



Missouri Public Entity Risk Management Fund

SCHOOL DISTRICT EXPOSURE QUESTIONNAIRE

<b>PLEASE ATTACH SEPARATE PAGE TO EXPLAIN ANSWERS, IF NECESSARY</b>			
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**

<b>A. BUDGET INFORMATION</b>	<b>CURRENT YEAR</b>	<b>PREVIOUS YEAR</b>
TOTAL EXPENDITURES		
TOTAL PAYROLL		
<b>B. AVERAGE DAILY ATTENDANCE (ALL STUDENTS)</b>		<b># OF STUDENTS</b>
GRADES K - 6		
GRADES 7 - 8		
GRADE 9		
GRADES 10-12		
ADULT EDUCATION		
DAY CARE (SCHOOL-SPONSORED)		
<b>C. STUDENTS ENROLLED IN SPECIAL PROGRAMS</b>		
VOCATIONAL TRAINING		
NURSES' TRAINING		
SPECIAL EDUCATION—GRADES K - 9		
SPECIAL EDUCATION—GRADES 10 - 12		

<b>D. FACULTY</b>		<b>NUMBER</b>	
AUTO SHOP TEACHERS			
PHYSICAL EDUCATION TEACHERS			
NURSES' TRAINING TEACHERS			
OTHER TEACHERS			
<b>E. EMPLOYEES</b>			
	<b># PART TIME</b>	<b># FULL TIME</b>	
NURSES			
PSYCHOLOGISTS			
OCCUPATIONAL THERAPISTS			
PHYSICAL THERAPISTS			
OTHER EMPLOYEES			
<b>F. PREMISES</b>			
		<b>YES</b>	<b>NO</b>
1. ARE PREMISES LEASED/USED BY OTHERS?			
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)		<b># OF TRIPS ANNUALLY</b>	<b># OF STUDENTS</b>
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



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		
<b>SECTION 5. RISK MANAGEMENT/LOSS INFORMATION</b>		
<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:	<b>YES</b>	<b>NO</b>
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





## 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	