

## PUBLIC SCHOOL - NEW BUSINESS APPLICATION

### SECTION I – ENTITY INFORMATION

<b>Effective Date:</b>		<b>Need By Date:</b>		<b>Bid Date:</b>	
<b>NAME OF ENTITY:</b>				Federal ID Number (FEIN):	
Address:					
County:		City:		State:	Zip:
Entity Web Address:			Population:		
<b>ENTITY CONTACT:</b>		Title:			
Last Name:			First Name:		
Office Phone:			Office Fax:		

### SECTION II - AGENCY & AGENT INFORMATION - (\*NEED COPIES OF AGENCY & PRODUCER LICENSES)

<b>AGENCY NAME:</b>					
Address:					
City:			State:		Zip:
<b>PRODUCER CONTACT:</b>		Last Name:		First Name:	
Office Phone:			Office Phone Extension:		
Cell Phone:			Office Fax:		
Email Address:					
*Agency License Number:			*Producer License Number:		
How did you hear about us?					

### SECTION III - COVERAGES REQUESTED

Line of Business (Check Box if Requested) <i>*Contact SOU for Supplemental Application</i>			
<input type="checkbox"/>	General Liability	<input type="checkbox"/>	Inland Marine
<input type="checkbox"/>	Auto	<input type="checkbox"/>	Crime
<input type="checkbox"/>	Umbrella / Excess Liability	<input type="checkbox"/>	Law Enforcement (Download at <a href="http://www.stoneoak.com">www.stoneoak.com</a> )
<input type="checkbox"/>	Property	<input type="checkbox"/>	School Board Legal (Download at <a href="http://www.stoneoak.com">www.stoneoak.com</a> )
<input type="checkbox"/>	Equipment Breakdown	<input type="checkbox"/>	<i>* Workers Compensation (Not available in All States)</i>

**Note: Any person who knowingly and with intent to defraud any insurance company or another 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 facts material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, or OR; in ME and VA, insurance benefits may also be denied.)**

Signature of Authorized Official	Title	Printed Name	Date
Signature of Agent or Broker	Title	Printed Name	Date

## SECTION IV - EXPIRING POLICY INFORMATION

Coverage	Premium	Carrier	Policy Limit	Occ/CM?	Deductible
General Liability	\$		\$		\$
Auto Liability	\$		\$		\$
Auto Physical Damage	\$		\$		\$
Umbrella / Excess	\$		\$		\$
Property	\$		\$		\$
Equip Breakdown	\$		\$		\$
Inland Marine	\$		\$		\$
Crime	\$		\$		\$
School Board Legal	\$		\$		\$
Law Enforcement	\$		\$		\$
Workers Compensation	\$		\$		\$

**Please attach currently valued insurance company loss runs containing date of loss, paid loss and loss expense, reserved loss and loss expense and description of loss by line for the past 5 years.**

Has any company canceled or declined to renew any of these coverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:	
Have there been any losses paid or reserved over \$25,000 in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:	
Does the Entity have any knowledge of any incident(s), accident(s), or occurrence(s) which may result in a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:	

## SECTION V - FINANCIAL INFORMATION

**Please attach a complete copy of the Entity's most current Audited Budget & Financial Statements.**

Have any budget deficits occurred in the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:	

## SECTION VI - INDEPENDENT CONTRACTORS

**Does the Entity use Independent Contractors? If Yes, please complete the following for each operation**  Yes  No

Is a Hold Harmless provision included in each contract?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Operation	Certificates of Insurance Secured?	Contractor's Limit of Liability?	Entity named as an Additional Insured?	
	<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	

## SECTION VII- RISK MANAGEMENT

**Check ALL that apply:**

<input type="checkbox"/> Full-time Risk Manager	<input type="checkbox"/> Parks & Playgrounds inspection, maintenance & upkeep program
<input type="checkbox"/> Full-time Vehicle Fleet Manager	<input type="checkbox"/> Vehicle & Equipment (autos, mobile equipment, etc.) inspection, maintenance & record keeping program
<input type="checkbox"/> Safety / Loss Control program	<input type="checkbox"/> Disaster Management & Recovery program
<input type="checkbox"/> Regular Safety / Loss Control Meetings	<input type="checkbox"/> Background checks on New Employees
<input type="checkbox"/> Accident Investigation program	<input type="checkbox"/> Background checks on Volunteers
<input type="checkbox"/> Training Program(s) for new employees	<input type="checkbox"/> ADA Compliance Policy
<input type="checkbox"/> Property/Premises inspection & maintenance program	<input type="checkbox"/> Sexual Harassment Policy

## SECTION VIII – SURVEY DATA

### POLICIES AND PROCEDURES (ADVISE IF THE ENTITY HAS IMPLEMENTED THE FOLLOWING):

Policy/Procedure	Yes / No	Manual	Date of Last Revision?
Abuse or Molestation Prohibition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In Writing?	
ADA Compliance (Americans With Disabilities Act)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In Writing?	
Corporal Punishment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In Writing?	
Emergency Evacuation Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In Writing?	
Employee Handbook	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In Writing?	
Hazing Prohibition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In Writing?	
IDEA Compliance ( <i>Individuals With Disabilities Education Act</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In Writing?	
Maintenance Records for each Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In Writing?	
Parental Consent Forms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In Writing?	
Sexual Harassment Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In Writing?	
Violence Prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In Writing?	
Weapons Prohibition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In Writing?	

### SECURITY

Is there a full time security force on campus? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of security personnel?
If Yes, please describe:	
If Yes, does the security force have the authority to detain and make arrests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does local law enforcement department patrol regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe patrol and frequency:	

### BACKGROUND CHECKS

Do you conduct background checks on the following: (Check Yes/No for ALL that apply)				
TYPE	New Hires	Teachers	Employees	Volunteers
<b>Academic Credentials</b>	<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
<b>Credit</b>	<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
<b>Criminal Checks</b>	<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
<b>Licenses</b>	<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
<b>Personal References</b>	<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
<b>Prior Employers</b>	<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
How long has the Entity been performing background checks?				
Who performs the background checks?				
Are records of background checks maintained for documentation purposes?				<input type="checkbox"/> Yes <input type="checkbox"/> No

### ENROLLMENT & SIZE DATA

Type	Number of Schools	ADA	Number of Teachers	Number of Nurses/ Doctors	Number of Other Employees
Daycare / Pre-School					
Elementary School (Grades K-5)					
Middle School (Grades 6-8)					
High School (Grades 9-12)					
Alternative School					
Vocational School					
Other:					
<b>TOTAL</b>					
Have any schools been merged or closed in the past 3 years?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there plans for any school mergers / closing in the next 12 months?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there plans for any new school openings in the next 12 months?					<input type="checkbox"/> Yes <input type="checkbox"/> No

## GENERAL LIABILITY – LIMITS & COMMON OPERATIONS

TYPE:	Limits		Deductible
Each Occurrence / General Aggregate	\$	\$	\$
Damage To Premises Rented to You (sublimit)	\$		
Medical Expenses (sublimit)	\$		
Employee Benefits	\$		\$
Abuse and Molestation (sublimit)	\$		\$
Additional Insureds – Attach a detailed name and description of each and describe relationship to the Entity.			
<b>EXCLUDED OPERATIONS</b> - Aviation Activities, Hospitals and Nursing Homes, Law Enforcement Activities or Detention Facilities, Mechanical Amusement Devices, Rodeos, Ski Facilities, Racing or Stunting Involving Wheeled Vehicles Including Skateboards and Roller Skates, Dormitories or Other Housing Facilities for Students, Fire Fighting & Trampolines or Other Rebounding Devices.			

### COMMON OPERATIONS (If any independent contractors are used, please complete page 2 of the application)

ATHLETIC PROGRAMS – (CHECK ALL THAT APPLY)				
<input type="checkbox"/> Archery	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Golf	<input type="checkbox"/> Softball	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Baseball	<input type="checkbox"/> Downhill Skiing	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Swimming	<input type="checkbox"/> Other:
<input type="checkbox"/> Basketball	<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Ice Hockey	<input type="checkbox"/> Tennis	
<input type="checkbox"/> Crew	<input type="checkbox"/> Football	<input type="checkbox"/> Soccer	<input type="checkbox"/> Track & field	
Is Parental consent required?				
Do all Parental Consent forms contain Hold Harmless and Waiver provisions?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Entity provide Student Accident Insurance?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is trained medical assistance available on-site during all games?				<input type="checkbox"/> Yes <input type="checkbox"/> No
CAFETERIAS				
Are there automatic fire extinguishing systems in each cafeteria?				<input type="checkbox"/> Yes <input type="checkbox"/> No
FIELD TRIPS				
Does the Entity sponsor field trips? If Yes, provide a separate list of the types.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are students always accompanied by an adult?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are Parental Consent Forms secured for each student?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are Chaperones pre-qualified (reference checks, MVRs, etc.)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are formal, written rules & procedures established for each trip and communicated to students, parents				<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the field trip transportation?				
INFIRMARY / MEDICAL CARE				
Please describe medical services provided at each School:				
Is there a nurse's office at each school?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a nurse on duty at each school during school hours?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a doctor "on-call" for emergencies?				<input type="checkbox"/> Yes <input type="checkbox"/> No
LIMITED POLLUTION (A SUBLIMIT AND DEDUCTIBLE MAY APPLY)				
Herbicide / Pesticide Spraying	<input type="checkbox"/> Yes <input type="checkbox"/> No	Swimming Pool Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are employees licensed (if applicable) or trained for the specific operation listed above?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
PLAYGROUNDS				
Describe inspection program:				
Is proper cushioning material used at all playgrounds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
SCIENCE LABS – (CHECK ALL THAT APPLY)				
<input type="checkbox"/> Eyewashers	<input type="checkbox"/> First Aid Kits	<input type="checkbox"/> Sprinklers		
<input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Smoke Alarms	<input type="checkbox"/> Ventilation for Fumes		
Does the Entity have an acquisition and disposal policy for the labs?				<input type="checkbox"/> Yes <input type="checkbox"/> No
What protective equipment are the students required to use/wear?:				
SPECIAL EVENTS (COMPLETE ONE FOR EACH EVENT)				
<b>Event 1-</b> Description:				
Dates & Hours of Operation:				
Event Location:				
This event is operation by: <input type="checkbox"/> Entity <input type="checkbox"/> Subcontractor				
Does the Entity erect or operate any amusement rides?				<input type="checkbox"/> Yes <input type="checkbox"/> No
SPECIAL SCHOOLS (CHARTER, MAGNET, ETC.)				
Provide a complete description (operations, facilities, premises, etc.):				

## ADDITIONAL OPERATIONS

### BROADCASTING / PUBLISHING ACTIVITIES (RADIO, TV, WEB, ETC)

Provide a complete description of this exposure (operations, facilities, premises, etc.) and a list of all publications:

### DAY CAMP, DAY CARE AND/OR PRE SCHOOL

Type of Facility:  Day Camp  Day Care (Nursery)  Pre School

Name & Location of facility:

Length of time in operation:

Square Footage:

Licensed capacity:

Number of days per week:

Hours open per day:

Present enrollment:

Is the operation licensed?

Yes  No

Are they in compliance with all applicable laws or regulations?

Yes  No

Were the premises utilized for Day Care / Pre School built or modified for that particular purpose?

Yes  No

Does the facility have the following: (Check ALL that apply)

Emergency Evacuation Plan

Regularly inspected fire / smoke detection systems

Two separate exits on each floor

First Aid equipment

Is someone on premises during business hours, trained in administering first aid?

Yes  No

Does playground equipment meet Consumer Product Safety Commission (CPSC) standards?

Yes  No

### General Information

#### Number of Children

#### Number of Full Time staff members

#### Number of Volunteers

Ages 0-3 years

Ages Over 3-7 years

Ages Over 7 years

Developmentally disabled

### JOINT VENTURES, PROJECTS, ACTIVITIES

Provide a complete description (operations, facilities, premises, etc.), a list of all other individuals or organizations involved and their relationship to the Entity.

### PROFESSIONAL / VOCATIONAL TRAINING

Provide a complete description (operations, facilities, premises, etc.) and a list of all training programs and number of students for each.

### PUBLIC FACILITIES (AUDITORIUM, ARENA, BLEACHER, ETC.)

**Please indicate if the Entity has any of the following? (Check ALL that apply)**

Auditorium  Arena  Bleachers  Convention Center  Grandstands

Library  Museum  Other:

**Please complete a separate supplement for each building or structure with 20,000 square feet or more, or capacity of 2,500 or more. Please send a list of scheduled events, if any, for the next 12 months.**

Location:

Total Square Footage:

Maximum Capacity:

Number of Days In Use?

Total Receipts?

Description / List of Events (Attach list if necessary):

Are formal written rules and procedures for facility use established?

Yes  No

Are regular inspections conducted and documented?

Yes  No

Are complaints and follow-up procedures documented in writing?

Yes  No

### SWIMMING POOLS / WATERCRAFT - COLOR PHOTOS REQUIRED OF ALL SLIDES/DIVING BOARDS

Provide a complete description of the pool (operations, facilities, premises, etc.):

Description of operations and use (Watercraft):

Number of boats >26 ft:

### OTHER:

Description of operations and use:

## AUTOMOBILE

Please attach an Excel spreadsheet schedule of vehicles (download at [www.stoneoak.com](http://www.stoneoak.com)) including year, make, model, cost new, VIN #'s and department. Also attach a schedule of drivers including name, driver's license #, birthdate and department.

### AUTOMOBILE LIABILITY

	Liability Limit	PIP Limit	Medical Payments Limit	UM/UIM Limit	Liability Deductible
Option 1	\$	\$	\$	\$	\$
Option 2	\$	\$	\$	\$	\$
Symbol(s)					

### AUTOMOBILE PHYSICAL DAMAGE

	Comprehensive Deductible	Collision Deductible	Hired Car Physical Damage	
Option 1	\$	\$	Cost of Hire	\$
Option 2	\$	\$	Comprehensive Deductible	\$
Symbol(s)			Collision Deductible	\$

**PLEASE LIST ALL GARAGES OR LOCATIONS WITH CONCENTRATION OF AUTOS OVER \$500,000**

### GARAGEKEEPERS LEGAL LIABILITY

Please provide Location(s), # vehicles, coverage(s) and deductible(s) desired:

### UNDERWRITING ASSESSMENT

Does Entity check MVR's prior to hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a current MVR (within 12 months) on file for all drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ANY DRIVERS WITH THE FOLLOWING IN THE PAST 3 YEARS?</b>	
1. DUI / DWI convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Reckless driving/ vehicular homicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. 2 or more moving violations or suspended/ expired license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Entity have a driver training and qualification program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are drivers of 15-passenger vans specifically trained in operation of these vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bus drivers:	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Are drivers trained in the operation of these vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do drivers take annual defensive driver training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Entity hire or borrow vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe (total number of employees, type of use – occasional or full time, purpose, etc.):	
Does the Entity allow the use of personal vehicles for Entity business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, are Certificates of Insurance obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees allowed to take vehicles home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe (total number of employees, type of use – occasional or full time, purpose, etc.):	

### UMBRELLA EXCESS LIABILITY

Limits of Liability:	
Option 1: \$	
Option 2: \$	
Underlying Coverage(s) – Check ALL that apply:	
<input type="checkbox"/> Automobile Liability	<input type="checkbox"/> General Liability

## PROPERTY / EQUIPMENT BREAKDOWN

Please attach a signed Excel spreadsheet property schedule (download at [www.stoneoak.com](http://www.stoneoak.com)) with location numbers, address (including zip code), protection class, private protection (i.e., sprinklered; smoke detection), square footage, construction, age and occupancy. Values shown must be at 100% Coinsurance.

Coverage	Limits	Deductible	Coins %
<input type="checkbox"/> Building	\$	\$	
<input type="checkbox"/> Contents	\$	\$	
<input type="checkbox"/> Business Income/Extra Expense	\$		
<input type="checkbox"/> Earthquake	\$	\$	N/A
<input type="checkbox"/> Equipment Breakdown	\$	\$	
<input type="checkbox"/> Flood	\$	\$	
<input type="checkbox"/> Windstorm / Hail	\$	\$	
		%	

### UNDERWRITING ASSESSMENT

Any vacant buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any buildings currently under construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all cooking areas equipped with an automatic fire extinguishing system?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>For ALL buildings 25 years old or greater have the following been updated within the past 10 years?</b>			
Electrical systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	HVAC systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roofs been replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## INLAND MARINE

Attach an itemized schedule of desired inland marine coverages by location, indicating the limit of coverage, deductible, and complete description of the property.

Coverage	Limits	Deductible
Computer Equipment	\$	\$
Contractor's Equipment	\$	\$
Fine Arts	\$	\$
General Office Equipment	\$	\$
Miscellaneous Property Floater (Scheduled)	\$	\$
Miscellaneous Property Floater (Unscheduled)	\$	\$
Musical Instruments / Band Uniforms	\$	\$
Radio / TV Broadcasting Equipment	\$	\$
Radio Towers	\$	\$
Other:	\$	\$

## CRIME

Insuring Agreement(s) Requested	Limit	Deductible
Employee Theft Coverage – Per Loss Coverage *	\$	\$
Employee Theft Coverage – Per Employee Coverage *	\$	\$
Forgery or Alteration	\$	\$
Inside the Premises – Theft of Money and Securities	\$	\$
Inside the Premises – Robbery or Safe Burglary of Other Property	\$	\$
Outside the Premises	\$	\$
Computer Fraud	\$	\$
Funds Transfer Fraud	\$	\$
Money Orders and Counterfeit Paper Currency	\$	\$
<b>* IS COVERAGE EXTENDED TO PROVIDE FAITHFUL PERFORMANCE OF DUTY?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

### UNDERWRITING ASSESSMENT (CHECK ALL THAT APPLY)

<input type="checkbox"/> Annual audit conducted	<input type="checkbox"/> Internal audit program
<input type="checkbox"/> Monthly bank reconciliations performed	<input type="checkbox"/> Employee background checks conducted
<input type="checkbox"/> Two signatures secured on checks	<input type="checkbox"/> Employee references checked
Number of Class A Employees (handles money):	Number of Class B (all other):