

DIRECTORS

Chairman

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

Date Proposal Needed: ____/____/____

Probable Entry Date: ____/____/____

Vice-Chairman

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

Secretary

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

Treasurer

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

Director

Dr. David Buck
Lee's Summit R-VII School District
301 N.E. Tudor Road
Lee's Summit, MO 64086
(816) 986-1011

Director

Dr. Richie Leeker
Kennett #39 School District
1400 West Washington.
Kennett, MO 63857
(573) 717-1120

Director

Mr. Ritchie Kracht
Hannibal #60 School District
4650 McMasters Ave.
Hannibal, MO 53401
(573) 221-1258

Director

David Pyle
Carl Junction R-I School District
206 S. Roney
Carl Junction, MO 64834
(417) 649-7026 x 2021

Director

Mr. Brock Dover
West Platte Co. R-II School District
1103 Washington
Weston, MO 64098
(816) 640-2236

Director

Mr. Josh Hoener
New Haven #138 School District
100 Park Drive
New Haven, MO 63068
(573) 237-3231 x 2105

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 _____

Treasurer Name _____

Federal Tax I.D. # _____

Year District Organized _____

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	_____	_____

- B. Total gross payroll last three years:
- | | | |
|----------|----------|----------|
| \$ _____ | \$ _____ | \$ _____ |
|----------|----------|----------|

Total Current Budget \$ _____

- C. Workers' Compensation experience modification _____
(Please attach worksheet if available)

APPLICATION FOR MEMBERSHIP

(CONTINUED)

III. GENERAL EXPOSURE DATA:

A. Please answer the following questions using current information

1. School Districts:

- Number of Full-Time Employees _____
- Number of Part-Time Employees _____
- Number of Seasonal Employees _____
- Do you have Employees that both live and work full-time outside the state of Missouri _____

2. Do you provide Housing?

- Number of Employees living in District owned housing _____
- Number of student residents _____
- Number of faculty _____
- Number of other residents _____

3. Student/Teachers:

- Number of Students Early Childhood/Preschool _____
- Number of Students K-8 _____
- Number of Students 9-12 _____
- Number of Teachers _____
- Number of Substitute Teachers _____

4. Healthcare Services:

- Number of Nurse Offices _____
- Number of Employed Nurses _____
- Number of Contracted Nurses _____
- Number of Teaching Nurses _____
- Allied Healthcare Students _____
- Number of Employed Doctors _____
- Number of Contracted Doctors _____

5. Do you have a School Resource Officer? _____ Yes _____ No

- Are they Contracted or Employed? _____

Do you have a School Protection Officer? _____ Yes _____ No

- Are they Contracted or Employed? _____

6. Estimated number of participants in the following sports:

Football	_____	Baseball	_____	Track	_____
Basketball	_____	Swimming	_____	X-Country	_____
Wrestling	_____	Tennis	_____	Softball	_____
Hockey	_____	Soccer	_____	Cheerleading	_____
Volleyball	_____	Golf	_____	Competitions	_____ Yes _____ No
				Other Sports	_____
				List other Sports	_____

APPLICATION FOR MEMBERSHIP

(CONTINUED)

7. **General Exposures:**

- Total number of stadium bleachers _____
- Total Stadium & Bleacher Capacity _____
- Number of Sponsored Carnivals _____
- Trampolines in use _____
- School Sponsored Activities Traveling outside U.S. _____
- Number of Pools _____
- Do you Contract your buses? _____ Yes _____ No
- If yes? With Whom: List All _____
- _____
- Current Certificate of Insurance on file _____ Yes _____ No
- Carrier is _____
- Limits are _____
- Expiration date is _____

8. **Loss Prevention:**

- Do you have a Risk Manager? _____ Yes _____ No
- If yes, is it a full-time position _____ Yes _____ No
- Do you have guidelines for handling suspicious mail and packages? _____ Yes _____ No
- Do you conduct periodic fire and emergency evacuation drills? _____ Yes _____ No
- If yes, do you have procedures in place to account for all employees _____ Yes _____ No
- Do you have your own Police Department? (Meaning – Did you go through the State Hwy Patrol or the Division of Public Safety to receive accreditation) _____ Yes _____ No
- Were any discrepancies or internal control deficiencies commented during the last completed audit? _____ Yes _____ No
- Are bank account statements reconciled at least monthly? _____ Yes _____ No
- Does someone other than the person responsible for reconciling bank accounts make deposits? _____ Yes _____ No

APPLICATION FOR MEMBERSHIP

(CONTINUED)

- Does someone other than the person responsible for reconciling bank accounts make withdrawals? _____ Yes _____ No
- Does someone other than the person responsible for reconciling bank accounts sign checks? _____ Yes _____ No
- Is countersignature of checks required? _____ Yes _____ No
- Is dual authorization required for all wire transfers? _____ Yes _____ No
- Do you practice segregation of duties in the area of inventory management _____ Yes _____ No
- Do you practice segregation of duties in the area of cash receipts? _____ Yes _____ No
- Do you practice segregation of duties in the area of vendor approval? _____ Yes _____ No
- Do you practice segregation of duties in the area of oversight of blank check stock? _____ Yes _____ No
- Do you practice segregation of duties in the area of purchase order approval & payment? _____ Yes _____ No
- Do you practice segregation of duties in the area of retail checks and credit card receipts? _____ Yes _____ No
- Is any employee responsible for investment of public monies? _____ Yes _____ No
- If yes, is an investment policy in place that sets forth specified types of approved investments: _____ Yes _____ No
- Is there a software security system in place to detect fraudulent computer usage by employees, agents and outsiders? _____ Yes _____ No
- Are passwords and access codes changed at regular intervals and when users are terminated? _____ Yes _____ No
- Are computer programmers permitted to use machines with programs they have written? _____ Yes _____ No
- Are computer check writing functions separate from check authorization? _____ Yes _____ No
- Are EDP systems, programs, and procedures, including changes thereto, authorized, documented and tested? _____ Yes _____ No
- Is there physical and functional segregation of personnel and periodic job shifts or job rotations? _____ Yes _____ No
- What is the average daily dollar volume of electronic funds transfers? If you do not do any EFTs, answer with \$0? \$ _____

APPLICATION FOR MEMBERSHIP

(CONTINUED)

- Is the district's administration aware that as a member of MUSIC, we must perform an Official Authorization to authenticate/verify all wire transfers or ACH payment requests. FAILURE TO PERFORM AN OFFICIAL AUTHORIZATION WILL VOID A MEMBER'S INSURANCE COVERAGE IN THE EVENT OF A WRONGFUL TRANSFER. PLEASE READ THE IMPORTANT SOCIAL ENGINEERING COVERAGE REMINDER TO UNDERSTAND YOUR OBLIGATIONS. To view the social engineering coverage reminder, copy and paste into your web browser:
<https://www.musicprogram.org/wp-content/uploads/2022/05/Important-Social-Engineering-Coverage-Reminder-.pdf> (please initial) _____

9. Board Policy Service:

- Who provides your adopted board policy service. _____

IV. AUTOMOBILE

A. Number of:

- Bus-XL (*81-100 Capacity*) _____
- Bus-Lg (*61-80 Capacity*) _____
- Bus-Md (*41-60 Capacity*) _____
- Bus-Sm (*16-40 Capacity*) _____
- Bus-XS (*0-15 Capacity*) _____
- Car (*Private Passenger*) _____
- Cycle (*Motorcycles*) _____
- EV Bus Type A _____
- EV Bus Type C _____
- EV Bus Type D _____
- Semi (*Tractor Trailer*) _____
- Trailer _____
- Truck-LG (*Heavy (over 20,000 lbs)*) _____
- Truck-MD (*Medium (10,001-20,000 lbs)*) _____
- Truck-SM (*Light (Up to 10,000 lbs)*) _____
- Van-LG (*Over 15 passengers*) _____
- Van-SM (*12 or 15 passenger conversion van*) _____
- Are these vehicles used to transport students _____ Yes _____ No

APPLICATION FOR MEMBERSHIP

(CONTINUED)

V. PROPERTY

A Does the 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

APPLICATION FOR MEMBERSHIP

(CONTINUED)

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					
Liability	_____	_____	_____	_____	_____
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 lawsuit 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