



AIG Europe S.A.

Greece Branch

119 Kifissias Ave, 15124 Maroussi, Tel: +302108127600, Fax: +302108027189

Email: Info.Gr@aig.com, Url: www.aig.com.gr

Thessaloniki: 42 Marinou Antipa str, 57001 Pilaia, Thessaloniki, Greece,

Tel: +302310474999, Fax: +302310474980

SCHOOL LEADERS ERRORS AND OMISSIONS

	Name	Code No	Vat No	Special Registry No
Insurance Intermediary				
Coordinator *				
Insurance Intermediary**				

*filled in, if there is a coordinator

**filled in, if the Insurance Intermediary who retains a contract with the Company is other than the one who keeps direct contact with the client.

1. LEGAL NAME OF ENTITY.....
 ADDRESS.....CITY.....POST CODE.....TELEPHONE.....
 EMAIL.....

2. THE ENTITY HAS CONTINUOUSLY BEEN IN EXISTENCE SINCE _____ AND IS A PRIVATE PUBLIC INSTITUTION.

3. NUMBER OF MEMBERS COMPRISING BOARD OF GOVERNORS, REGENTS OR TRUSTEES MEMBERS ARE ELECTED,
 APPOINTED OR BOTH.

IF APPOINTED, BY WHOM:.....TERM OF BOARD MEMBERS IS..... YEARS.

4. A) CURRENT STUDENT ENROLLMENT:.....B) EXPECTED ENROLLMENT NEXT YEAR:.....
 B) TOTAL CURRENT BUDGET €.....
 C) TOTAL CURRENT EXPECTED DEFICIT €..... OR SURPLUS €.....
 D) TOTAL ACCUMULATED DEFICIT €..... OR SURPLUS €.....
 E) IF A DEFICIT EXISTS, WHAT STEPS ARE BEING TAKEN TO ELIMINATE IT?.....

5. A) SPECIAL EDUCATION PROGRAMS OR FACILITIES FOR MENTALLY HANDICAPPED OR PHYSICALLY HANDICAPPED?

IF «YES», DESCRIBE:.....

B) TOTAL NUMBER OF INSTRUCTORS CURRENTLY EMPLOYED:

YES NO

C) DOES THE ENTITY ANTICIPATE ANY REDUCTION IN PROFESSIONAL STAFF IN THE NEXT TWELVE (12) MONTHS?.....

D) TOTAL NUMBER OF NON-INSTRUCTIONAL EMPLOYEES FOR THE PAST THREE (3) YEARS:.....

E) HAS ANY EMPLOYEE OF THE ENTITY BEEN SUSPENDED, DEMOTED, DISMISSED, TRANSFERRED OR CONTRACT OF EMPLOYMENT NON-RENEWED WITHIN THE LAST TWELVE (12) MONTHS? YES NO

IF «YES», EXPLAIN:.....

F) HAS ANY PERSON, FORMER EMPLOYEE OR JOB APPLICANT ALLEGED UNFAIR OR IMPROPER TREATMENT REGARDING EMPLOYEE HIRING, NONREMUNERATION ADVANCEMENT OR TERMINATION OF EMPLOYMENT? YES NO

IF «YES», EXPLAIN ON SEPARATE EXHIBIT.

G) HAS THE BOARD ESTABLISHED GUIDELINES RELATED TO PROCEDURES FOR SUSPENSION, DISMISSAL, OR NON-RENEWAL OF EMPLOYMENT CONTRACTS OF:

INSTRUCTORS AND SUPERVISORY PERSONNEL YES NO WHEN.....

NON-PROFESSIONAL EMPLOYEES YES NO WHEN.....

STUDENTS YES NO WHEN.....

ARE THESE GUIDELINES IN WRITING? YES NO WHEN.....

IF «YES», ATTACH COPY.

H) IS A UNIFORM CONTRACT FOR INSTRUCTORS USED? YES NO WHEN.....

IF «YES», ARE ALL «IN FORCE» CONTRACTS THE SAME? YES NO WHEN.....

IF «NO», EXPLAIN DIFFERENCES ON SEPARATE EXHIBIT



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I) HAS THE BOARD ADOPTED A PAY SCALE FOR PERSONNEL PROVIDING FOR REMUNERATION WITHOUT REGARD TO AGE, SEX, RACE, OR CREED. YES NO YEAR ESTABLISHED.....

J) HAS THE BOARD ADOPTED AN AFFIRMATIVE ACTION PROGRAM FOR EMPLOYMENT? YES NO YEAR ESTABLISHED.....

6. A) IS THE ENTITY INVOLVED IN ANY DISPUTES REGARDING INTEGRATION? YES NO

IF «YES», EXPLAIN:.....

B) HAS THE ENTITY BEEN CLOSED OR SCHOOL ACTIVITIES DISRUPTED DURING THE PAST THREE (3) YEARS DUE TO STUDENT OR TEACHER STRIKES OR ACTIONS? YES NO

IF «YES», EXPLAIN:.....

7. NUMBER CLAIMS WHICH, IF INSURANCE HAD BEEN IN FORCE SIMILAR TO THAT NOW PROPOSED, WOULD HAVE FALLEN WITHIN THE SCOPE OF SUCH INSURANCE HAS BEEN MADE OR IS NOW PENDING AGAINST ANY PERSONS PROPOSED FOR INSURANCE, EXCEPT AS FOLLOWS (IF ANSWER IS NONE, SO STATE):.....

8. NO PERSON PROPOSED FOR THIS INSURANCE IS COGNIZANT OF ANY ACT, ERROR, OMISSION WHICH HE/SHE HAS REASON TO SUPPOSE MIGHT AFFORD VALID GROUNDS FOR ANY FUTURE CLAIM SUCH AS WOULD FALL WITHIN THE SCOPE OF THE PROPOSED INSURANCE, EXCEPT AS FOLLOWS (IF ANSWER IS NONE, SO STATE; OTHERWISE ATTACH EXPLANATION) YES NO

9. THE ENTITY, ITS BOARD, AND/OR ITS EMPLOYEES HAVE NOT BEEN INVOLVED IN OR HAVE ANY KNOWLEDGE OF ANY PENDING FEDERAL, STATE OR LOCAL LEGAL ACTIONS OR PROCEEDINGS AGAINST THE ENTITY, ITS BOARD MEMBERS, OR EMPLOYEES EXCEPT AS FOLLOWS (IF ANSWER IS NONE, SO STATE; OTHERWISE ATTACH EXPLANATION).....

10. PLEASE ATTACH LOSS EXPERIENCE INCLUDING THE FOLLOWING: (A) DATE, (B) NAME OF CLAIMANT, (C) DESCRIPTION, (D) SETTLEMENT.

11. CURRENT SCHOOL LEADERS ERRORS AND OMISSIONS OR DIRECTORS AND OFFICERS LIABILITY CURRENTLY IN FORCE:

COMPANY.....POLICY EXPIRATION.....

LIMIT OF LIABILITY.....DEDUCTIBLE.....

12. IT IS AGREED THAT ANY CLAIM OR ACTION ARISING FROM ANY NEGLIGENT ACT, ERROR OR OMISSION OR BREACH OF DUTY WHICH IS KNOWN TO AN INSURED, PRIOR TO THE ISSUANCE OF THE INSURING POLICY TO WHICH THIS APPLICATION IS ATTACHED AND FORMS A PART, SHALL BE EXCLUDED FROM COVERAGE.

13. THE UNDERSIGNED AUTHORIZED OFFICER(S) OF THE ENTITY AND/OR BOARD DECLARE THAT TO THE BEST OF THEIR KNOWLEDGE, THE STATEMENTS SET FORTH HERE IN ARE TRUE. SIGNING OF THIS PROPOSAL DOES NOT BIND THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THIS FORM WILL BE ATTACHED AND BECOME PART OF THE POLICY.

Additional Supplemental Information

1. IS THE SCHOOL PUBLIC OR PRIVATE?.....
IF THE SCHOOL IS PRIVATE, IS IT A FOR-PROFIT ENTITY?.....

2. DOES THE SCHOOL'S ENROLLMENT INCLUDE PRE-SCHOOLERS?.....
IF YES, WHAT PERCENTAGE IS THE PRE-SCHOOL ENROLLMENT?.....

3. IS THE SCHOOL A BOARDING SCHOOL?.....

4. IF THE SCHOOL IS A COLLEGE, IS IT A 2 OR 4 YEAR COLLEGE?.....

5. DOES THE SCHOOL CONDUCT NIGHT CLASSES?.....
IF YES, ARE BOARD MEMBERS THE SAME FOR DAY AND NIGHT CLASSES?.....

6. IS THE SCHOOL AFFILIATED WITH ANY OTHER ENTITY?.....
IF YES, PLEASE LIST THE NAME AND NATURE OF THE ENTITY. ALSO EXPLAIN WHAT RELATIONSHIP EXISTS BETWEEN THE SCHOOL AND THE OTHER ENTITY.....



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7. HAS THE BOARD ESTABLISHED GUIDELINES RELATED TO REPORTING AND INVESTIGATING ALLEGATIONS OF SEXUAL HARASSMENT?

YES NO

ARE THESE GUIDELINES IN WRITING ?.....
PLEASE ATTACH A COPY OF THE GUIDELINES.

8. DOES THE BOARD CONDUCT SEMINARS ON PREVENTING OR IDENTIFYING SEXUAL HARASSMENT AND/OR INSTRUCTION ON THE PROCEDURES TO BE USED TO REPORT INCIDENCES OF SEXUAL HARASSMENT? YES NO

ARE THESE SEMINARS CONDUCTED ON A REGULAR BASIS? YES NO

WHEN WAS THE LAST SEMINAR CONDUCTED?.....

IS ATTENDANCE MANDATORY FOR ALL EMPLOYEES? YES NO

ARE SEMINARS CONDUCTED FOR STUDENTS? YES NO

9. ARE BACKGROUND CHECKS CONDUCTED ON ALL POTENTIAL EMPLOYEES? YES NO

IS AN OFFER FOR EMPLOYMENT CONTINGENT UPON SUCH CHECKS? YES NO

ARE BACKGROUND CHECKS CONDUCTED ON CURRENT EMPLOYEES? YES NO

ARE BACKGROUND CHECKS CONDUCTED BY THE SCHOOL ENTITY EMPLOYEES? YES NO

IF BACKGROUND CHECKS ARE NOT CONDUCTED BY EMPLOYEES, WHO PERFORMS THIS SERVICE?
.....

10. HAS THE BOARD ESTABLISHED GUIDELINES FOR REPORTING ANY INSTANCE OF SUSPECTED CHILD ABUSE TO THE PROPER AUTHORITIES? YES NO

ARE THESE GUIDELINES IN WRITING? YES NO

11. DOES THE SCHOOL CARRY GENERAL LIABILITY (GL) INSURANCE? YES NO

DOES THIS INSURANCE SPECIFICALLY EXCLUDE CLAIMS ARISING OUT OF ABUSE OR MOLESTATION? YES NO

12. FOR WHICH OF THE FOLLOWING SERVICES DOES THE SCHOOL DISTRICT USE SUBCONTRACTORS: TRANSPORTATION

FOOD CUSTODIAL MEDICAL SECRETARIAL/ADMINISTRATIVE LEGAL ACCOUNTING/FINANCIAL

SPECIALIZED EDUCATIONAL OTHER EDUCATIONAL (DESCRIBE).....

13. DO YOU REQUIRE ALL SUBCONTRACTORS OR INDEPENDENT CONSULTANTS TO CARRY LIABILITY INSURANCE?

14. HAS ANY CLAIM EVER BEEN MADE AGAINST THE FIRM DURING THE PAST 5 YEARS? YES NO

15. IS YOUR FIRM OR ANY OF YOUR PARTNERS, DIRECTORS OR OFFICERS AWARE OF ANY CIRCUMSTANCES WHICH MAY GIVE RISE TO A CLAIM AGAINST THE FIRM? YES NO

PLEASE LIST ALL HOLDINGS REPRESENTING 20% OR MORE OF THE SHARE CAPITAL OF THE COMPANY GIVING THE HOLDER AND THE PERCENTAGE HELD BY EACH.

Name	%



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Signature Section

The undersigned is a duly authorized representative of the **Applicant** and hereby declares that the statements and particulars in this proposal form are true and that he/she has not misstated or suppressed any material data. He/She agrees that this proposal together with any other information supplied by him/her shall form the basis of any contract of insurance effected hereon. He/She undertakes to inform the underwriters of any material alteration to these facts.

The undersigned authorized officer of the **Applicant** hereby acknowledges that he/she is aware that the Limit of Liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defence and, in such event, the **Insurer** shall not be liable for the costs of legal defence or for the amount of any judgment or settlement to the extent that such exceeds the Limit of Liability of this policy.

The undersigned authorized officer of the **Applicant** hereby further acknowledges that he/she is aware that legal defence costs that are incurred shall be applied against the retention amount.

The undersigned authorized officer of the **Applicant** hereby further acknowledges to have read, to understand and agree upon the final notices on the last page of this document.

Duly authorized representative, by and on behalf of the **Applicant**.

Name:	Signature :
Title:	
E-mail address:	
Date:	

Duly authorized representative, by and on behalf of the **Insurance Intermediary**

Name:	Signature :
E-mail address:	
Date:	

AIG Europe S.A. is an insurance undertaking with R.C.S. Luxembourg number B 218806. AIG Europe S.A. has its head office at 35D Avenue John F. Kennedy, L-1855, Luxembourg, <http://www.aig.lu/>. AIG Europe S.A. is authorized by the Luxembourg Ministère des Finances and supervised by the Commissariat aux Assurances, 11 rue Robert Stumper, L-2557 Luxembourg, GD de Luxembourg, Tel.: (+352) 22 69 11 - 1, caa@caa.lu, <http://www.caa.lu/>. AIG Europe S.A. (Greece Branch) has its registered branch office at 119, Kifissias Ave., Maroussi, Athens with company registration number 147135660001, Tax no. 996898851, Tax Office: KE.FO.DE Attikis.



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How we use Personal Information

"AIG Europe S.A. (Greece Branch) is committed to protecting the privacy of customers, claimants and other business contacts.

"Personal Information" identifies and relates to you or other individuals (e.g. your partner or other members of your family). If you provide Personal Information about another individual, you must (unless we agree otherwise) inform the individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) for sharing of their Personal Information with us.

The types of Personal Information we may collect and why – Depending on our relationship with you, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with your consent where required by applicable law) as well as other Personal Information provided by you or that we obtain in connection with our relationship with you. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Make assessments and decisions about the provision and terms of insurance and settlement of claims
- Assistance and advice on medical and travel matters
- Management of our business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside your country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Marketing, market research and analysis

To opt-out of any marketing communications that we may send you, contact us by e-mail at: customerservice-GR@aig.com or by writing to: AIG Europe SA (Greece Branch) Maroussi, Kifissias Avenue 119. If you opt-out we may still send you other important service and administration communications relating to the services which we provide to you from which you cannot opt-out.

Sharing of Personal Information - For the above purposes Personal Information may be shared with our group companies and third parties (such as brokers and other insurance distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers). Personal Information will be shared with other third parties (including government authorities) if required by laws or regulations. Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers. We are required to register all third party claims for compensation relating to bodily injury to workers' compensation boards. We may search these registers to prevent, detect and investigate fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

International transfer - Due to the global nature of our business, Personal Information may be transferred to parties located in other countries (including the United States, China, Mexico Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in your country of residence). When making these transfers, we will take steps to ensure that your Personal Information is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in our Privacy Policy (see below).

Security of Personal Information – Appropriate technical and physical security measures are used to keep your Personal Information safe and secure. When we provide Personal Information to a third party (including our service providers) or engage a third party to collect Personal Information on our behalf, the third party will be selected carefully and required to use appropriate security measures.

Your rights – You have a number of rights under data protection law in connection with our use of Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to correct inaccurate data, a right to erase data or suspend our use of data. These rights may also include a right to transfer your data to another organisation, a right to object to our use of your Personal Information, a right to request that certain automated decisions we make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator. Further information about your rights and how you may exercise them is set out in full in our Privacy Policy (see below).

Privacy Policy - More details about your rights and how we collect, use and disclose your Personal Information can be found in our full Privacy Policy at: www.aig.com.gr/privacy-policy or by email at: dataprotectionofficer-el@aig.com