

Public School Systems Supplemental

Employer: _____ Website: _____

General Information

- 1) Town/county population where school district is located: _____
- 2) Number of students enrolled in district: _____
- 3) Breakdown of schools:
_____ High Schools
_____ Middle Schools
_____ Elementary Schools
_____ Learning Centers
_____ Alternative Schools
_____ Vocational Schools
_____ Other: _____
- 4) Type of maintenance work performed by school employees:
Lawn Care
Pool maintenance
Painting
Air/Heating
Garage/Maintenance for buses
Asbestos removal
Other: _____
- 5) Number of nurses on staff: _____
- 6) Are subcontractors used? Yes No
a) If yes, are only insured contractors used? Yes No
b) Do you keep a copy of the Certificate of Insurance on file? Yes No
- 7) Provide the total number of employees by class code that are subject to this insurance application:

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- 8) Number of employees with split-funded salaries by class code:

- 9) Type of jobs or tasks completed by volunteers:

- 10) What coverage is in place for volunteers in case of injury?

- 11) Any one location with 100 or more employees? Yes No

a) If yes, how many? _____

- 12) Historical premiums and payrolls for past 5 years:

Year	Premium
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Travel Exposure

- 1) Type of travel exposure for staff:

a) How many out-of-state field trips per year? _____

b) How many trips are out of the country? _____

- 2) Are bus drivers included in the insurance program? Yes No

a) If yes, number of school buses: _____

b) Total number of miles driven annually: _____ miles

3) Are any other vehicles used? Yes No

a) If yes, describe specifics on use:

4) Are MVRs checked at hire? Yes No

a) Are MVRs checked annually? Yes No

Hiring & Safety

1) Are employees or subcontracted labor used for security? Employees Subcontracted labor

a) How many are armed security personnel? _____

2) Indicate the hiring programs that have been implemented:

Criminal background checks

Pre-employment drug testing

Pre-employment physical

Written applications

Reference checks

Post-offer Medical Questionnaires

3) Indicate the safety programs that have been implemented:

Formalized early return to work program

Post-accident drug testing

Formal accident investigation program

Personal protective equipment program

4) Does a centralized contact report all workers' compensation claims? Yes No

5) Is a designated medical provider used for all workers' compensation claims? Yes No

6) Is a full-time Safety Director on staff? Yes No

7) Is proper fall protection used for any height exposures? (*scissor lift, bucket truck, etc*) Yes No

8) Additional comments:

Employer Signature: _____

Date: _____