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**DIRECTORS**

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

**Vice-Chairman**  
 Mrs. Jenny Ulrich  
 Lonedell R-XIV School District  
 7466 Hwy FF  
 Lonedell, MO 63060  
 (636) 629-0401

**Secretary**  
 Dr. Tracy Bottoms  
 Montgomery Co. R-II School District  
 418 N. Hwy 19  
 Montgomery City, MO 63361(573)  
 564-2278

**Treasurer**  
 Mrs. Mary Jo Gruber  
 Pattonville R-II School District  
 11097 St. Charles Rock Rd.  
 St. Ann, MO 63074  
 (314) 213-8005

**Director**  
 Dr. Bernard DuBray  
 Fort Zumwalt R-II School District  
 110 Virgil St.  
 O'Fallon, MO 63366  
 (636) 2402072

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

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

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

**Director**  
 Mr. Matt Unger  
 Morgan Co. R-I School District  
 701 N. Oak Street  
 Stover, MO 65078  
 (573) 377-2217 x229

**Director**  
 Dr. David Buck  
 Lee's Summit R-VII School District  
 301 N.E. Tudor Road  
 Lee's Summit, MO 64086  
 (816) 986-1000

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 _____        |

**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.<br>NO. | NAME OR USE OF<br>BUILDING | ADDRESS | YEAR BUILT | NO. STORIES | TOTAL SQ.<br>FT. | TYPE OF<br>CONSTRUCT. | BUILDING<br>VALUE | CONTENTS<br>VALUE | TOTAL<br>LOCATION<br>VALUES | NO. OF<br>EMPLOYEES<br>AT EACH<br>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<br/>Date</u> |
|---------------------------|----------------------|---------------|----------------|-------------------|----------------------------|
| Property                  | _____                | _____         | _____          | _____             | _____                      |
| General<br>Liability      | _____                | _____         | _____          | _____             | _____                      |
| Automobile                | _____                | _____         | _____          | _____             | _____                      |
| School Board<br>Liability | _____                | _____         | _____          | _____             | _____                      |
| Workers'<br>Comp.         | _____                | _____         | _____          | _____             | _____                      |
| Umbrella<br>Liability     | _____                | _____         | _____          | _____             | _____                      |
| Boiler &<br>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***