



STATES SELF-INSURERS RISK RETENTION GROUP, INC.
APPLICATION FOR EXCESS LIABILITY INSURANCE – PUBLIC SCHOOLS

NOTICE:

This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group.

NOTICE:

This application for insurance represents an affirmative warranty of the information provided by the applicant and will be utilized in the development of premium for any insurance to be issued to the applicant. Furthermore, this application will attach to and become part of any public entity liability insurance policy issued to the applicant. Failure to provide complete and accurate responses to all questions contained in this application may represent a basis for discontinuation and/or denial of coverage and/or revocation of the policy.

GENERAL INFORMATION

Please answer ALL questions, entering "none" or "not applicable" (n/a), where appropriate.

PLEASE PRINT OR TYPE ALL RESPONSES

- 1. Date of Application:
2. Desired Effective Date of Coverage:
3. Full Name of School System (First Named Insured AS IT WOULD BE SHOWN ON THE POLICY):
4. Other Named Insureds (Other legal public entities created and/or contracted by the First Named Insured which are also to be shown as Named Insureds on the policy. Attach this information as a separate exhibit if necessary and identify exhibit number here.):
5. Mailing Address of School System: Address, City, State, Zip Code
6. Name of Risk Manager for School System:
7. Name of Insurance Buyer for School System (If different from Risk Manager):

8. Please provide your *Coverage History Information* for the last two (2) years:

PRIMARY LEVEL COVERAGE:

	POLICY YEAR: _____			POLICY YEAR: _____		
	GENERAL LIABILITY	SCHOOL LEADERS LIABILITY	AUTOMOBILE LIABILITY	GENERAL LIABILITY	SCHOOL LEADERS LIABILITY	AUTOMOBILE LIABILITY
INSURANCE COMPANY NAME (IF SELF-INSURED, MARK AS 'S-I'):						
LIMITS OR SELF-INSURED RETENTION:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
PREMIUM:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

EXCESS LEVEL COVERAGE:

	POLICY YEAR: _____			POLICY YEAR: _____		
	GENERAL LIABILITY	SCHOOL LEADERS LIABILITY	AUTOMOBILE LIABILITY	GENERAL LIABILITY	SCHOOL LEADERS LIABILITY	AUTOMOBILE LIABILITY
INSURANCE COMPANY NAME:						
LIMITS:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
PREMIUM:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

9. Has any company declined, canceled or non-renewed any of the liability lines listed above in the **last five (5) years**? YES NO

If **YES**, please explain: _____

10. COVERAGE

a. For the coverage lines listed below, please indicate whether your current coverage is **claims-made**.

General Liability: YES: RETROACTIVE DATE: _____ NO

School Leaders Liability: YES: RETROACTIVE DATE: _____ NO

Automobile Liability: YES: RETROACTIVE DATE: _____ NO

Other Liability (specify): _____ YES: RETROACTIVE DATE: _____ NO

b. States offers either "Occurrence" or "Claims-made" coverage forms. Please indicate which coverage form you are requesting:

"OCCURRENCE" POLICY FORM

"CLAIMS-MADE" POLICY FORM

If Claims-made, please indicate the retroactive date requested: _____

- 11. Indicate the Self-Insured Retention (SIR), or attachment point if commercial primary coverage is carried -- and the limits requested. SIRs of \$250,000 or greater are available. SIR level/attachment point and limits level are subject to States underwriting review and approval.

States Excess Coverage: SIR (or Attachment Point) Limits Desired
\$ _____ \$ _____

PLEASE NOTE: States Self-Insurers Risk Retention Group, Inc. is a member-owned company. States requires that each of its participants have effective claim management and loss control programs in place and functioning. Company representatives may visit your entity to review with you your claim management and loss control programs. Participants in the States program are expected to proactively address deficient areas that may be noted in these reviews.

12. CLAIM MANAGEMENT OVERVIEW

- a. Please indicate how you currently handle claims within your self-insured retention or insured primary layer:

- 1) Internal Staff: YES NO
- 2) Independent Contractor or Third Party Administrator: YES NO
If **YES**, please describe who service provider is: _____
- 3) Insurance Company: YES NO
- 4) Combination of above: YES NO
If **YES**, please describe arrangement: _____

- b. Please list the names, contact phone numbers, years of experience and claim paying authority level for claim handling personnel:

<u>NAME</u>	<u>CONTACT PHONE NO.</u>	<u>EXPERIENCE</u>	<u>AUTHORITY LEVEL</u>
_____	_____	_____ yrs.	\$_____
_____	_____	_____ yrs.	\$_____
_____	_____	_____ yrs.	\$_____

- c. Who is responsible for reporting potential claims to the excess liability insurance carrier?

NAME TITLE CONTACT PHONE NO.

- d. Are claim loss and expense reserves established for each claim? YES NO

If **YES**, what reserve setting basis or methodology is used? _____

If **NO**, please explain how claim valuations are arrived at: _____

- e. Do you use an automated Risk Management Information System? YES NO

If **YES**, please describe: _____

- f. Please indicate whether your current "Claim Summary Report" format includes the following:

Claim Description Paid Amount Reserve Amount Current Status of Claim

g. Please indicate the type of resource used to handle your claim *litigation*:

Internal Legal Staff: _____ %
AMOUNT USED

External, Independent Legal Counsel: _____ %
AMOUNT USED

If External, Independent Legal Counsel is used, please describe the criteria used to determine assignment of cases and procedures for litigation cost control: _____

h. Please indicate how your claim files and reports are maintained (check all that apply):

Internal File System

External File System Maintained By Service Provider

Centralized Location

Coordinated by one individual: _____
NAME CONTACT PHONE NO.

13. LOSS CONTROL PROGRAM OVERVIEW

a. Please indicate how you currently coordinate loss control efforts within your School System:

1) Internal Staff: YES NO

2) Independent Contractor or Third Party Administrator: YES NO

If **YES**, please describe who service provider is: _____

3) Insurance Company: YES NO

4) Combination of above: YES NO

If **YES**, please describe arrangement: _____

b. Who should be contacted in order to schedule a review of liability loss control programming in your School System, and to discuss ongoing loss control matters?

NAME

CONTACT PHONE NO.

c. Please indicate which of the following components help make up your current, day-to-day liability loss control management (check all that apply):

Internal Manager of Loss Control Programs

Loss Control Review Committee

External Resources -- Describe: _____

d. Has your governing body adopted a formal, written liability loss control policy? YES NO

e. For the following items, please indicate whether your School System has existing loss control programs and loss control policies in place to address *third party liability exposures*.

- | | | |
|--|------------------------------|-----------------------------|
| General Liability | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| School Leaders Liability | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Hostage/Terrorism | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Sexual & Physical Abuse | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Automobile Liability &
Vehicle Fleet Safety | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Contractual Liability | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Employment Practices &
Personnel Procedures | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Sports Programs | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Special Events/Celebrations/Festivals | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Buildings & Grounds Maintenance | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Delivery of Health Care Services | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Abatement of Asbestos | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Abatement of Lead | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Lease of Facilities | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

f. Where formal and/or written third party liability loss control programs are not in place, please describe the policies and procedures followed to address and administer loss control efforts: _____

g. Are loss costs and related expenses allocated back to each school? YES NO

h. Does your School System incorporate ratings dealing with the effectiveness of loss control programs into the performance reviews of its administrators, managers and supervisors? YES NO

i. Does your School System conduct periodic liability hazard recognition and control inspections of all of its premises and operations? YES NO

If **YES**, how often are these inspections done? _____

Please describe how these inspections are documented: _____

If **NO**, please describe your School System's current methods for identifying, controlling and eliminating liability hazards: _____

j. Does your School System have a structured system in place to periodically analyze the effectiveness of loss control efforts and to make corresponding changes in loss control programming? YES NO

k. Does your School System have an internal loss cost analysis system that can be used to prompt loss control program changes as needed? YES NO

14. Number of Board Members: Elected _____ Appointed _____

15. Please indicate if any of the following have occurred within the last five (5) years:

- a. Any Grand Jury indictments of any school officials? YES NO
- b. Any assault and battery charges made against the entity or its officials? YES NO
- c. Any sexual or physical abuse charges made against the entity or its officials? YES NO
- d. Any riot or civil commotion incidents? YES NO
- e. Any formal allegations involving integration, segregation, discrimination or violation of civil rights? YES NO
- f. School closing? YES NO
- g. Staff reduction? YES NO
- h. Strike? YES NO
- i. Layoff? YES NO

If **YES** for any of the items listed above, please provide a description of the situation (or attach exhibits providing this information): _____

16. Does the School System provide or arrange for training for new and less-experienced school officials in the legislative process and in appropriate governing procedures? YES NO

If YES, please describe the training resources used: _____

17. Number of Employees and Volunteers:

- a. Administrative Full Time Equivalent (FTE's): _____
- b. Instructional FTE's: _____
- c. Operational & Maintenance FTE's: _____
- d. Nurse FTE's: _____
- e. Security Staff FTE's: _____
- f. Volunteers: _____

18. Employment Practices Information:

- a. Does the School System have a central Human Resources / Personnel Department that oversees employment practices for all functions of the entity? YES NO
- b. Please indicate whether the following policies and procedures exist in written form and are implemented:
 - 1) Hiring process? YES NO
 - 2) Termination process? YES NO
 - 3) Employee disciplinary process? YES NO
 - 4) Written performance evaluations? YES NO
 - 5) Sexual harassment prevention policy? YES NO
 - 6) Equal Employment Opportunity policy? YES NO
 - 7) Americans with Disabilities Act compliance policy? YES NO
 - 8) Fair Labor Standards Act compliance policy? YES NO
- c. Does the School System have an employment practices training program in place for new supervisors? YES NO
- d. Does the School System use legal counsel resources experienced in employment matters? YES NO
- e. Has any employee been suspended, dismissed, demoted or tenured contract not renewed during the past five years? YES NO
If YES, please describe: _____

19. Number of Students:

- a. Elementary Level: _____
- b. Middle/Junior High Level: _____
- c. High School Level: _____
- d. Is the School System's student population . . . Stable
 Increasing
 Decreasing

20. Total Annual Payroll:

- a. Current Fiscal Year: \$ _____
- b. Last Fiscal Year: \$ _____

21. Total Annual Gross Expenditures:

- a. Current Fiscal Year: \$ _____
- b. Last Fiscal Year: \$ _____

22. Number of Operational Schools:
- a. Elementary Schools: _____
 - b. Middle/Junior High Schools: _____
 - c. High Schools: _____
 - d. Other (Describe): _____
 - e. Are any of the operational school buildings more than 50 years old and over two stories high? YES NO
If **YES**, please describe efforts to assure that these buildings are in compliance with current building codes and NFPA 101® / Life Safety Code®: _____
 - f. Does the School System have a program to regularly review its compliance with the safety issues for all of its properties? YES NO
23. Number of Schools Planned or Under Construction:
- a. Number Planned: _____ When will planned facilities open? _____
 - b. Number Under Construction: _____ When will facilities under construction open? _____
24. Are Any School Buildings Currently Vacant? YES NO
If **YES**, please describe, including number of buildings, intended disposition schedule for the property and security for the premises while vacant: _____
25. Are Any School Buildings Currently Leased to Others? YES NO
If **YES**, please describe: _____
26. Auditoriums / Theaters? YES NO If YES, how many? _____
27. Vehicle Maintenance Facilities? YES NO If YES, how many? _____
28. Has Asbestos Been Identified in Any School Property? YES NO
If **YES**, please describe: _____
29. Does the School System Conduct Any Operations that Generate Income Through the Sale of Products and/or Services? (Examples: Repair and/or sale of automobiles from Vocational/Industrial Arts Departments, sale of shop-manufactured products, sale of services provided by faculty or students, etc.) YES NO
If **YES**, please describe: _____
Annual Receipts: \$_____
30. Does the School System Provide Any Adult Education Programs? YES NO
If **YES**, please provide the following information:
- a. Describe program(s): _____
 - b. Describe instructor qualifications: _____
 - c. Number of Students: _____
 - d. Number of adult education classes and hours of classes per week: _____

31. Is there open, public use of school facilities other than for school system purposes? YES NO

If **YES**, please provide the following information:

- a. Describe any public use of athletic facilities, including aquatics facilities, gymnasiums, fitness facilities/weight rooms, tennis courts, etc. _____
- b. Does the School System have direct control of scheduling and supervision of the usage of facilities by the public? YES NO
- c. Are there any written agreements maintained by the School System governing the usage of facilities by the public? YES NO

If **YES**, please attach copies of agreements.

- d. Does the School System obtain and conduct a review of Certificates of Insurance from users of its facilities? YES NO

32. Sports / Athletics Programs: Please check the sports activities and athletic programs operated by the School System. For any activities not listed, please provide a complete description of those activities.

- | | | | | | |
|--------------------------------------|--|---------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Auto Racing | <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Boxing | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Cross Country |
| <input type="checkbox"/> Equestrian | <input type="checkbox"/> Fencing | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Hockey | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Rock Climbing/Climbing Wall | <input type="checkbox"/> Rowing | |
| <input type="checkbox"/> Rugby | <input type="checkbox"/> Sailing/Boating | <input type="checkbox"/> Skiing | <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball | |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Track | <input type="checkbox"/> Water Polo | <input type="checkbox"/> Weightlifting | <input type="checkbox"/> Wrestling | |
- OTHER (Describe): _____

- a. Are students at or above age 18, or parents/guardians of students under age 18, required to sign a consent form for sports / athletics participation? YES NO
- b. Are students participating in sports / athletics activities required to have a medical exam and provide evidence of a medical doctor's indication that the student is physically fit to participate? YES NO

33. Do you have playground areas? YES NO

- a. If **YES**, is playground equipment in compliance with current Consumer Product Safety Commission Guidelines and A.S.T.M. F1487 Standards? YES NO
- b. Does the general public have access to the playground areas? YES NO

34. Do you have Grandstands / Stadiums? YES NO

If **YES**, please provide the following information:

- a. Number of facilities with seating capacity of 5,000 or more. _____
- b. Seating capacity of each facility with a seating capacity of 5,000 or more. _____
- c. Total annual expenditures for all grandstand / stadium facilities (regardless of size):
\$_____

35. Do you have Bleacher Seating (Interior or Exterior)? YES NO

If **YES**, is bleacher seating in compliance with current safety standards and building codes?
YES NO

36. Aquatics Facilities YES NO If **YES**, please provide the following information:

- | | |
|------------------------------|------------------------------------|
| Number of Pools: _____ | Number of Diving Apparatus: _____ |
| Number of Beaches: _____ | Number of 1 Meter Apparatus: _____ |
| Number of Waterslides: _____ | Number of 3 Meter Apparatus: _____ |
| Number of Wave Pools: _____ | Number over 3 Meters: _____ |

37. Does the School System Have Formal, Written Plans in Place to Deal With Disciplinary Issues and School Violence? YES NO

a. If **YES**, are the plans tested and reviewed regularly? YES NO

b. Has the School System experienced any critical incidents involving school violence within the last three years? YES NO

If **YES**, please describe the incident(s) and the outcome(s): _____

38. School Automobile Liability Information:

a. For each vehicle type listed below, please provide the total number of owned or leased vehicles in the School System's operations.

VEHICLE TYPE	NO. OWNED	NO. LEASED	TOTAL NO.
BUSES -- CAPACITY OF 25 OR LESS:	_____	_____	_____
BUSES -- CAPACITY GREATER THAN 25:	_____	_____	_____
PRIVATE PASSENGER:	_____	_____	_____
PASSENGER VANS:			
11 OR LESS PASSENGERS CAP.:	_____	_____	_____
12-15 PASSENGERS* CAP.:	_____	_____	_____
DESCRIBE USE:			
*15 Passenger Van operations require the completion of supplemental application information.			
LIGHT TRUCKS: UNDER 10,000 LBS. GVW	_____	_____	_____
MEDIUM TRUCKS: 10,000 TO 26,000 LBS. GVW	_____	_____	_____
HEAVY TRUCKS: OVER 26,000 LBS. GVW	_____	_____	_____
OTHER (DESCRIBE): _____	_____	_____	_____

b. Please describe the School System's vehicle preventive maintenance program: _____

c. Please describe the School System's driver safety training program:

1) For drivers of student transportation vehicles: _____

2) For drivers of all other School System-owned / controlled vehicles: _____

d. Does the School System contract with a third-party for any student transportation services? YES NO

If **YES**, please provide the following information:

1) A copy of the Certificate(s) of Insurance evidencing the contractor's Automobile Liability and General Liability insurance coverage. See sub-items 2), 3) & 4) below for additional information required.

2) Automobile Liability and General Liability policy limits required of the contractor:

AL: \$_____ GL: \$_____

3) Is the School System listed as an additional named insured on the on the contractor's Automobile Liability and General Liability policy? YES NO

4) Please describe, or attach information that outlines the policies and procedures that the School System has in place for reviewing the ongoing acceptability of the contractor, their drivers, maintenance practices, fleet safety programs and other pertinent loss control practices: _____

39. Do you conduct Fireworks Displays? YES NO

If **YES**, please provide the following information:

- a. Number conducted each calendar year: _____
- b. Do trained and certified personnel conduct displays? YES NO
- c. If contracted, is evidence of liability insurance obtained and reviewed? YES NO

40. Do you have Golf Courses? YES NO

If **YES**, please provide the following information:

- a. Number of courses: _____
- b. Total annual receipts: \$_____
- c. Total annual expenditures: \$_____

41. Do you have Health Clinics / Hospitals? (Note: Medical Professional/Malpractice Coverage is Excluded)

YES NO

If **YES**, please provide the following information:

- a. Number of clinic facilities: _____
- b. Number of hospital facilities: _____
- c. Number of beds for each facility: _____
- d. Area of each facility: Sq. Ft. _____
- e. Total annual expenditures: \$_____

42. Independent Contractors / Construction Operations: Total annual expenditures: \$_____

43. School Security (Note: Local On-Duty Police or Sheriff Deputies)? YES NO

If **YES**, please provide the following information:

- a. Number of sworn personnel: 1) Full-Time _____ 2) Part -Time _____
- b. Number of Volunteer / Auxiliary: _____
- c. Total Annual Expenditures: \$_____
- d. Does the agency have a complete policy and procedures manual? YES NO
- e. When was the policy and procedures manual last fully revised? YES NO
- f. Is the manual distributed to all personnel? YES NO
- g. How often is the manual reviewed with personnel? _____
- h. Does the agency have a canine unit? YES NO
- i. Is the agency accredited? YES NO

44. Liquor / Alcohol Sales (Including sales at special events, sporting events, etc.)? YES NO

If **YES**, Annual Receipts: \$_____

45. **Please attach a completed Supplemental Application for Sexual & Physical Abuse Information.**

46. LOSS HISTORY INFORMATION

PLEASE PROVIDE A SCHEDULE OF *TOTAL INCURRED LOSSES* (INCLUDING PAID AND RESERVED) FOR ALL LIABILITY LOSSES DURING THE *CURRENT FISCAL YEAR* AND THE IMMEDIATELY PRECEDING *FIVE (5) FISCAL YEARS*. PROVIDE SPECIFIC LOSS DETAILS ON ANY LOSSES THAT INVOLVED THE FOLLOWING: **(See Supplement #1)**

- ANY LOSSES THAT HAVE EXCEEDED \$25,000 IN TOTAL INCURRED LOSS (FROM "GROUND-UP")
- ANY LOSSES INVOLVING DEATH, TOTAL PERMANENT DISABILITY, BRAIN DAMAGE, SPINAL CORD DAMAGE, PARAPLEGIA, QUADRIPLÉGIA, LOSS OF ONE OR MORE LIMBS, THIRD DEGREE BURNS INVOLVING MORE THAN 25% OF THE INJURED PARTY'S BODY, OR ANY OTHER BODILY INJURY WHICH HAS THE POTENTIAL TO DEVELOP INTO A SERIOUS CLAIM.

SUPPLEMENTARY FORMS ARE PROVIDED WITH THIS APPLICATION TO PROVIDE A PLACE FOR YOU TO RECORD THE REQUESTED LOSS INFORMATION. YOU CAN SUBSTITUTE YOUR OWN "LOSS SUMMARY REPORT" FOR THIS INFORMATION AS LONG AS THE INFORMATION REQUESTED IS PROVIDED. THANK YOU!

AFFIRMATION OF APPLICATION DATA

Do you know of any facts or circumstances which could give rise to any payment under States' policy that has not already been disclosed in this Application and its Supplements or otherwise brought to the attention of States Self-Insurers Risk Retention Group, Inc.? YES NO

If YES, please explain: _____

Acting with the authority of and on behalf of the applicant public school system, I hereby confirm that all information provided to the States Self-Insurers Risk Retention Group, Inc. on and in conjunction with this Application and its Supplements is true and correct and no material information has been withheld.

SIGNATURE

PRINT NAME

DATE

TITLE

PHONE NO.

FAX NO.

E-MAIL ADDRESS

COMMUNICATION POLICY

States Self-Insurers Risk Retention Group, Inc. - as the Company's name implies, is a risk retention group. As such, and pursuant to the Federal Liability Risk Retention Act of 1986, States' insureds are also the owners of the Company through States Self-Insurers Trust.

The nature of this relationship requires - and the Company is fostered by - an on-going, open and direct communication channel between States and its owner-insureds. Such communications enhance the recognition of ownership which has been cited as an issue of extreme importance by the United States Government Accountability Office (GAO).

Prospective owner-insureds of States accessing the risk retention group through representation by an agent, broker, or consultant include and involve such representative in their potential relationship with States. **States recognizes that members partner with agents, brokers, or consultants who are valuable resources in the insurance decision-making process, and it is not States' intent to interfere with this relationship.** States recognizes the agent, broker, or consultant that the prospective owner-insured of States chooses is a representative of the owner-insured, and not a representative of States Self-Insurers Risk Retention Group, Inc.

Because of the direct relationship States has with its insureds, communication with prospective members, either directly or through an agent, broker or consultant requires a representative of States be included in the process, and, where possible, at the final presentation of States program to the prospective member.

To ensure transparency in the insurance transaction, all proposals provided by States will be on a net basis. Fees related to the services rendered by an agent, broker or consultant are between the insured and their agent, broker or consultant. If the negotiated fee is to be collected as a commission and added to the net premium, States will need written authorization from the insured to do so. Such authorization shall include a designated percentage of the premium or a dollar amount to be collected.

I have read and understand this communication policy.

Signed: Representative for the Public Entity

Date

Signed: Representative for the Agent/Broker/Consultant

Date

THANK YOU FOR COMPLETING THIS APPLICATION. PLEASE SUBMIT THE APPLICATION TO:

STATES SELF-INSURERS RISK RETENTION GROUP, INC.

UNDERWRITING DEPARTMENT

**c/o Berkley Risk Administrators Company, LLC (BRAC)
222 South Ninth Street, Suite 1300
Minneapolis, MN 55402-3332**

1-800-640-0345

(612) 766-3000

Fax: (612) 766-3398





STATES SELF-INSURERS RISK RETENTION GROUP, INC.

LOSS HISTORY INFORMATION ---- APPLICATION SUPPLEMENT #1

PLEASE PHOTOCOPY THIS FORM IF ADDITIONAL COPIES ARE NEEDED

ATTACHES TO THE APPLICATION FOR:

NAME OF APPLICANT

DATED

Please provide the requested details for each individual loss that the applicant has incurred during the current policy year and each of the immediately preceding five (5) full years for:

- ANY LOSSES THAT HAVE EXCEEDED \$25,000 IN TOTAL INCURRED LOSS (FROM "GROUND-UP")
ANY LOSSES INVOLVING DEATH, TOTAL PERMANENT DISABILITY, BRAIN DAMAGE, SPINAL CORD DAMAGE, PARAPLEGIA, QUADRIPLÉGIA, LOSS OF ONE OR MORE LIMBS, THIRD DEGREE BURNS INVOLVING MORE THAN 25% OF THE INJURED PARTY'S BODY, OR ANY OTHER BODILY INJURY WHICH HAS THE POTENTIAL TO DEVELOP INTO A SERIOUS CLAIM.

Please report ALL losses regardless of whether they are based on actual claims submitted to the applicant or relate to incidents of which the applicant is aware and which meet the above criteria or are expected to meet the above criteria.

Please Print or Type All Responses

- 1. CLAIMANT'S NAME: DATE OF LOSS:
3. COVERAGE INVOLVED: 4. DATE OF FIRST REPORT:
5. POLICY YEAR INVOLVED:
6. NATURE OF EVENT GIVING RISE TO LOSS:
7. STATUS OF LOSS AS OF THE DATE OF THIS APPLICATION (i.e., Closed with payment, Open, Closed without payment):
8. VALUE OF CLAIM AS OF: DATE VALUATION AMOUNT
9. "GROUND-UP" LOSS INCURRED (EXCLUDING ADJUSTMENT EXPENSE): \$
a) AMOUNT OF LOSS THAT HAS BEEN PAID: \$
b) AMOUNT IN RESERVE (NET OF PAYMENTS): \$
10. TOTAL RELATED LOSS ADJUSTMENT EXPENSE: \$
a) AMOUNT OF L.A.E. THAT HAS BEEN PAID: \$
b) AMOUNT IN RESERVE (NET OF PAYMENTS): \$
11. PAGE OF PAGES.



STATES SELF-INSURERS RISK RETENTION GROUP, INC.

LOSS HISTORY INFORMATION ---- APPLICATION SUPPLEMENT #2

PLEASE PHOTOCOPY THIS FORM IF ADDITIONAL COPIES ARE NEEDED

ATTACHES TO THE APPLICATION FOR: _____
NAME OF APPLICANT

DATED

1. Please indicate "ground-up" incurred losses. Separate amounts by loss paid and total incurred.

		YEAR: _____	YEAR: _____	YEAR: _____	YEAR: _____	YEAR: _____
GENERAL LIABILITY:	PAID:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	INCURRED:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
AUTOMOBILE LIABILITY:	PAID:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	INCURRED:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SCHOOL LEADERS LIABILITY:	PAID:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	INCURRED:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
OTHER (DESCRIBE):	PAID:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	INCURRED:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL PAID:		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL INCURRED:		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

2. Valuation date for this information: _____

3. Are loss adjustment expenses, defense costs, etc., included in these amounts? YES NO

4. Please provide details on deductibles and self-insured retentions for each year.

5. PAGE _____ OF _____ PAGES