student Accident insurance carried? ☒ Yes ☐ No

If yes, what is the limit carried? \$ _____

PROPERTY ☐ **NO CHANGES**

Does the Applicant own or occupy a building that is listed on a state or national historic registry? ☐ Yes ☒ No

If yes, please identify the address for this location. _____

Does the school own any buildings that are vacant or unoccupied? ☐ Yes ☒ No

If yes, please provide details for each building, including anticipated plans for the building. _____

Please note any changes to the following in regards to updates/ replacement, etc.:

Roof: _____ Plumbing: _____ Wiring: _____ Heating: _____ Painting: _____

Delete/ Amend the following: N/A

CRIME ☒ **NO CHANGES**

Delete/Amend the following: _____

INLAND MARINE ☒ **NO CHANGES**

Delete/Amend the following: _____

GENERAL LIABILITY ☐ NO CHANGES

Student Age Group	Number of Students	Number of Faculty
Infants and Toddlers Ages Infant to 3		
Pre-K, Ages 4 - 5		
K-5		
6 th - 8 th Grade		
9 th - 12 th Grade		
Total		

Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act?
If no, provide time table and action plan:

☐ Yes ☐ No

PANDEMIC AND COMMUNICABLE DISEASE

1. Does the Applicant have formal procedures in place to handle pandemic or other communicable diseases?

☒ Yes ☐ No

- a. Do these procedures address:

- Staffing
- Training
- Personal protective equipment
- Client care
- Vendors/ visitors
- Internal & external communication
- Maintenance of premises and vehicles
- CDC guidelines and recommendations

☒ Yes ☐ No
☒ Yes ☐ No
☒ Yes ☐ No
☒ Yes ☐ No
☒ Yes ☐ No
☒ Yes ☐ No
☒ Yes ☐ No
☒ Yes ☐ No

- b. Please provide a copy of these written procedures.

2. Have there been any instances of communicable, contagious, or infectious disease at the Applicant's workplace in the past five (5) years?

☐ Yes ☐ No

If yes, for each incident advise the following:

Date	Name of Disease	Number of People Infected	Claim (Y/N)	Loss Amount Incurred
			<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	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

AUTO ☐ NO CHANGES

Delete vehicles as follows:

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? 5

Total cost of hire, bus contractors: \$ 5,000.00 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): 0

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 numbers 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? N/A %

12. Does the school obtain Motor Vehicle Reports (MVR) 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 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:

UMBRELLA Limit change: \$

If Umbrella covers Employer's Liability please provide the underlying carrier information:

Carrier: Policy Term: Policy Number:

Limit Each Accident: \$ Policy Limit: \$ Each Employee: \$

ACCREDITATION INFORMATION

1. Is the Educational Institution accredited?

☐ Yes ☒ No

If yes, list accrediting organization(s): (check all that apply)

☐ Middle States Commission on Higher Education

☐ New England Association of Schools and Colleges Commission on Institutions of Higher Education

☐ North Central Association of Colleges and Schools The Higher Learning Commission

☐ Northwest Commission on Colleges and Universities

☐ Southern Association of Colleges and Schools Commission on Colleges

☐ Western Association of Schools and Colleges Accrediting Commission for Community and Junior Colleges

☐ WASC Senior College and University Commission

☐ New York State Board of Regents

☐ Accrediting Council for Independent Colleges and Schools

☐ Distance Education and Training Council Accrediting Commission

- ☐ Association for Biblical Higher Education Commission on Accreditation
☐ Association of Advanced Rabbinical and Talmudic Schools Accreditation Commission
☐ The Association of Theological Schools in the United States and Canada Commission on Accrediting
☐ Transnational Association of Christian Colleges and Schools Accreditation Commission
☐ Other: _____

2. Date of most recent review: N/A

What was the outcome of the most recent review?

- ☐ Accreditation Continued ☐ Denial of Accreditation ☐ Warning
☐ Accreditation Continued – follow-up report requested ☐ Probation ☐ Withdrawal of Accreditation
☐ Appeal ☐ Show Cause ☐ Other: _____

3. Are all programs offered at the schools accredited by the above listed association(s)? ☐ Yes ☐ No
4. Have any programs or degrees been accredited by additional specialist agencies? ☐ Yes ☐ No
- If yes, please attach a listing of the program or degrees and the specialist agency.**
5. Does the Educational Institution offer job placement services for students? ☐ Yes ☐ No
- If yes, is there a disclaimer signed by students acknowledging that there is no job placement guarantee? ☐ Yes ☐ No
6. What is the Educational Institution's course completion rate? _____ %
7. What is the Educational Institution's job placement rate? _____ % N/A
8. What is the Educational Institution's loan default rate? _____ %
9. What is the percentage of online courses? _____ %
10. Has the Educational Institution or any of the Educational Institution's academic programs ever lost accreditation, been placed on probation or become unable to gain accreditation? ☐ Yes ☐ No
11. In the last 12 months, has the Educational Institution eliminated or closed any academic programs, including music, arts or athletic programs? ☐ Yes ☐ No
12. In the next 12 months, does the Educational Institution anticipate eliminating or closing any academic programs? ☐ Yes ☐ No

SECURITY

1. Are all visitors to the school required to sign in and out and wear a visitor identification badge? ☒ Yes ☐ No
2. Are there security guards at the school daily? ☐ Yes ☒ No
3. Indicate the number of personnel providing security services: N/A
- School Resource Officer or equivalent Armed: _____ Unarmed: _____
- Employed Security Armed: _____ Unarmed: _____
- Contracted Security Armed: _____ Unarmed: _____
4. When security is contracted to a third party, is the Contractor's General Liability Policy and Law Enforcement Professional Liability policy required to name the educational institution as an additional insured? N/A ☐ Yes ☐ No
- a. If yes, does the third party maintain a minimum limit of Liability Coverage and indemnify the educational institution? ☐ Yes ☐ No
- b. Please indicate the minimum limit of Liability the Applicant requires for these coverages: \$ _____
- c. Name of Security Firm: _____
5. Do security personnel have arresting authority? ☐ Yes ☐ No
6. If there is employed armed security, are they trained and/ or re-certified annually? ☐ Yes ☐ No
- If yes, please describe: N/A
7. Are criminal background checks and psychological reviews provided for all employed security? ☒ Yes ☐ No
- a. If yes, how often are these checks and reviews conducted: Every _____ Months
- b. If no, please explain: Criminal Background check (DOT)
8. Does the Applicant conduct drug testing on security personnel? ☐ Yes ☒ No
- If yes, please describe the method and frequency of such testing: N/A

9. Is the Applicant's security department accredited by the International Association of Campus Law Enforcement Administration (IACLEA)? ☐ Yes ☒ No
10. Does a mutual aid agreement (MAA) or Memorandum of Understanding (MOU) exist with local city or county police? ☒ Yes ☐ No
11. Has the Applicant established policies/ procedures for security employees in the areas of:

	Yes	No	In Writing
Use of Force	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Deadly Force	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crowd Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passive Restraint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Force Continuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Management Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Do security personnel receive training in the administration of:
a. CPR First Aid? ☒ Yes ☐ No
b. All established policies/procedures in question 11? ☐ Yes ☒ No
13. Do security personnel use tasers? ☐ Yes ☒ No
a. Describe the training and frequency of Taser training:

- b. Are there written policies for use of tasers? ☐ Yes ☒ No
14. Does the Applicant permit staff, volunteers, or visitors to carry open or concealed firearms on its premises? ☐ Yes ☒ No
15. Does the Applicant currently have or plan on implementing within the next 12 months a policy allowing (outside of security personnel) or others to carry concealed weapons on schools premises? ☐ Yes ☒ No
16. 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
17. Do security personnel store weapons on premises?
If yes, please provide details on storage: ☐ Yes ☒ No

18. Do faculty, staff, or employees store weapons on premises?
If yes, please provide details on storage: ☐ Yes ☒ No

19. Does the Applicant's Weapons Ban Policy have any exceptions?
If yes, please provide details: ☐ Yes ☒ No

20. Does the educational institution have emergency call boxes located throughout the campus that are connected directly to campus security or police? ☐ Yes ☐ No
21. Does the educational institution provide after-hours security escort service for students? ☒ Yes ☐ No

SEXUAL MISCONDUCT

1. Does the Applicant's 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 the school's state permit the Applicant to do criminal background investigations?
If yes, does the school routinely request and receive such background investigations? ☒ Yes ☐ No
3. Do any independent contractors have access to students or perform operations where they will be physically touching another person?
If yes, please explain: ☐ Yes ☒ No

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 a personal interview? ☒ Yes ☐ No
8. Does the Applicant have a written policy addressing sexual abuse, molestation, and harassment? ☒ Yes ☐ No
 If yes, are the policies communicated annually to: ☒ Staff ☒ Students ☒ Volunteers
9. Does the Applicant maintain documentation of the communication of the policies prohibiting sexual abuse, molestation, and harassment? ☒ Yes ☐ No
10. Does the Applicant have written procedures for dealing with and reporting sexual abuse, molestation, and harassment? ☒ Yes ☐ No
11. Are the Applicant's policies and procedures regarding sexual abuse, molestation, and harassment reviewed by counsel and updated on a periodic basis? ☒ Yes ☐ No

WINTER WEATHER FREEZE PROTECTION

The Winter Weather Freeze Section is mandatory on all risks that have a prior winter freeze loss greater than \$25,000 or 10% of the building TIV in the past 5 years OR a location in states commonly experiencing freezing temperatures.

These states include but are not limited to: AL, AR, AZ, CO, CT, DE, DC, GA, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

1. Can the Applicant reliably confirm that all areas of the Applicant's building with fire sprinkler piping and/ or domestic water lines can be maintained at 45° F or higher? ☐ Yes ☐ No ☐ N/A
This includes exterior accessed sprinkler riser rooms, as well as attics, crawl spaces, and stairwells if they have water lines in them.
- a. If not, select all freeze protection measures currently in place:
- ☐ Temperature monitoring and remote heating control system (Wi-Fi temperature controls)
 - ☐ PHLYSense
 - ☐ Other water detection/ notification/ alarm system
 - ☐ Backup electrical generator, ensuring building heat at all times
 - ☐ Insulation around water pipes in cold areas*
 - ☐ Heat tracing for water pipes in cold areas*
 - ☐ Antifreeze fire sprinkler system in cold areas*
 - ☐ Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers
 - ☐ Other:

* Cold areas are defined as portions of a building that cannot be maintained at all times reliably at or above 45° F.

2. Fire Protection and Testing
- a. Is the building provided with an Automatic Fire Sprinkler System (AS)? ☒ Yes ☐ No ☐ N/A
- i. If yes, what type of sprinkler system is installed? ☒ Wet-Pipe ☐ Dry-Pipe ☐ Both
- ii. If yes, approximately what percentage (%) of the building is sprinklered? 100 %
- iii. If yes, has the system been tested & inspection by qualified sprinkler contractor within past 12 months & includes a formal winterization review? ☒ Yes ☐ No ☐ N/A
- iv. If yes, are the alarms tied to a 24 hour UL listed monitoring company? ☐ Yes ☒ No ☐ N/A
3. 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
4. Automatic Water Shutoff Devices
- a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? ☐ Yes ☒ No ☐ N/A
5. 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
6. Seasonal Occupancies ONLY:
- a. Is there a full-time caretaker/ maintenance personnel on the premise? ☒ Yes ☐ No ☐ N/A
- If yes, select required duties of the caretaker:
- ☐ Regular walkthroughs of the building
 - i. How often each day? _____
 - ☐ Trained in the location(s) of water shut off valve(s)
 - ☐ Inspects taps and leaves them dripping in freeze weather events
 - ☐ Shuts off or drains pipes during freezing temperatures
 - ☐ Monitors building temperatures ensuring heat is maintained at required levels
 - ☐ Responds to power outages
 - i. List of required procedures _____
- b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.? ☐ Yes ☐ No ☒ N/A

**PHILADELPHIA**
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004Underwritten by:
Philadelphia Indemnity Insurance Company**CYBER SECURITY LIABILITY ENDORSEMENT - SUPPLEMENTAL
QUESTIONNAIRE**

Name of Applicant: Blue Oak Charter School
 Address of Applicant: 450 W East Ave
 City: Chico State: CA Zip: 95026
 Website: www: blueoakcharter-school.org
 Nature of Operations: Public Charter K-8 School

1. Annual sales or revenue: \$ _____

2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees?

☒ Yes ☐ No

If yes, please indicate the types of Personally Identifiable Information held (check all that apply):

- ☒ a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
- ☐ b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
- ☒ c. Credit or Debit Card Information

3. a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)?

☐ Yes ☒ No

b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)?

☐ Yes ☒ No

c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations?

☐ Yes ☒ No

d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for?

☐ Yes ☒ No

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their 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 (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 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). (NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, LA, MD, 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 AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE 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 DISTRICT OF COLUMBIA: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

APPLICABLE IN FLORIDA 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.

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 FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE: 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 NEW JERSEY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

APPLICABLE IN OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN OKLAHOMA: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

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 ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

Susan Domenighini
NAME (PLEASE PRINT/TYPE)


SIGNATURE

Executive Director
TITLE
(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)
7/9/24
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)



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

EDUCATIONAL BUSINESS INCOME WORKSHEET

Named Insured: _____ Completed By: _____ Title: _____
Policy Number: _____ Effective Date: _____
Date: _____

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)	\$	\$	
2. Room and Board (dormitory fees and meal contracts)	+ \$	+ \$	
3. Laboratory and other fees	+ \$	+ \$	
4. Bookstore sales and other retail sales (excl. sales tax)	+ \$	+ \$	
5. Ticket Sales (athletic, concerts, and other events)	+ \$	+ \$	
6. Research Grants and/or Contracts	+ \$	+ \$	
7. Commissions or Rents from others using your Facilities	+ \$	+ \$	
8. Rental Income (from leased campus buildings and other investment property if included in policy)	+ \$	+ \$	
9. Other Income (do not include donations, fund raising and investment income):	+ \$	+ \$	
10. TOTAL ANNUAL GROSS INCOME (Add Lines 1-9)	= \$0	= \$0	
B) EXPENSES AND DEDUCTIONS			
11. Contractual adjustments, bad debts, and collection expenses	- \$	- \$	
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.	- \$	- \$	
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	= \$0	
C) ADDITIONAL FACTORS			
16. <u>Period of Restoration</u> : 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 = _____, which equals to a factor of _____ Factor 16. MULTIPLY Line 15. by Factor 16.		= \$0	
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		= \$0	
19. <u>Extended Business Income</u> : Indicate number of months your anticipated reduced income after resuming normal operations: _____ Months. See Footnote (19) ADD amount of estimated reduced income for the number of months indicated above.		+ \$	
20. Is <u>Extra Expense</u> 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.		+ \$	
21. YOUR ESTIMATED AMOUNT OF NEEDED BUSINESS INCOME & EXTRA EXPENSE INSURANCE. Do not reduce this amount by the Coinsurance Percentage you select below.		= \$0	

FOOTNOTES:

- (14): Ordinary payroll expenses include payroll, employee benefits if directly related to payroll, FICA and Medicare payments, union dues, and Workers Compensation premiums.
Some points to consider in deciding whether to exclude or limit Ordinary (i.e. other than officers, deans, department heads, full-time faculty and coaches and employees under contract):
- Would you lay off all your other employees in the event of a short interruption?
 - Could you get them back when you re-open for business or would they have gone elsewhere?
 - Do you have skilled or specialized personnel?
- (16): Period of Restoration – Assume the worst possible situation, such as devastating fire or explosion and the sprinkler system is impaired or there is heavy smoke damage requiring excessive decontamination, OR a catastrophe peril such as a tornado or hurricane occurs and severely damages your property. Your ability to resume normal operations may be impaired by one or more of the following:
1. Delays in obtaining Architectural and Engineering Plans, Zoning Variances, Building Permits, or approvals from Certification Boards.
 2. Climactic conditions that would prohibit or postpone repairs or rebuilding.
 3. Cause and origins investigations and debris removal can be delayed.
 4. You have unique, specialized, customized or imported machinery or equipment.
 5. The EPA and other regulatory agencies can create delays.
- (19): After you are able to resume normal operations, how long will it take to get back to pre-loss income levels? Consideration should be given to loss of tuition for the following school year.

VALUATION OPTIONS:

COINSURANCE: Business Income is subject to a coinsurance unless Agreed Value option is selected. Coinsurance requires you to carry a minimum amount of insurance. This minimum amount is an agreed upon percentage of your business income exposure for the 12 months following the effective date of your insurance policy. If at the time of loss, the amount of your Business Income limit is less than this amount, the amount we pay for the loss will be reduced. Subject to your amount of insurance, the most we will pay will be in the proportion of your covered loss determined by dividing the Business Income Limit by the minimum amount of insurance you were required to carry.

AGREED VALUE: Is an optional coverage that suspends, but does NOT eliminate the Coinsurance provision. A new worksheet must be submitted at the end of each 12 month policy period. Failure to submit a signed current worksheet will automatically reinstate the Coinsurance Provision for the period going forward.

Consult your agent or broker to help you determine an appropriate Coinsurance percentage to be stated on your policy. One possible method to determine coinsurance percentage is to divide line 18., by the sum of lines 15., and 17., e.g. Line 18. = 8,000,000 Line 15. + 17 = \$10,000,000. $\$8,000,000 \div \$10,000,000 = 80\%$

Your valid options for Coinsurance percentage are shown below. A coinsurance percentage must be selected regardless which option you choose; Coinsurance option or Agreed Value option. Please check which option and coinsurance percentage you desire:

Coinsurance Option: ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ 100%

Agreed Value Option: ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ 100%

DO NOT REDUCE LINE 21. ABOVE BY THE COINSURANCE PERCENTAGE.

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	\$	\$
2.	Insurance expenses:	\$	\$
3.	Janitorial and Security	\$	\$
4.	Labor, altering, and equipping	\$	\$
5.	Light, power, heat, telephone/data lines	\$	\$
6.	Rent (housing and educational facilities)	\$	\$
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	\$ 0

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: Susan Domenighini Title: Executive DirectorSignature: *Susan Domenighini* Date: 7/9/24

Insurance Agency/Brokerage Representative:

Name: _____ Title: _____

Signature: _____ Date: _____



PHILADELPHIA
INSURANCE COMPANIES

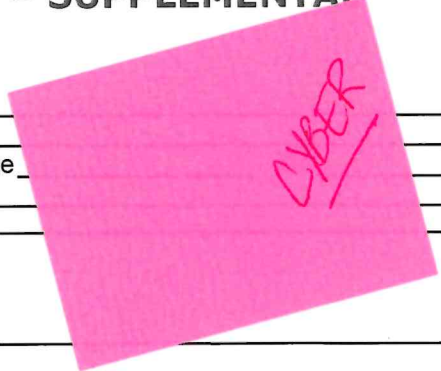
A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

Underwritten by:
Philadelphia Indemnity Insurance Company

CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant: _____
Address of Applicant: _____
City: _____ State: _____
Website: www: _____
Nature of Operations: _____



1. Annual sales or revenue: \$ _____
2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? ☐ Yes ☐ No
If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - ☐ a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - ☐ b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - ☐ c. Credit or Debit Card Information
3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? ☐ Yes ☐ No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? ☐ Yes ☐ No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? ☐ Yes ☐ No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? ☐ Yes ☐ No

PI-CYBE-APP (11/16)

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their 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 (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 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). (NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, LA, MD, 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 AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE 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 DISTRICT OF COLUMBIA: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

APPLICABLE IN FLORIDA 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.

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 FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE: 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 NEW JERSEY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

APPLICABLE IN OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN OKLAHOMA: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

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 ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

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)



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

EDUCATIONAL BUSINESS INCOME WORKSHEET

Named Insured: _____ Completed By: _____ Title: _____
Policy Number: _____ Effective Date: _____
Date: _____

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)	\$	\$
2. Room and Board (dormitory fees and meal contracts)	+ \$	+ \$
3. Laboratory and other fees	+ \$	+ \$
4. Bookstore sales and other retail sales (excl. sales tax)	+ \$	+ \$
5. Ticket Sales (athletic, concerts, and other events)	+ \$	+ \$
6. Research Grants and/or Contracts	+ \$	+ \$
7. Commissions or Rents from others using your Facilities	+ \$	+ \$
8. Rental Income (from leased campus buildings and other investment property if included in policy)	+ \$	+ \$
9. Other Income (do not include donations, fund raising and investment income):	+ \$	+ \$
10. TOTAL ANNUAL GROSS INCOME (Add Lines 1-9)	= \$0	= \$0
B) EXPENSES AND DEDUCTIONS		
11. Contractual adjustments, bad debts, and collection expenses	- \$	- \$
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.	- \$	- \$
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	= \$0
C) ADDITIONAL FACTORS		
16. <u>Period of Restoration</u> : 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 = _____ which equals to a factor of _____ Factor 16. MULTIPLY Line 15. by Factor 16.		= \$0
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		= \$ 0
19. <u>Extended Business Income</u> : Indicate number of months your anticipated reduced income after resuming normal operations: _____ Months. See Footnote (19) ADD amount of estimated reduced income for the number of months indicated above.		+ \$
20. Is <u>Extra Expense</u> 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.		+ \$
21. YOUR ESTIMATED AMOUNT OF NEEDED BUSINESS INCOME & EXTRA EXPENSE INSURANCE. Do not reduce this amount by the Coinsurance Percentage you select below.		= \$ 0

FOOTNOTES:

- (14): Ordinary payroll expenses include payroll, employee benefits if directly related to payroll, FICA and Medicare payments, union dues, and Workers Compensation premiums.
Some points to consider in deciding whether to exclude or limit Ordinary (i.e. other than officers, deans, department heads, full-time faculty and coaches and employees under contract):
- Would you lay off all your other employees in the event of a short interruption?
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1. Delays in obtaining Architectural and Engineering Plans, Zoning Variances, Building Permits, or approvals from Certification Boards.
 2. Climactic conditions that would prohibit or postpone repairs or rebuilding.
 3. Cause and origins investigations and debris removal can be delayed.
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VALUATION OPTIONS:

COINSURANCE: Business Income is subject to a coinsurance unless Agreed Value option is selected. Coinsurance requires you to carry a minimum amount of insurance. This minimum amount is an agreed upon percentage of your business income exposure for the 12 months following the effective date of your insurance policy. If at the time of loss, the amount of your Business Income limit is less than this amount, the amount we pay for the loss will be reduced. Subject to your amount of insurance, the most we will pay will be in the proportion of your covered loss determined by dividing the Business Income Limit by the minimum amount of insurance you were required to carry.

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Your valid options for Coinsurance percentage are shown below. A coinsurance percentage must be selected regardless which option you choose; Coinsurance option or Agreed Value option. Please check which option and coinsurance percentage you desire:

Coininsurance Option: ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ 100%

Agreed Value Option: ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ 100%

DO NOT REDUCE LINE 21. ABOVE BY THE COINSURANCE PERCENTAGE.

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	\$	\$
2.	Insurance expenses:	\$	\$
3.	Janitorial and Security	\$	\$
4.	Labor, altering, and equipping	\$	\$
5.	Light, power, heat, telephone/data lines	\$	\$
6.	Rent (housing and educational facilities)	\$	\$
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	\$ 0

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: Maggie Buckley Title: Executive Assistant/HR Coordinant

Signature: _____ Date: _____

Insurance Agency/Brokerage Representative:

Name: _____ Title: _____

Signature: _____ Date: _____