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 Jefferson City, MO 65102  
 Phone: 888-566-7376

Email application materials to:  
[policy@moperm.com](mailto:policy@moperm.com)

## APPLICATION FOR LIABILITY COVERAGE – SCHOOL DISTRICTS

### ENTITY INFORMATION

ENTITY NAME		TYPE OF ENTITY		COUNTY	
ENTITY CONTACT PERSON		CONTACT PERSON'S TITLE		CONTACT PERSON'S EMAIL	
ADDRESS		CITY		STATE	ZIP CODE
PHONE NUMBER		FAX NUMBER		POPULATION	
INDICATE MISSOURI STATUTE USED TO CREATE THIS ENTITY				FISCAL PERIOD (MM/YYYY THROUGH MM/YYYY)	
<b>SIGNATURE OF AUTHORIZED ENTITY REPRESENTATIVE (NOT PRODUCER SIGNATURE) REQUIRED ON PAGE 6</b>					

### AGENCY/ PRODUCER INFORMATION

PRODUCER NAME (IF APPLICABLE)		AGENCY NAME			
EMAIL	PHONE NUMBER		FAX NUMBER		
ADDRESS	CITY		STATE	ZIP CODE	
PRODUCER SIGNATURE			PRODUCER LICENSE NUMBER		

### COVERAGE INFORMATION

Indicate current coverages and deductibles

Proposed Effective Date \_\_\_\_\_

Date Quote Needed \_\_\_\_\_

Bid Date, if any \_\_\_\_\_

Yes	No	Coverage	Deductible*
		General Liability	
		Employment Practice Liability (Required if General Liability is desired.)	
		Public Officials Errors and Omissions (Required if General Liability is desired.)	
		Employee Benefit Liability – provides coverage for administration of employee benefits. <b>Indicate number of employees who receive benefits only:</b>	\$1,000
		Epidemiological Coverage – limited buyback of liability coverage for organic pathogens	\$5,000
		Automobile Liability (includes Uninsured Motorist coverage)	
		Automobile Liability – Medical Payments (\$5,000 Limit)	
		Automobile Physical Damage	
		Law Enforcement Liability (Security)	
		Healthcare Malpractice (Healthcare Instruction Classes)	
		Garagekeepers Liability <b>Limit desired:</b>	

**\*Minimum deductible \$1,000. Higher deductibles available upon request.**

## COVERAGE HISTORY

Provide complete history of all liability coverage carried for the past five years. **This section must be completed in order for quote to be provided.**

**Is current coverage being cancelled or nonrenewed?**  Yes  No **If “Yes”, provide explanation.**

Coverage		Current Year	Past Year	Past Year	Past Year	Past Year
<b>General Liability</b>	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					
<b>Employment Practices Liability</b>	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					
	Claims Made or Occurrence?					
<b>Public Officials Errors &amp; Omissions Liability</b>	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					
	Claims Made or Occurrence?					
<b>Law Enforcement Liability</b>	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					
<b>Healthcare Malpractice Liability</b>	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					
<b>Automobile Liability</b>	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					
<b>Employee Benefits Liability</b>	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					

## LOSS HISTORY

**ATTACH AT LEAST FIVE YEARS' CURRENTLY-VALUED LOSS HISTORY.  
TEN YEARS' LOSS HISTORY IS PREFERRED**

Are there any pending incidents for which the entity is or may be liable that may result in claims or litigation?

Use additional sheets to explain.

## SCHOOL EXPOSURE INFORMATION

### General Information

1. Number of employees:

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Elected/appointed officials: \_\_\_\_\_

Temporary: \_\_\_\_\_ Volunteers: \_\_\_\_\_ Seasonal: \_\_\_\_\_

2. Does entity administer an employee benefit plan?  Yes  No  
If so, how many employees participate? \_\_\_\_\_

3. Does the entity require prospective employment terminations to be reviewed by the Human Resources Department or Legal Department/Outside Legal Counsel before termination occurs?  Yes  No

4. Does the entity have a formal orientation program for all new employees?  Yes  No

5. Does the entity conduct training on sexual harassment and discrimination prevention?  Yes  No

Who is required to attend? \_\_\_\_\_

How often is training held? \_\_\_\_\_

Who conducts the training? \_\_\_\_\_

6. Does the entity have an employee handbook that is distributed to all employees?  Yes  No

7. Do all employees provide written acknowledgment that they have received the handbook?  Yes  No

8. Has an attorney reviewed the employee handbook?  Yes  No

Date of last review: \_\_\_\_\_

9. Does the entity check MVR's on its drivers?  Yes  No

10. Does the entity perform background checks on its employees?  Yes  No

11. Are entity's financial officers bonded?  Yes  No

### Errors & Omissions Liability

1. What is the total number of students with Individual Education Plans (IEP's) in all grades? \_\_\_\_\_

2. Does the entity conduct training on bullying awareness and prevention?  Yes  No

Who is required to attend? \_\_\_\_\_

How often is training held? \_\_\_\_\_

Who conducts the training? \_\_\_\_\_

**Daycare**

Does entity operate a **daycare or before/after school program**?  Yes  No

**If “Yes”, complete supplemental application for daycare exposure, which is available at [www.moperm.com](http://www.moperm.com) → Underwriting. Explain before/after school program.**

**Security**

Indicate below the number of **law enforcement or other security officers** that are **EMPLOYEES** of the district.

(Do NOT include officers that are provided by contract with local authorities unless the contract transfers liability to the district. Send a copy of contracts to [policyservices@moperm.com](mailto:policyservices@moperm.com).)

- a. School Resource or Other Security Officers **employed by the district** \_\_\_\_\_
- b. School Attendance Officers (Full-time) – enforce compulsory attendance law \_\_\_\_\_
- c. School Attendance Officers (Part-time) – enforce compulsory attendance law \_\_\_\_\_
- d. School Protection Officers \_\_\_\_\_  
(Teachers or administrators designated pursuant to RSMo 160.665.1)

**SUBMIT TRAINING CERTIFICATION FOR ALL SCHOOL PROTECTION OFFICERS PURSUANT TO RSMo 160.665.1**

**Unmanned Aircraft Systems (UAS/Drones)**

1. Does entity operate Unmanned Aircraft Systems (UAS/Drones)?  Yes  No

If Yes, complete the following exposure information. (Attach additional sheets if necessary.)

Year	Make	Model	Assigned Department
Serial Number		FAA Registration Number	Principal Use
Attached Equipment*		Cost New of UAS*	Cost New of Attached Equipment*
Total Weight of UAS + Equipment		*Liability coverage is automatic. Provide cost new for comp & collision coverage.	

Year	Make	Model	Assigned Department
Serial Number		FAA Registration Number	Principal Use
Attached Equipment*		Cost New of UAS*	Cost New of Attached Equipment*
Total Weight of UAS + Equipment		*Liability coverage is automatic. Provide cost new for comp & collision coverage.	

**Programs Offered**

What is the **total enrollment** of all students in the district? (All students, including pre-school, head start, and all other educational programs) \_\_\_\_\_

How many **healthcare fields instructors** are employed by the district? \_\_\_\_\_  
 (Do NOT include school nurses. School nurses are automatically covered.)

How many students participate in each of the following classes? Use additional sheets to provide information and enrollment for any other programs the district offers that are not listed here.

Program	Enrollment	Program	Enrollment
Auto repair (Mechanical and body)		Heating/Air Conditioning	
Cosmetology		Metal shop	
Drivers education		Healthcare fields	
Electrical		Wood shop	
Forestry		Other:	

How many students participate in each of the following sports? **Use additional sheets to provide information and enrollment for any other sports the district offers that are not listed here.**

Sport	Participation	Sport	Participation
Baseball		Lacrosse	
Basketball		Martial Arts	
Boxing		Rugby	
Cheerleading		Shooting	
Cross Country		Soccer	
Diving		Softball	
Fencing		Swimming	
Field Hockey		Tennis	
Fishing		Track	
Football		Volleyball	
Gymnastics		Weightlifting	
Golf		Wrestling	
Ice Hockey		Other:	

**EXPOSURE INFORMATION – AUTOMOBILE**

If auto coverage is requested, all owned vehicles must be placed with MOPERM. Entities desiring “Auto Only” coverage must submit pages 1 and 2 of this Application as well as current valued loss history.

- Do employees use personal vehicles for work-related business?  Yes  No
- Has the entity publicized to its employees that entity-owned vehicles shall not be used (a) for personal business; or (b) to transport any person not required to be transported for entity business?  Yes  No
- Does the entity own other vehicles that are not being quoted?  Yes  No  
 (If automobile coverage is requested, all owned vehicles must be placed with MOPERM.)

Coverage Notes:

- All vehicles and trailers listed will be included for liability coverage. (Liability for trailers actually extends from the vehicle pulling the trailer.)
- Comprehensive and Collision deductibles available: \$500, \$1,000, \$3,000, and \$5,000.
- Cost New must be provided if physical damage quote is desired. If cost new is NOT provided, only liability coverage will be quoted.
- Stated Value** coverage is available for specialty vehicles valued at \$50,000 or more. **Scheduled value shall be calculated as original purchase price plus cost of major refurbishments. Supporting documentation must be provided.**
- Permanently attached equipment will be covered **only** under certain conditions. Contact MOPERM for more information.

Provide complete information for all vehicles (including trailers). **Automobile list must be submitted in spreadsheet format.** A template is available at [www.moperm.com](http://www.moperm.com) → Underwriting.

**All Quotes are subject to information herein provided and expire 45 days after issuance.**

**DECLARATION AND SIGNATURE**

I certify that the foregoing responses are complete, true and correct, with the knowledge and understanding that MOPERM will extend coverage and determine appropriate contributions based on these responses.

I further certify that if automobile coverage is requested, the schedule submitted with this application contains a full and complete list of all vehicles owned by the entity and that no entity-owned vehicles are insured with any other provider.

I also hereby designate the agent/producer listed on page 1, if any, to obtain a quote from MOPERM for the coverages requested.

\_\_\_\_\_  
Entity Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Title