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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

Date Proposal Needed: ___/___/___

Probable Entry Date: ___/___/___

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

APPLICATION FOR MEMBERSHIP

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

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)**.

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
 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. 26th Street
 ST. Joseph, MO 64506

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

<u>Classification</u>	<u>Payroll</u>	<u>#of Employees</u>
Bus Drivers	_____	_____
Professional & Clerical	_____	_____
All Other Employees	_____	_____
TOTAL	_____	_____

APPLICATION FOR MEMBERSHIP

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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

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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