

# 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
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  - a) If yes, are only insured contractors used? 

Yes	No
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  - b) Do you keep a copy of the Certificate of Insurance on file? 

Yes	No
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- 7) Provide the total number of employees by class code that are subject to this insurance application:

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

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9) Type of jobs or tasks completed by volunteers:

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

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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:

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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: \_\_\_\_\_