

DIRECTORS

Chairman
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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
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

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 _____
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 _____
- Number of Employees that both live and work outside the state of Missouri _____

2. Housing:

- Number of Employees living in District owned housing _____

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 |
| - 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)

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

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