

Please note: If spaces provided for answers are inadequate, please attach supplementary information.

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| Name of School | |
| Address | |
| Contact Details | |
| Total Asset Values (Replacement Basis) | \$ |
| Annual Revenue | \$ |
| Number of Campuses | |
| Number of Employees | |
| Number of Students | |
| Number of Motor Vehicles/Trailers <ul style="list-style-type: none"> • under \$5,000 each vehicle • over \$5,000 each vehicle Number of Buses | |
| Total Value of Watercraft | \$ |
| Principal Fire/Security Protection | |
| Claims History | Quotation will be subject to : <ul style="list-style-type: none"> • no claims in the last 5 years in respect of Liability insurance policies. • a maximum loss ratio (ratio of claims to premium paid) per policy of 50% over the last 5 years in respect of other insurance policies. |

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Please forward the completed questionnaire to the Willis office in your state, or to:

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