

Employer Name: \_\_\_\_\_

Website: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

#### Payroll, Premium & Experience Mod History

Please fill in the correct amount for each of the following:

Category	Expiring Year	Prior (1)	Prior (2)	Prior (3)	Prior (4)
Payroll					
Premium					
Experience Mod					

#### Employee Exposures

1. Total number of employees?

Administrators: \_\_\_\_\_ Maintenance: \_\_\_\_\_

Transportation: \_\_\_\_\_ Athletics: \_\_\_\_\_

Faculty: \_\_\_\_\_ Custodial: \_\_\_\_\_

Cafeteria: \_\_\_\_\_ Substitute: \_\_\_\_\_

2. Are any of the following operations sub-contracted?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cafeteria/Food Service | <input type="checkbox"/> Bus Drivers/Transportation | <input type="checkbox"/> Maintenance             |
| <input type="checkbox"/> Substitute Teachers    | <input type="checkbox"/> Snow Plowing/Removal       | <input type="checkbox"/> Construction/Renovation |
| <input type="checkbox"/> Equipment Repair       | <input type="checkbox"/> Security Guards            | <input type="checkbox"/> Other _____             |

3. Are annual certificates of insurance maintained for all above subcontracted operations?  Yes  No

#### Loss Prevention and Claim Management

1. Does applicant have a full-time risk manager or safety director?  Yes  No

*If yes, please provide contact information:*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

2. Please provide claims contact information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Automobile Exposures

1. Is a formal written safety program in place?  Yes  No
2. Is a safety policy statement provided to all employees?  Yes  No
3. Does applicant have a designated safety committee?  Yes  No
4. Is a formal accident investigation program in place?  Yes  No
5. Is a formal transitional duty program in place to assist in returning injured employee to work?  Yes  No  
*If no, would applicant be willing to work with Key Risk to put a program in place?*  Yes  No
6. Does applicant have a formal drug-testing program?  Yes  No

#### Automobile/Driver Information

1. Are motor vehicles owned/leased in your operation?  Yes  No  
*If yes, please complete the following information:*  
Travel radius: \_\_\_\_\_  
Type(s) of vehicles and use: \_\_\_\_\_  
Is there an approved drivers list?  Yes  No  
Who is authorized to operate vehicles? \_\_\_\_\_
2. Please indicate the number of drivers who operate:  
District Vehicles: \_\_\_\_\_ Personal vehicle(s) for work purposes: \_\_\_\_\_
3. Are motor vehicle record checks (MVR) obtained for all drivers operating district vehicles and personal vehicles?  Yes  No  
*If so, how often?* \_\_\_\_\_
4. Is a formal vehicle maintenance program in place?  Yes  No
5. Is driver safety training provided?  Yes  No  
*If yes, please describe the type of training and frequency:* \_\_\_\_\_

#### Other School Exposures

1. Has applicant implemented contingency planning for Active Shooter or Safe Schools?  Yes  No

2. Does applicant employ event or regular security guards?  Yes  No  
*If yes, are they armed?*  Yes  No

3. Does applicant have protocols in place to address combative students at school and on buses?  Yes  No

4. Briefly explain any guidelines or rules applicable to participation in sports by employees (including coaches):

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5. Briefly describe any anticipated employee participation in outdoor camping, hiking, Outward Bound or similar activities (number of employees, duration and activity) undertaken during the school year or summer:

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6. Briefly explain any anticipated employee travel outside of the United States (number of employees, trip duration and destination).

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7. Do any employees work from home?  Yes  No

*If yes, what number of employees?* \_\_\_\_\_

#### Volunteers

1. Please indicate all categories of volunteers for which voluntary workers compensation coverage is requested.

Category	Number of Volunteers	Are Rosters of Volunteers Maintained?	Estimated Number of Volunteer Hours
Volunteer Teachers		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Volunteer Drivers		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Volunteer Coaches		<input type="checkbox"/> Yes <input type="checkbox"/> No	
(Other):		<input type="checkbox"/> Yes <input type="checkbox"/> No	



**School District**  
**Workers Compensation**  
Supplemental Application

**Applicant Signature**

**Notice:** This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to provide the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the Company reserves the right to modify or withdraw any offer for insurance.

**Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

Applicant Name: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_