

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
Mr. Chris Wilson
Kennett #39 School District
1400 West Washington
Kennett, MO 63857
(573) 717-1100 ext. 103

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

Director
Mr. Todd Galbierz
St. Charles Community College
4601 Mid Rivers Mall Dr.
Cottleville, MO 63375
(636) 922-8359

Director
Dr. Jeanette Cowherd
Park Hill School District
7703 NW Barry Road
Kansas City, MO 64153
(816) 359-5904

Director
Dr. Tracy Bottoms
Monroe City R-I
401 Hwy. 24 & 36 East
Monroe City, MO 63456
(573) 735-4631

Director
Mrs. Jenny Ulrich
Lonedell R-XIV School District
7466 Hwy FF
Lonedell, MO 63060
636-629-0401

Director
Mr. Jeff Blackford
Nodaway-Holt R-VII School District
318 South Taylor St.
Graham, MO 64455
660-939-2137

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	_____	_____
TOTAL	_____	_____

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 _____

APPLICATION FOR MEMBERSHIP

(CONTINUED)

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
(Circle one)

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:

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>	<u>Expiration 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)

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

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