

**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**  
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**  
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

**Director**  
Dr. Curtis Cain  
Rockwood R-VI School District  
111 E. North St  
Eureka, MO 63025  
(636) 733-2005

**Director**  
Dr. Gabe Edgar  
St. Joseph School District  
1415 N. 26<sup>th</sup> Street  
ST. Joseph, MO 64506

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

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***