

Insurance Requirements (Assurance)

All charter schools shall keep a record of the types and amounts of insurance coverage as shown below in accordance with [R.S. 17 §3991\(18\)](#) and [Bulletin 126 §515\(D\)\(20\)](#).

Insurance Requirements

1. **Worker's Compensation Insurance:** Covers obligations imposed by federal and state statutes having jurisdiction over the Charter Operator's employees, and employers' liability insurance with a minimum limit of \$100,000.
2. **Comprehensive General Liability Insurance:** Minimum combined single limit of \$1,000,000 each occurrence.
3. **Comprehensive Automobile Liability Insurance:** Combined single limit for bodily injury and property damage or not less than \$1,000,000 each occurrence with respect to the school's owned, hired or non-owned vehicles, assigned to or used in performance of the services offered by the school.
4. **Property Insurance:** For buildings and contents purchased by the Charter Operator with state or federal funds. The property insurance obtained by the Charter Operator shall provide BESE or the State of Louisiana with the ability to file a claim for any loss of property purchased with state or federal funds.
5. **Errors and Omissions Liability Insurance:** This insurance shall cover the Charter Operator for those sources of liability arising out of the rendering or failure to render professional services in the performance of this agreement, including all provisions regarding financial management and indemnification.
 - a. The insurance shall be subject to a maximum deductible not to exceed \$25,000 per claim.
 - b. The minimum limits to be maintained by the Charter Operator shall be no less than \$1,000,000 per claim/annual aggregate.
6. **Employee Dishonesty Insurance:** Minimum limit of \$250,000 per claim/annual aggregate.
7. **Employment Practices Liability Insurance:** Minimum limit of \$500,000 per claim/annual aggregate.

Attestation

The undersigned confirms that the charter school(s) listed below are in good standing with all required insurance coverage and that any proof of documentation requested will be available for review on all school campuses.

Name of Charter School(s): _____

CMO/School Leader Signature: _____ Date: _____

Printed CMO/School Leader Name: _____