



December 7, 2020

RE: The Bryan Allen Stevenson School of Excellence

To Whom It May Concern,

Per the school's request, this letter is to confirm that The Bryan Allen Stevenson School of Excellence will maintain the following insurance coverages during the entire term of the charter for the school, its employees, and The Board of Trustees.

As a licensed Property & Casualty insurance broker at Sovereign Insurance Group, I intend to partner with The Bryan Allen Stevenson School of Excellence to provide them with the following insurance coverages:

- Commercial Property
- Commercial General Liability
- Sexual Abuse & Molestation
- Commercial Automobile
- Commercial Crime/Theft
- Educators Legal Liability/School Board Legal Liability including Directors & Officers and Employment Practices Liability
- Umbrella /Excess
- Workers Compensation
- Student Accident
- Cyber Liability/Data Security

We will use the appropriate policy limits deemed adequate by the Delaware Department of Education.

Below are premium indications for budgeting purposes only and are not formal quotes.

Thank you,



**Stephanie Haas** • Account Executive  
Sovereign Insurance Group  
O: 484.654.3390  
C: 215-622-3075  
StephanieH@sovinsurance.com



## Pricing & High-Level Overview

Line of Business	Proposed Carrier	Policy Limits	Premium Indication
Commercial Package (Property, General Liability, Sexual Abuse & Molestation, Crime )	Wright Specialty	\$1Million/\$3Million	\$22,350
Educators Legal Liability	Wright Specialty	\$1Million/\$2Million	\$4,568
Workers Compensation	The Hartford	\$1M/\$1M/\$1M	\$10,250
Umbrella	Wright Specialty	\$5Million	\$4,000
Student Accident	United Fire	\$25,000	\$1,620
Auto	Wright Specialty	\$1Million	included
<b>Totals</b>			<b>\$42,788</b>

# The Cincinnati Insurance Company

## PILLAR POLICY RENEWAL APPLICATION FOR NONPROFIT ORGANIZATIONS

(other than Community Associations, Healthcare Institutions & Educational Institutions)

**THIS POLICY PROVIDES CLAIMS-MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. TO THE EXTENT IT IS NOT OTHERWISE INDICATED, THE LIMIT OF INSURANCE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE COSTS, AND DEFENSE COSTS WILL BE APPLIED AGAINST THE DEDUCTIBLE. IN NO EVENT WILL WE BE LIABLE FOR DEFENSE COSTS OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE LIMIT OF INSURANCE. READ THE ENTIRE POLICY CAREFULLY.**

### General Information

This section must be completed.

1. Expiring Policy Number: EMN0596000
2. Name of Applicant: Proximate Network Inc
3. Physical Street Address: 3-18 The Circle  
City: Georgetown State: DE Zip: 19947
4. Mailing Address ( same as physical): PO Box 531  
City: Georgetown State: DE Zip: 19947
5. Website: basse.org/get-involved Phone Number: (302) 265 - 7171
6. Year Established: 1/22/2020
7. Nature of Business: Non-Profit
8. What is the number of locations occupied by the Applicant and subsidiaries? 1
9. Does the Applicant have any subsidiaries of which their ownership or management control is greater than 50%? *If yes, please complete table below:*  Yes  No

Name of Subsidiary	Description of Operations	Year Established	Non-Profit (NP) or For-Profit (FP)	Percent Owned
				%
				%
				%
				%

10. If annual revenues are less than \$500,000, fully complete the table below or attach most recent annual financials:

	Most Recent Fiscal Year Ending <u>06 /30 /20 21</u>	Previous Fiscal Year Ending <u>07 /31 /20 20</u>
<b>Total Assets</b>	\$ 1,271,600	\$ 30,068
<b>Total Liabilities</b>	\$ 0.00	\$ 0.00
<b>Net Assets or Equity</b>	\$ 1,271,600	\$ 30,068
<b>Total Annual Revenues</b>	\$ 1,351,852	\$ 30,068
<b>Net Income or (Net Loss)</b>	\$ 1,241,532	\$ 30,068

11. Please provide the following information regarding the employee count (*do not include Independent Contractors*) of the Applicant and subsidiaries:

	Currently	One Year Ago
Full-Time Employees	0	0
Part-Time Employees	0	0
Temporary/Seasonal	0	0
Volunteers	20	20

**Coverages Requested**  
This section must be completed.

Coverage Part	Per Expiring	Desired Limits if different from expiring
Directors and Officers Liability	<input checked="" type="checkbox"/>	\$ 1,000,000
Employment Practices Liability	<input checked="" type="checkbox"/>	\$ 1,000,000
Fiduciary Liability	<input type="checkbox"/>	\$
Cyber	<input checked="" type="checkbox"/>	Complete Cyber Section on Page 3.
Crime	<input checked="" type="checkbox"/>	Complete Crime Section on Page 4.

Desired Pay Plan:

Installment Options	Agency Bill	Direct Bill
Annual	<input type="checkbox"/>	<input type="checkbox"/>
Semi-Annual	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quarterly	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	N/A	<input type="checkbox"/>

**Directors & Officers Liability Coverage**  
This section should only be completed if coverage is desired.

- Since the inception of the expiring policy, has the Applicant or any subsidiary:  
*If yes, please provide details.*
  - Had a significant change in operations?  Yes  No
  - Been involved in any actual or proposed merger, acquisition, divestment, consolidation, closing or purchase/sale of assets?  Yes  No
  - Breached any debt covenant, loan agreement or contractual obligations?  Yes  No
- Is Employed Lawyers Professional Liability Coverage desired?  Yes  No  
*If yes, please complete supplemental questionnaire ML 023 or ML 023 A.*

**Employment Practices Liability Coverage**  
This section should only be completed if coverage is desired.

- List the Applicant's total number of employees in the following locations:  
CA: 0 WV: 0 Foreign Countries: 0

2. Please indicate the number of employee terminations in the table below:

	Last 12 Months	Previous 12 Months
Voluntary	0	0
Involuntary (excluding layoffs)	0	0
Layoffs	0	0

- Do you anticipate any layoffs in the future? *If yes, please provide complete details.*  Yes  No
- Since the inception of the expiring policy, has the Applicant or any subsidiary revised any existing or implemented any new employment policies or procedures? *If yes, please provide details.*  Yes  No

5. Is Third Party Liability Coverage desired? *If yes, complete 5.a.-5.d.*  Yes  No
- a. Are there written policies and procedures regarding the conduct of employees when interacting with third parties (customers, vendors, visitors, independent contractors and other third parties)?  Yes  No
- b. What percentage of employees deal with the general public? \_\_\_\_\_ %
- c. Does the Applicant have Independent Contractors that are used on a regular basis?  Yes  No  
*If yes, how many?* \_\_\_\_\_
- d. Is the Applicant's website compliant with the Web Content Accessibility Guidelines (WCAG)?  Yes  No  
*If no, please advise time frame in which the website will be compliant.* \_\_\_\_\_

**Fiduciary Liability Coverage**  
 This section should only be completed if coverage is desired.

1. Complete the table below for any employee benefit plan(s) sponsored by the Applicant and its subsidiaries:

Plan Name	Year Established	Total Plan Assets	Plan Type* (DC, DB or ESOP)	Number of Participants
		\$		
		\$		
		\$		
		\$		

\*Plan Type: DC-Defined Contribution, DB-Defined Benefit, ESOP-Employee Stock Ownership Plan

2. Since the inception of the expiring policy, has the Applicant or any subsidiary:  
*If yes, please provide details.*
- a. Had any plan(s) frozen, transferred or terminated?  Yes  No
- b. Made other material changes to the plan(s) listed in the table above?  Yes  No
3. What is the funding percentage for the Applicant's defined benefit retirement plan(s)?  N/A \_\_\_\_\_ %

**Cyber Coverage**  
 This section should only be completed if coverage is desired.

Indicate below if either of the following Cyber options is desired. *Please note that both options cannot be selected.*

Option 1 - **Cincinnati Data Defender™** and/or **Cincinnati Network Defender™** - Please check desired coverages, if any. *If higher limits are desired, please complete supplemental questionnaire ML 002.*

Cincinnati Data Defender™	
Response Expenses Limit	<input checked="" type="checkbox"/> \$50,000
Defense and Liability Limit	\$50,000
Identity Recovery Limit	\$25,000

Cincinnati Network Defender™	
Computer Attack Limit	<input checked="" type="checkbox"/> \$100,000
Network Security Liability Limit	\$100,000

Option 2 - **Cincinnati Cyber Defense™** - Application **ML 004** must be completed if this coverage is desired.

**Crime Coverage**  
This section should only be completed if coverage is desired.

1. Requested Insuring Agreements <input type="checkbox"/> <i>Per Expiring</i>	Limit of Insurance	Deductible Amount
Employee Theft <input checked="" type="checkbox"/> <i>Include ERISA</i> <input type="checkbox"/> <i>ERISA Only</i>	\$ 25,000	\$ 500
Forgery or Alteration <input checked="" type="checkbox"/> <i>Include Credit/Debit Card Forgery</i>	\$ 25,000	\$ 500
Inside the Premises	\$	\$
Outside the Premises	\$	\$
Computer Fraud	\$	\$
Funds Transfer Fraud	\$	\$
Money Orders and Counterfeit Money	\$	\$
Clients' Property	\$	\$
Claim Expense	\$	\$
Social Engineering Fraud Endorsement	\$	\$

2. Name of employee benefit plan(s) to be included for coverage, if any: \_\_\_\_\_

3. Please complete the table below with regard to classification of employees of the Applicant and subsidiaries:

Employee Classifications	Total Number
Officers and employees who handle, have custody of or maintain records of money, securities or other property (including that of ERISA plans).	3
All other employees not included above.	

4. If Credit/Debit Card Forgery is desired, what is the number of cardholders? 2

5. Since the inception of the expiring policy, has the Applicant or any subsidiary revised any existing or implemented any new policies or procedures that would affect Crime Coverage?  Yes  No  
If yes, please provide details.

**Crime Expanded Coverage**  
This section should only be completed if coverage is desired.

1. Please check one of the following in the table below if either Crime Expanded Coverage (XC<sup>®</sup>) or Crime Expanded Coverage Plus (XC+<sup>®</sup>) is desired. The limits and coverages in Crime XC and Crime XC+ are excess of any other crime forms forming part of the same policy, if any.

Insuring Agreements	<input type="checkbox"/> Crime XC	<input checked="" type="checkbox"/> Crime XC+
Employee Theft	\$10,000	\$25,000
Forgery or Alteration	\$2,500	\$25,000
Inside the Premises	\$10,000	\$25,000
Outside the Premises	\$2,500	\$5,000
Money Orders and Counterfeit Money	\$10,000	\$25,000

**Required Attachments**

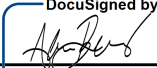
- Most Recent Annual Financials or IRS 990 Tax Form if **General Information**, question 10. is not completed
- Current List of Directors & Officers (*if requesting Directors & Officers Liability*)
- Employee Handbook only if updated since last submitted (*if requesting Employment Practices Liability*)
- Blank Employment Application only if updated since last submitted (*if requesting Employment Practices Liability*)
- Most Recent tax form 5500 for each employee benefit plan (*if requesting Fiduciary Liability*)

**Signature Section**  
This section must be completed.

The Cincinnati Insurance Company is hereby authorized to make any investigation and inquiry in connection with this application as it deems necessary.

The undersigned authorizes the release of claim information from any prior insurer to The Cincinnati Insurance Company. Signing this application does not bind the Applicant or The Cincinnati Insurance Company to complete the insurance.

PLEASE REVIEW CAREFULLY. Except to such extent as may be otherwise in the policy, the policy for which this application is being made is limited for ONLY CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED WHILE THE POLICY IS IN FORCE.

DocuSigned by:  


10/21/2021

Applicant's Signature (President, Chairperson, or Equivalent Position)

Date

Alonna Berry

Board President

Printed Name

Title

Agent's Signature

Date

Agency Name

Agency Code Number

Agent's Name and License Number (Florida only)

Refer to the following page for the current version of ACORD 63 FRAUD STATEMENTS.



AGENCY CUSTOMER ID: \_\_\_\_\_

## FRAUD STATEMENTS

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / NAMED INSURED

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

DocuSigned by:

APPLICANT'S SIGNATURE

10/21/2021

DATE (MM/DD/YYYY)



**Proximate Network INC**  
**Profit and Loss**  
 July 2020 - June 2021

	<u>Total</u>
<b>Income</b>	
Donation	\$ 1,311,601
Fundraiser Income	11,846
Individual Gift - Donation	28,405
<b>Total Income</b>	<b>\$ 1,351,852</b>
<b>Expenses</b>	
Advertising & Marketing	\$ 113
Bank Charges & Fees	1,126
Development Supplies	1,951
Fundraiser Expense	4,598
Insurance	1,150
IT Contractor	11,420
Legal & Professional Services	27,500
Marketing & Materials	588
Office Supplies & Software	959
Postage & Shipping	620
Professional Development	43,279
Recruitment Services	13,000
Software	2,547
Student Fundraising Supplies	1,492
<b>Total Expenses</b>	<b>110,343</b>
<b>Net Operating Income</b>	<b>\$ 1,241,509</b>
<b>Other Income</b>	
Interest Income	23
<b>Total Other Income</b>	<b>\$ 23</b>
<b>Net Income</b>	<b>\$ 1,241,532</b>

**Proximate Network INC**  
**Balance Sheet**  
As of June 30, 2021

	<b>Total</b>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
Commercial Savings (5057)	\$ 1,220,285
Non-Profit Checking (9206)	38,861
<b>Total Bank Accounts</b>	<b>1,259,145</b>
<b>Accounts Receivable</b>	
Accounts Receivable	5,914
AR - PayPal	6,157
<b>Total Accounts Receivable</b>	<b>12,071</b>
<b>Expenses</b>	
Prepaid Expense	383
<b>Total Expenses</b>	<b>383</b>
<b>Total Current Assets</b>	<b>1,271,600</b>
<b>TOTAL ASSETS</b>	<b>\$ 1,271,600</b>
<b>LIABILITIES AND EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
Accounts Payable (A/P)	\$ -
<b>Total Accounts Payable</b>	-
<b>Other Current Liabilities</b>	
Accrued Expense	2,498
Deferred Revenue	2,200
<b>Total Other Current Liabilities</b>	<b>4,698</b>
<b>Total Current Liabilities</b>	<b>4,698</b>
<b>Total Liabilities</b>	<b>\$ 4,698</b>
<b>Equity</b>	
Retained Earnings	\$ 25,370
Net Income	1,241,532
<b>Total Equity</b>	<b>1,266,902</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$ 1,271,600</b>

**Proximate Network**

**Financial Activity for July 1, 2020 through June 30, 2021**

**Net Income \$1,241,532**

**Revenue of \$1,351,874 includes:**

\$100k Anonymous Donation

\$10k donation from Young Conway Donation

\$10k Kim and Evans Family Foundation Donation

\$200 Welfare Foundation

\$1 million Longwood – used to sustain operations in BASSE planning years

\$20,006 in donations from individuals via PayPal, Facebook (Network for Good), Amazon Smile and checks

\$720 for movie fundraiser event less \$600 theater rental (fundraiser expense)

Net Profit for movie fundraiser event \$120

\$11,125 for African Heritage Fundraiser less \$4,089 fundraiser expense & paypal fees

Net Profit for African Heritage Fundraiser \$7,036

\$23 Interest on bank account

**Expenses of \$110,343 includes:**

Advertising & Marketing – Facebook fee

Bank Charges & Fee – PayPal fees & renewal of State of DE Business License

Development Supplies – donor gifts (books) & Board of Directors books

Director & Officer insurance – 9 months of total policy, received donation from vendor to offset costs

IT Contractor – Blue Blaze website design & development

Legal & Professional Fees – OmniVest accounting fees \$15,750 & application writing support \$11,750

**Proximate Network**

**Financial Activity for July 1, 2020 through June 30, 2021**

**Expenses continue**

Professional Development – Jounce partnership for training and support for founding instructional leader

Recruitment Services – University of Delaware contract on recruiting, selecting, and training members

Software – QuickBooks, website hosting & renewal fee, Google email subscription, DocuSign, Adobe

Student Fundraising Supplies – Backpack packing supplies

**Cash Balance as of 6/30/2021 \$1,259,145**

**Savings account \$1,220,285 – earned \$23 in interest this fiscal year**

**Operating account \$38,861**

**Accounts Receivable** represents African Heritage ticket sales/donations collected but deposited in July

**AR-PayPal** represents the donations collected through PayPal and to be drawn down

**Prepaid Expense** represents Director and Officer insurance policy paid for but to be recognized over the life of the policy through September 2021

**Accrued Expenses** liability represents fundraiser expenses & accounting fees incurred but not yet billed or paid

**Deferred Revenue** represents donation from Delaware Bar Foundation for summer 2021 reading program donation

**Equity**

**Retained Earnings** represents prior year (July 1, 2019 – June 30, 2020) net income

**Net Income** current fiscal year net income (loss)

**The Bryan Allen Stevenson School of Excellence Board of Directors 2021**

*\*We do not provide personal contact information for all Board Members but are happy to connect you with board leadership upon direct request.*

***Alonna Berry***

Founder & Board Chair  
Director  
Social Contract, LLC  
Term Limit: 6/30/2022

***Chantalle Ashford***

Founder & Vice Chair  
Educator, Indian River School District  
Term Limit: 6/30/2022

***Betsy Renzo***

Secretary  
Founding Board Member  
Educator & Attorney Term Limit: 6/30/2022

***Brad Owens***

Founding Board Member  
Community Outreach Coordinator  
Delaware Psychological Services  
Term Limit: 6/30/2022

***Karl Armand***

Founding Board Member  
Attorney, Comcast Corporation  
Term Limit: 6/30/2022

***Karen Higgins***

Founding Board Member  
Retired, Law Enforcement Executive  
Term Limit: 6/30/2022

***Lori Crawford***

Founding Board Member  
Professor, Delaware State University  
Term Limit: 6/30/2022

***Dr. Teresa E. S. Berry***

Founding Board Member  
Administrator, Dorchester County Public Schools, Maryland  
Term Limit: 6/30/2022

***Amy Shepherd***

Founding Board Member  
Director of Diversity, Equity, and Inclusion; Librarian; St. Anne's Episcopal School, Delaware  
Term Limit: 6/30/2023

***Diaz Bonville***

Board Member  
Delaware State Human Relations Commissioner,  
U.S. Congresswoman Lisa Blunt Rochester's Kent/Sussex County Outreach Coordinator  
Term Limit: 6/30/2023

Updated 01/2020

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**Stacie Burton**

Board Member

Community Liaison, Office of The Governor, State of Delaware

Term Limit: 6/30/2023

**Derick Dailey**

Board Member

Assistant United States Attorney, United States Attorney's Office - Philadelphia

Term Limit: 6/30/2023

**Denise Snyder**

Board Member

Educator, Indian River School District, Delaware

Term Limit: 6/30/2023

**Dr. Joseph Kim**

Board Member

Family Physician

Nanticoke Health Services

Term Limit: 6/30/2024

**Jonathan Edwards**

Board Member

Transformation Change Agent

Citizens Bank

Term Limit: 10/31/2024

**Principal The Bryan Allen Stevenson School of Excellence Advisory Board**

***Bryan A. Stevenson, Stevenson Family***

Founder & Executive Director, Equal Justice Initiative; Attorney

***Dr. Howard Stevenson, Stevenson Family***

Professor, University of Pennsylvania

***Christy Taylor, Stevenson Family***

Educator & Musician

**The Bryan Allen Stevenson School of Excellence Advisory Board**

**Tameca Beckett**

Librarian, William C. Jason Library

***Sherita Belle***

Sussex County Administrator

**Dr. Katherine Cauley**

Retired Professor, Academic Lead – Wright State University

***Keda Dorisca***

Pathways to Success

**Maria Edgerton**

Educator, Nonprofit Executive & Community Volunteer

**Leslie Slan**

Educator - Early Childhood Education & Community Volunteer

*Updated 01/2020*

**Brenda K. Stewart**  
Nonprofit/NGO Management & Development Consultant, Syllabi Communications

**Briauna Taylor**  
Marketing & Communications Professional

***Daniel Walker***  
State Outreach Coordinator, DelawareCAN

***Ryan Berry***  
*Videographer & Graphic Design*