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**DIRECTORS**

**Chairman**  
 Dr. Bernard DuBray  
 Fort Zumwalt R-II  
 110 Virgil St.  
 O'Fallon, MO 63366  
 (636) 240-2072

**Vice-Chairman**  
 Dr. Phil Cook  
 Carl Junction R-I  
 206 S. Roney  
 Carl Junction, MO 64834  
 (417) 649-7026

**Secretary**  
 Dr. Gabe Edgar  
 Marceline R-V  
 400 E. Santa Fe  
 Marceline, MO 64658  
 (660) 376-3371

**Treasurer**  
 Mr. Ron Orr  
 Pattonville R-III  
 11097 St. Charles Rock Rd.  
 St. Ann, MO 63074  
 (314) 213-8005

**Director**  
 Todd Galbierz  
 St. Charles Community  
 College  
 4601 Mid Rivers Mall Dr.  
 Cottleville, MO 63376  
 (636) 922-8359

**Director**  
 Dr. William Nicely  
 Kearney R-I  
 1002 S. Jefferson  
 Kearney, MO 64060  
 (816) 628-4116

**Director**  
 Dr. Tim Mattson  
 Savannah R-III  
 408 West Market Street  
 Savannah, MO 64485  
 (816) 324-3144

**Director**  
 Mrs. Patricia Thompson  
 Crawford County R-I  
 1444 Old Hwy 66 West  
 Bourbon, MO 65441  
 (573) 732-4426

**Director**  
 Dr. Kyle Dare  
 Puxico R-VIII  
 481 N. Bedford St.  
 Puxico, MO 63960  
 (573) 222-3762

Date Proposal Needed: \_\_\_/\_\_\_/\_\_\_

Probable Entry Date: \_\_\_/\_\_\_/\_\_\_

**APPLICATION FOR MEMBERSHIP**

**I. GENERAL INFORMATION:**

Name of School District \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

County \_\_\_\_\_

Contact Name (Insurance Administrator) \_\_\_\_\_

Title \_\_\_\_\_

e-mail Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

WC Coordinator \_\_\_\_\_

**II. PAYROLL INFORMATION:**

A. Please provide gross payroll and number of employees for each classification as stated on the **most recent Annual Secretary's Report (ASBR)**.

<u>Classification</u>	<u>Payroll</u>	<u>#of Employees</u>
Bus Drivers	_____	_____
Professional & Clerical	_____	_____
All Other Employees	_____	_____
<b>TOTAL</b>	_____	_____



**APPLICATION FOR MEMBERSHIP**  
**(CONTINUED)**

B. Total gross payroll last three years:

\_\_\_\_\_

Workers' Compensation experience modification \_\_\_\_\_

(Please attach worksheet if available)

III. GENERAL EXPOSURE DATA:

A. Please answer the following questions using current information.

1. School Districts

Number of Students Early Childhood/Preschool \_\_\_\_\_

Number of Students K-8 \_\_\_\_\_

Number of Students 9-12 \_\_\_\_\_

2. Community Colleges

Number of Students living in college owned housing \_\_\_\_\_

Number of All other Students \_\_\_\_\_

3. Number of all Teachers \_\_\_\_\_

4. Number of Employed Nurses \_\_\_\_\_

Number of Contracted Nurses \_\_\_\_\_

Number of Employed Doctors \_\_\_\_\_

Number of Contracted Doctors \_\_\_\_\_

Number of Student Nurses \_\_\_\_\_

Number of Teaching Nurses \_\_\_\_\_

Number of Nurse Offices \_\_\_\_\_

5. Estimated number of participants in the following sports:

Football _____	Baseball _____	Track _____
Basketball _____	Swimming _____	X-Country _____
Wrestling _____	Tennis _____	Softball _____
Hockey _____	Soccer _____	Cheerleading _____
		Competitions Y      N
Volleyball _____	Golf _____	Other _____

6. Number of Swimming Pools \_\_\_\_\_

7. Stadiums/Track Field Facility/Bleachers

	<u>Location</u>	<u>Seating Capacity</u>
Football	_____	_____
Track	_____	_____
Gym	_____	_____
Other	_____	_____

8. Number of School Sponsored Carnivals \_\_\_\_\_

9. Any School Sponsored Activities traveling outside the United States

\_\_\_\_\_

\_\_\_\_\_

10. Year District Organized \_\_\_\_\_

11. Total Current Budget \_\_\_\_\_

12. Name of District Treasurer \_\_\_\_\_

13. Federal Tax I.D. # \_\_\_\_\_

IV. AUTOMOBILE

A. Number of:

Private Passenger cars \_\_\_\_\_

15 Passenger Vans \_\_\_\_\_

Are these vehicles used to transport students                      Yes                      No

Vans, Pickups and all other light trucks  
(up to 10,000 lbs. GVW) \_\_\_\_\_

Medium trucks  
(10,001 to 20,000 lbs. GVW) \_\_\_\_\_

Heavy trucks  
(Over 20,000 lbs. GVW) \_\_\_\_\_

Buses with 0-15 capacity \_\_\_\_\_

Buses with 16-40 capacity \_\_\_\_\_

Buses with 41-60 capacity \_\_\_\_\_

Buses with 61-80 capacity \_\_\_\_\_

Buses with 81-100 capacity \_\_\_\_\_

Trailers \_\_\_\_\_

Semi-Tractor Trailers \_\_\_\_\_

Motorcycles \_\_\_\_\_

B. If bus service is used or contracted:

Name of Bus Service \_\_\_\_\_

Current Certificate of Insurance on file \_\_\_\_ Yes \_\_\_\_ No

Carrier is \_\_\_\_\_

Limits are \_\_\_\_\_

Expiration date is \_\_\_\_\_

**APPLICATION FOR MEMBERSHIP**

**(CONTINUED)**

V. PROPERTY:

- A. Does District currently have any major buildings or structures under construction?  
Yes      No      If Yes, please complete the following:

<u>Estimated Start Date</u>	<u>Description Project</u>	<u>Project Address</u>	<u>Estimated Value when Completed</u>	<u>Estimated Completion Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- B. Please complete the Statement of Values on the next page.

# STATEMENT OF VALUES

## 100% REPLACEMENT COST

LOC. NO.	NAME OR USE OF BUILDING	ADDRESS	YEAR BUILT	NO. STORIES	TOTAL SQ. FT.	TYPE OF CONSTRUCT.	BUILDING VALUE	CONTENTS VALUE	TOTAL LOCATION VALUES	NO. OF EMPLOYEES AT EACH LOCATION
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
							\$	\$	\$	



**APPLICATION FOR MEMBERSHIP**

(CONTINUED)

VII. PRESENT INSURANCE INFORMATION

	<u>Insurance Co.</u>	<u>Limits</u>	<u>Premium</u>	<u>Deductible</u>	Expiration <u>  Date</u>
Property	_____	_____	_____	_____	_____
General					
Liability	_____	_____	_____	_____	_____
Automobile	_____	_____	_____	_____	_____
School Board					
Liability	_____	_____	_____	_____	_____
Workers'					
Comp.	_____	_____	_____	_____	_____
Umbrella					
Liability	_____	_____	_____	_____	_____
Boiler &					
Machinery	_____	_____	_____	_____	_____

VIII. LOSS EXPERIENCE INFORMATION

Please include 5 years of hard copy insurance company loss runs that are currently valued for all lines of coverage.

IX. PENDING CLAIMS

Do you have knowledge of any incident that might give rise to a claim or law suit currently pending against the School District that has not been previously reported to your current insurance carrier? (This would include pending EEOC complaints)

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Please indicate potential claimant name, date of incident and a brief description of facts.

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X. AUTHORIZATION TO PROVIDE QUOTE

The information provided herein is true and accurate to the best of my knowledge.

By signing this document, I agree with the above statement and request that M.U.S.I.C. provide a quote based on the information submitted.

(PLEASE SIGN & DATE) \_\_\_\_\_

***A SIGNATURE IS NEEDED BEFORE A QUOTE CAN BE  
RELEASED***