



Missouri Public Entity Risk Management Fund

SCHOOL DISTRICT EXPOSURE QUESTIONNAIRE

PLEASE ATTACH SEPARATE PAGE TO EXPLAIN ANSWERS, IF NECESSARY

| | | | | | |
|------------------------------|--|-------------|--|--------------|----------|
| AGENT'S NAME (IF APPLICABLE) | | AGENCY NAME | | PHONE NUMBER | |
| ADDRESS | | CITY | | STATE | ZIP CODE |

SECTION 1. GENERAL INFORMATION

| | | | | | |
|-----------------------|--|------------|--|--|--|
| NAME OF DISTRICT | | | | | |
| MAILING ADDRESS | | | | | |
| STREET ADDRESS | | | | | |
| ENTITY CONTACT PERSON | | | | | |
| PHONE NUMBER | | FAX NUMBER | | | |

SECTION 2. GENERAL LIABILITY

| A. BUDGET INFORMATION | CURRENT YEAR | PREVIOUS YEAR |
|-----------------------|--------------|---------------|
| TOTAL EXPENDITURES | | |
| TOTAL PAYROLL | | |

| B. AVERAGE DAILY ATTENDANCE (ALL STUDENTS) | # OF STUDENTS |
|--|---------------|
| GRADES K - 6 | |
| GRADES 7 - 8 | |
| GRADE 9 | |
| GRADES 10-12 | |
| ADULT EDUCATION | |
| DAY CARE (SCHOOL-SPONSORED) | |

| C. STUDENTS ENROLLED IN SPECIAL PROGRAMS | |
|--|--|
| VOCATIONAL TRAINING | |
| NURSES' TRAINING | |
| SPECIAL EDUCATION—GRADES K - 9 | |
| SPECIAL EDUCATION—GRADES 10 - 12 | |

| D. FACULTY | | NUMBER | |
|--|---------------------------------|---------------------|---------------|
| AUTO SHOP TEACHERS | | | |
| PHYSICAL EDUCATION TEACHERS | | | |
| NURSES' TRAINING TEACHERS | | | |
| OTHER TEACHERS | | | |
| E. EMPLOYEES | | | |
| | # PART TIME | # FULL TIME | |
| NURSES | | | |
| PSYCHOLOGISTS | | | |
| OCCUPATIONAL THERAPISTS | | | |
| PHYSICAL THERAPISTS | | | |
| OTHER EMPLOYEES | | | |
| F. PREMISES | | | |
| 1. ARE PREMISES LEASED/USED BY OTHERS? | | YES | NO |
| IF YES, GIVE NAME, LOCATION, AND USE. ATTACH SEPARATE SHEET IF NECESSARY. | | | |
| DO USERS PROVIDE CERTIFICATES OF INSURANCE? IF YES, LIMIT OF LIABILITY \$ | | | |
| IS THE SCHOOL DISTRICT NAMED AS AN ADDITIONAL INSURED ON USER'S POLICY? | | | |
| 2. ARE ANY PREMISES LEASED FROM OTHERS? | | | |
| 3. DOES THE SCHOOL DISTRICT OWN SWIMMING POOLS? | | | |
| HOW MANY? | MAXIMUM DEPTH? | | |
| HEIGHT OF BOARD(S) | | | |
| 4. BLEACHERS SEATING CAPACITY | | | |
| PERMANENT: | INDOOR OUTDOOR | | |
| PORTABLE: | INDOOR OUTDOOR | | |
| 5. DOES THE SCHOOL DISTRICT OWN A STADIUM? | | | |
| 6. DOES THE SCHOOL DISTRICT SPONSOR FIELD TRIPS? (ATTACH COPY OF PARENT RELEASE FORM) | | # OF TRIPS ANNUALLY | # OF STUDENTS |
| ATHLETIC | | | |
| OTHER ACTIVITIES | | | |
| OUT OF STATE | | | |
| OUT OF COUNTRY | | | |

| G. SPECIAL CLASSES | NOT OFFERED | IF OFFERED, SHOW ATTENDANCE | |
|--------------------------------|-------------|------------------------------|--------------------------|
| | | Conducted by school district | Subcontracted to others* |
| AGRICULTURE/FARMING | | | |
| AIRCRAFT REPAIR | | | |
| AUTO REPAIR | | | |
| TUNE-UP | | | |
| ENGINE OVERHAUL | | | |
| BODY WORK | | | |
| PAINTING | | | |
| OTHER (DESCRIBE) | | | |
| COSMETOLOGY | | | |
| DRIVERS EDUCATION | | | |
| ELECTRICAL CLASSES | | | |
| IDENTIFY MAJOR TOOLS: | | | |
| FORESTRY | | | |
| GYMNASTICS | | | |
| HEATING/AIR CONDITIONING | | | |
| IDENTIFY MAJOR TOOLS: | | | |
| HORSEBACK RIDING | | | |
| MARTIAL ARTS TRAINING | | | |
| METAL SHOP | | | |
| IDENTIFY MAJOR MACHINES/TOOLS: | | | |
| RADIO/TV BROADCASTING | | | |
| SKIING INSTRUCTION | | | |
| STUDENT NURSING | | | |
| WATERCRAFT | | | |
| WOOD SHOP | | | |
| IDENTIFY MAJOR MACHINES/TOOLS: | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*ATTACH COPIES OF CONTRACTS AND CERTIFICATES OF INSURANCE FOR ALL SUBCONTRACTED CLASSES.

| H. INTERSCHOLASTIC ATHLETIC PARTICIPATION | # OF PARTICIPANTS | # OF COACHES | # OF EVENTS YEARLY |
|---|-------------------|--------------|--------------------|
| AEROBICS | | | |
| BADMINTON | | | |
| BASEBALL | | | |
| BASKETBALL | | | |
| BOXING | | | |
| CHEERLEADING | | | |
| DIVING | | | |
| FENCING | | | |
| FIELD HOCKEY | | | |
| FOOTBALL | | | |
| GOLF | | | |
| GYMNASTICS | | | |
| HOCKEY | | | |
| LACROSSE | | | |
| MARTIAL ARTS | | | |
| RUGBY | | | |
| SAILING/BOATING | | | |
| SKIING—DOWNHILL | | | |
| SKIING—CROSS-COUNTRY | | | |
| SOCCER | | | |
| SOFTBALL | | | |
| TENNIS | | | |
| TRACK | | | |
| TRACK—CROSS COUNTRY | | | |
| VOLLEYBALL | | | |
| WEIGHTLIFTING | | | |
| WRESTLING | | | |
| OTHER (SPECIFY) | | | |
| | | | |
| | | | |
| | | | |

DO YOU REQUIRE EVIDENCE OF ACCIDENT INSURANCE FOR ATHLETIC PARTICIPANTS?

YES NO

DO PARENTS SIGN RELEASE FORMS FOR ATHLETIC PARTICIPANTS? YES NO

IF YES, ATTACH COPY

SECTION 3. ERRORS & OMISSIONS

NUMBER OF BOARD MEMBERS _____

ARE BOARD MEMBERS ELECTED? SINGLE MEMBER DISTRICT AT LARGE

ARE BOARD MEMBERS APPOINTED? YES NO IF SO, BY WHOM? _____

SECTION 4. AUTOMOBILE LIABILITY

| A. AUTOMOBILE COVERAGE DESIRED (COMPLETE ATTACHED SCHEDULE FOR ALL OWNED AND/OR LEASED VEHICLES) | YES | NO | IF YES, DEDUCTIBLE |
|--|-----|----|-----------------------|
| LIABILITY | | | |
| HIRED/NON-OWNED AUTOMOBILE | | | |
| UNINSURED MOTORIST | | | |
| PHYSICAL DAMAGE | | | |
| COMPREHENSIVE | | | |
| COLLISION | | | |
| GARAGE LIABILITY INSURANCE FOR AUTO SHOP PROGRAMS | | | |
| GARAGEKEEPERS LEGAL LIABILITY | | | |

B. EMPLOYEE VEHICLES

DO ANY EMPLOYEES REGULARLY DRIVE THEIR OWN VEHICLES ON SCHOOL BUSINESS?
 YES NO NUMBER OF EMPLOYEES: _____
 IF SO, LIST EMPLOYEES AND ATTACH COPIES OF DRIVER'S LICENSES

C. SCHOOL BUS OPERATION

RADIUS OF OPERATION: 0-10 MILES 10-20 MILES OVER 20 MILES

NUMBER OF STUDENTS BEING BUSSED: K-8 _____ 9-12 _____

ARE SCHOOL BUSES HIRED OR DISTRICT-OPERATED?

HIRED SCHOOL BUSES:

ESTIMATED TRANSPORTATION CONTRACT FOR COMING YEAR \$ _____

LIMITS OF LIABILITY REQUIRED OF CONTRACTOR \$ _____

IS THE SCHOOL DISTRICT NAMED AS ADDITIONAL INSURED ON CONTRACTOR'S POLICY?
 YES NO

DOES THE DISTRICT HAVE A CERTIFICATE OF INSURANCE FROM ALL BUS CONTRACTORS?
 YES NO

IS THERE A HOLD HARMLESS AGREEMENT IN THE BUS CONTRACT? YES NO

| | | |
|--|------------|-----------|
| BUS DRIVERS | | |
| DATE OF LAST MVR CHECK | | |
| FREQUENCY OF MVR CHECKS | | |
| DESCRIBE DRIVER TRAINING PROGRAM | | |
| BUS MAINTENANCE <input type="checkbox"/> OWN SHOP <input type="checkbox"/> GARAGE | | |
| ARE MAINTENANCE RECORDS MAINTAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| SECTION 5. RISK MANAGEMENT/LOSS INFORMATION | | |
| <i>IF THE ANSWER TO ANY QUESTION IS YES, COMPLETE THE LIABILITY LOSS INFORMATION FORM ATTACHED</i> | | |
| HAS YOUR SCHOOL DISTRICT EVER BEEN INVOLVED IN ANY DISPUTE, SUIT, OR HAD A CLAIM FILED AGAINST IT REGARDING THE FOLLOWING: | YES | NO |
| INTEGRATION OR DESEGREGATION? | | |
| SCHOOL BUSSING? | | |
| STUDENT OR TEACHER STRIKES? | | |
| DISCRIMINATION, VIOLATION OF CIVIL RIGHTS, HARASSMENT, OR RETALIATION? | | |
| CAREER LADDER SUITS? | | |
| UNFAIR OR IMPROPER TREATMENT REGARDING EMPLOYEE HIRING, REMUNERATION, ADVANCEMENT OR TERMINATION? | | |
| IS THE SIGNATORY PARTY AWARE OF ANY ACT, ERROR, OR OMISSION THAT HE HAS REASON TO BELIEVE MIGHT AFFORD GROUNDS FOR ANY FUTURE CLAIM THAT WOULD FALL WITHIN THE SCOPE OF THE PROPOSED COVERAGE? | | |
| IS THE DISTRICT, ITS BOARD, AND/OR ITS EMPLOYEES INVOLVED IN OR AWARE OF ANY FEDERAL OR STATE ACTION OR PROCEEDING AGAINST THE DISTRICT, ITS BOARD MEMBERS OR EMPLOYEES? | | |
| ARE SECURITY PERSONNEL EMPLOYED/USED BY THE DISTRICT? | | |
| NUMBER OF PERSONNEL WITH ARREST POWERS: | | |
| NUMBER OF PERSONNEL CARRYING FIREARMS: | | |
| IF SECURITY PERSONNEL CARRY FIREARMS, PROVIDE INFORMATION ABOUT CERTIFICATION AND TRAINING. | | |

SECTION 6. CURRENT CARRIER INFORMATION

CURRENT INSURANCE CARRIER:

| COVERAGE | PREMIUM | LIMITS | DEDUCTIBLE | TYPE OF COVERAGE* (CIRCLE ONE) |
|----------------------------|---------|--------|------------|--------------------------------|
| GENERAL LIABILITY | | | | CLAIMS-MADE/ OCCURRENCE |
| ERRORS & OMISSIONS | | | | CLAIMS-MADE/ OCCURRENCE |
| EMPLOYEE BENEFIT LIABILITY | | | | CLAIMS-MADE/ OCCURRENCE |
| AUTOMOBILE COVERAGE | | | | CLAIMS-MADE/ OCCURRENCE |
| MEDICAL MALPRACTICE | | | | CLAIMS-MADE/ OCCURRENCE |

IF YOUR CURRENT COVERAGE IS CLAIMS-MADE, YOU MAY WISH TO PURCHASE TAIL COVERAGE. PLEASE SPECIFY RETROACTIVE DATE _____ OR CONTACT UNDERWRITER FOR DETAILS.

PLEASE PROVIDE A COPY OF SCHOOL DISTRICT'S LOSS RUNS FOR THE PAST FIVE YEARS.

I, _____, state that the information contained in this application is true, correct, and complete according to my best knowledge, information, and belief.

_____ Date

_____ Signature

_____ Title

AUTOMOBILE COVERAGES

PLEASE PROVIDE INFORMATION FOR ALL AUTOMOBILES (INCLUDING TRAILERS FOR WHICH PHYSICAL DAMAGE COVERAGE IS DESIRED). DUPLICATE THIS PAGE IF NECESSARY.

ALL AUTOMOBILES ARE REQUIRED TO CARRY LIABILITY AND UNINSURED MOTORIST COVERAGES. LIABILITY FOR TRAILERS WILL EXTEND FROM COVERED AUTOMOBILES. PLEASE COMPLETE THE SCHEDULE BELOW WITH THE COVERAGES DESIRED FOR EACH AUTOMOBILE. DEDUCTIBLES FOR PHYSICAL DAMAGE COVERAGES ARE AVAILABLE AT INCREMENTS OF \$100, \$250, \$500, AND \$1000. CONTACT UNDERWRITER FOR OTHER DEDUCTIBLES.

| VEHICLE DESCRIPTION | | | COVERAGE AND DEDUCTIBLE | | | |
|---------------------|--|----------|--|-----------|--------------------------------|--|
| VEHICLE NO | YEAR, MAKE, MODEL, BODY TYPE, VEHICLE ID NUMBER (VIN) SHOW PASSENGER SIZE FOR BUSES AND VANS. | COST NEW | PHYSICAL DAMAGE | | LIABILITY & UNINSURED MOTORIST | AUTO MED PAY \$5,000 |
| | | | COMPREHENSIVE | COLLISION | | |
| | | | IF COVERED, SHOW DEDUCTIBLE IF NOT COVERED, SHOW "NC" | | | SHOW "C" FOR COVERED "NC" FOR NOT COVERED |
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LIABILITY LOSS INFORMATION FORM

COMPLETE THIS FORM IF APPLICANT HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE LAST FIVE YEARS OR IS AWARE OF ANY INCIDENTS THAT MAY GIVE RISE TO A CLAIM. DUPLICATE THIS PAGE FOR ADDITIONAL INCIDENTS.

| | |
|---|---|
| NAME OF SCHOOL | |
| NAME(S) OF EMPLOYEES INVOLVED | |
| NAME OF CLAIMANT | |
| DATE OF CLAIM OR INCIDENT | |
| NAME OF INSURER | |
| PRESENT STATUS OF CLAIM | <input type="checkbox"/> IN SUIT <input type="checkbox"/> PENDING <input type="checkbox"/> CLOSED |
| IF CLOSED, TOTAL LOSS PAID | |
| IF PENDING OR IN SUIT: | |
| AMOUNT ASKED IN PETITION | |
| CLAIMANT'S SETTLEMENT DEMAND | |
| INSURER'S LOSS RESERVE | |
| EXPENSES PAID TO DATE | |
| GIVE A DETAILED DESCRIPTION OF CLAIM OR INCIDENT AND EVENTS SURROUNDING CLAIM OR INCIDENT | |
| | |
| EXPLAIN THE ACTIONS TAKEN TO PREVENT A RECURRENCE OR SIMILAR CLAIM | |
| | |