



Ron Orr, Executive Director
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DIRECTORS

Chair

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-Chair

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

Secretary

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

Treasurer

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

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) 986-1011

Director

Dr. Richie Leeker
 Kennett #39 School District
 1400 West Washington.
 Kennett, MO 63857
 (573) 717-1100

Director

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

Director

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

Director

Dr. 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 _____ Yes _____ No
- Treasurer Name _____

2. Do you provide Housing? _____ Yes _____ No
- 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. Sexual Misconduct

- Have you implemented the MUSIC - Preventing Sexual Misconduct (through VectorSolutions) training? _____ Yes _____ No
- Are you doing the training on an annual basis? _____ Yes _____ No
- Are all new hires completing the training as they begin employment? _____ Yes _____ No
- Do you have documentation that the training has been completed? _____ Yes _____ No

8. 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 _____

9. 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)

9. Loss Prevention: 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)0
 - 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
-

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

L O C. N O.	NAME OR USE OF BUILDING	ADDRESS	YEAR BUILT	NO. STORIES	TOTAL SQ. FT.	TYPE OF CONSTR UCT.	BUILDIN G VALUE	CONTEN TS VALUE	TOTAL LOCATION VALUES	NO. OF EMPLOY EES AT EACH LOCATIO N
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