



**SPECIAL EDUCATION**

22. If special education was indicated above, please answer the following questions:

What type of students are enrolled:  physically handicapped       developmentally disabled  
 emotionally disturbed       violent  
 mentally disturbed       suicidal  
 other: \_\_\_\_\_

23. Do you have facilities in place for restraint of students?

**If "Yes," provide details of restraint guidelines as an attachment.**

\*\*\*\*\*

**Please attach copies of all contractual agreements including those involved in off-premises training.**

\* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.  
\* not applicable in all states

]

**DECLARATION AND SIGNATURE:**

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Sub-Producer

\_\_\_\_\_  
Title/Date

\_\_\_\_\_  
Producer

SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY OR THE UNDERWRITING MANAGER TO COMPANY THE INSURANCE. Application MUST be currently signed, completed and dated to be considered for quotation.