

**Kansas Educational Risk Management Pool, LLC
(KERMP)**

New Member Application

2019-2020



Insurance | Risk Management | Consulting

List of Information Needed to Obtain Quotes

- **KERMP New Member Application**
Please be sure to completely fill out all questions asked in the application. Should you have any questions, please do not hesitate to ask.

- **Currently valued Detailed Loss Runs - 5 Years**
Please request these directly from your current agent. Please specify that you would like a copy of your “detailed” loss runs. This document contains the specific and descriptive information of each and every claim.

- **Current Schedules**
Please provide the following schedules:
 - Statement of Values
 - Automobile Schedule
 - Equipment Schedule

- **Copy of your most current District Financials and Budget**

- **Copy of the Districts Safety Manual**

**If the district has any special coverage currently provided by your program, please let us know/send us the policy forms so that we can obtain quotes for these risks as well.

(This includes any student accident insurance, cyber liability insurance, pollution insurance, etc... as we will be able to include these within our package program for the district)

Kansas Educational Risk Management Pool (KERMP)
GENERAL SCHOOL UNDERWRITING - NEW MEMBER APPLICATION

District Name: _____
Address: _____

Contact Name: _____
Phone Number: _____
Fax Number: _____
e-mail Address: _____
Effective Date: _____

Prior Carrier Information

Year	Carrier	Estimated Annual Cost
18/19 (current)		
17/18		
16/17		
15/16		
14/15		



I. Property Exposures

LIMIT	
	Total Building Limits
	Total Contents Limits
	Contractor's Equipment
	Valuable Papers
	Accounts Receivable
	Electronic Data Processing Equipment
	Electronic Data Processing Media
	Electronic Data Processing Extra Expense: (Incl Mechanical Breakdown)
	Fine Arts
	Musical Instruments
	Audio Visual Equipment

* Statement of Values Required

Does the District anticipate any new building projects or major renovation projects being started during the year? YES NO

If so, what is the expected completed value? _____

Date last Property Appraisal was completed _____

II. Liability Exposures

NUMBER	
	# of Operating Grammar Schools
	# of Operating Jr. High/Middle Schools
	# of Operating High Schools
	Total Number of Schools

NUMBER	
	# of Pre-K Students
	# of Elementary Students (K thru 5th)
	# of Jr. High School Students (6th thru 8th)
	# of High School Students (9th thru 12th)
	Total Number of Students

NUMBER	
	# of Physical Ed Teachers
	# of All Other Teachers
	Total Number of Teachers
	# of Other Full Time Employees
	# of Other Part Time Employees
	Total Number of Employees
	# of Board Members

Full Time	Part Time	PROFESSIONAL EMPLOYEES
		# of District-employed Nurses
		# of contracted Nurses
		# of District-employed Psychologists
		# of contracted Psychologists
		# of District-employed Counselors
		# of contracted Counselors
		# of District-employed Social Workers
		# of contracted Social Workers

Who prepares the District's financial audits? _____

YES

NO

Are Bank accounts reconciled on a monthly basis?

Who reconciles the accounts? _____

How many signatures are required on District checks? _____

How many people in the District handle money on a regular basis? _____

Kitchen Facilities		
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	YES	NO
Is food prepared in the Kitchen?	<input type="checkbox"/>	<input type="checkbox"/>
If yes: - is the kitchen equipped with a grill?	<input type="checkbox"/>	<input type="checkbox"/>
Is the kitchen equipped with a deep fryer?	<input type="checkbox"/>	<input type="checkbox"/>
Is the kitchen equipped with an Automatic Fire?	<input type="checkbox"/>	<input type="checkbox"/>
Extinguishing System?	<input type="checkbox"/>	<input type="checkbox"/>

If yes:

Manufacturers' Name: _____

Who services the equipment? _____

How often is it serviced? _____

Law Enforcement /Security Guards		
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	YES	NO
Does the District employ Security Guards?	<input type="checkbox"/>	<input type="checkbox"/>
(If yes) Do they have arrest authority?	<input type="checkbox"/>	<input type="checkbox"/>
(If yes) Number of employed Security Guards _____		
Does the District contract a service for Security Guards?	<input type="checkbox"/>	<input type="checkbox"/>

(Attach a copy of the certificate of insurance form that was issued to the district (The District should be named as an additional insured). _____)

Day Nursery		
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	YES	NO
Do you sponsor a full-time Day Nursery? (if you answered yes above, an application will be sent to you)	<input type="checkbox"/>	<input type="checkbox"/>

Spectator Facilities, Football, Baseball, Playgrounds	
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# of Outdoor Locations:	
Total Seating Capacity:	
# of Indoor Spectator Facilities:	
Total Seating Capacity	
# of Football Fields:	
# of Baseball Fields (including Softball):	
Approximate # of Acres:	
# of Playgrounds with equipment:	
# of Playgrounds without equipment:	
Are Trampolines used by the district?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you own/operate any Climbing Walls?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you own/operate any High Ropes Courses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your District offer Wood Shop classes to students?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Artificial Field Turf	
Do you have artificial field turf on any of your fields? (Must be scheduled separately for coverage to apply)	
If yes, number of artificial turf fields?	
If yes, location of artificial turf fields	
What is the estimated Total Replacement Cost of all artificial turf?	

Athletic Participation Student Count (Approximate)



ACTIVITY/SPORT	District Sponsored Check if YES	# of Estimated Participants (Interscholastic)	# of Estimated Participants (Intramural)	# of Estimated Coaches (Interscholastic)
Badminton	<input type="checkbox"/>			
Baseball	<input type="checkbox"/>			
Basketball	<input type="checkbox"/>			
Bowling	<input type="checkbox"/>			
Boxing	<input type="checkbox"/>			
CC Skiing	<input type="checkbox"/>			
Cheerleading	<input type="checkbox"/>			
Cross Country	<input type="checkbox"/>			
Diving	<input type="checkbox"/>			
Equestrian	<input type="checkbox"/>			
Fencing	<input type="checkbox"/>			
Field Hockey	<input type="checkbox"/>			
Football (Touch/Flag)	<input type="checkbox"/>			
Football (Tackle)	<input type="checkbox"/>			
Golf	<input type="checkbox"/>			
Gymnastics	<input type="checkbox"/>			
Hockey	<input type="checkbox"/>			
LaCrosse	<input type="checkbox"/>			
Martial Arts	<input type="checkbox"/>			
Pom Poms	<input type="checkbox"/>			
Rugby	<input type="checkbox"/>			
Sailing/Boating	<input type="checkbox"/>			
Soccer	<input type="checkbox"/>			
Softball	<input type="checkbox"/>			

Swimming	<input type="checkbox"/>			
Tennis	<input type="checkbox"/>			
Track	<input type="checkbox"/>			
Volleyball	<input type="checkbox"/>			
Water Polo	<input type="checkbox"/>			
Weightlifting	<input type="checkbox"/>			
Wrestling	<input type="checkbox"/>			
Other (Specify)	<input type="checkbox"/>			
Trap or Pistol Shooting	<input type="checkbox"/>			# of Adults for Supervision
TOTAL				

III. Automobile Exposures



Summary of Vehicles Vehicle Schedule Required.	Number
District Owned and Leased Private Passenger Cars	
Drivers Education Cars	
Vans & Light Trucks (up to 10,000 lbs. gvw)	
Medium Trucks (10,001 to 20,000 lbs. gvw)	
Heavy Trucks (over 20,000 lbs. gvw)	
School Buses/Multifunction Activity Buses	
Seats: 0 -15	
Seats: 16-40	
Seats: 41-60	
Seats: 61-80	
Seats: 81-100	
Total School Buses	
Total Licensed Vehicles	
Grass/Farm Tractors (Non-Licensed)	
Non-motorized Trailers (Non-Licensed)	
Physical Damage – Vehicles	Number
Actual Cash Value (for Physical Damage Coverage)	

Bus Service	YES	NO
Is Bus service contracted?	<input type="checkbox"/>	<input type="checkbox"/>
Name of bus service:		

If Yes, (Attach a copy of the Certificate of Insurance form that was issued to the District. (The District should be named as an Additional Insured. Please request this be done if it hasn't been.)

Auto Repair Classes	YES	NO
Are Auto Repair Classes Provided	<input type="checkbox"/>	<input type="checkbox"/>
Average Number of Cars per year that are worked on?		

Foreign Liability	YES	NO
Do you offer Foreign Trips?	<input type="checkbox"/>	<input type="checkbox"/>
Travel Destinations – please list		
(if you answered yes above, an application will be sent to you)		

Education Foundation	YES	NO
Does your District have other entities with Separate Boards, such as Education Foundations?	<input type="checkbox"/>	<input type="checkbox"/>
(if you answered yes above, an application will be sent to you)		

Sexual Abuse/Molestation Coverage		
Is the districts Sexual Abuse / Molestation coverage on an occurrence or claims made policy form?	Occurrence	Claims-Made
Does your district have any pending or potential Sexual Abuse / Molestation claims?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Prior Acts Retro Date	Date:	

The authorized signer of this application attests to the best of their knowledge that the information contained within is a true and fair representation of the district's insurable exposures. It is also understood that any omission of an exposure does not negate coverage and any premium generated, if any, will be charged accordingly.

Name & Title: _____

Date: _____