



PO Box 1059 Pierre, SD 57501 605-773-2500

Associated School Boards Property Liability Application

District Name: _____
 Address: _____

 Contact Name: _____
 Phone Number: _____
 Fax Number: _____
 E-mail Address: _____

Renewal Date of Current Coverage: _____

	YES	NO
Does the District anticipate any new building projects or major renovation projects that will start during the year? If so, what is the expected completed value? _____	<input type="checkbox"/>	<input type="checkbox"/>

I. Property Exposures

LIMIT	
\$	Total Building* Limits (Total 100% Insured Values)
\$	Total Contents* Limits (Total 100% Insured Values)

* Statement of Values (preferably in excel, request template from Carolyn Deal)

1. SOV must include all buildings and locations, including building value, contents value and C.O.P.E. information:

- C – Construction 1. Date Built 2. Year Updated (if applicable) 3. Construction Code
- O – Occupancy 1. Number of Stories above ground 2. Square footage above ground
- P – Protection 1. Protection Class 2. Sprinklers System Description (Full, Partial or None)
- E – Exposure 1. Flood Zone 2. Flood Zone Code

II. Liability Exposures

NUMBER	
	# of Operating Elementary Schools
	# of Operating Jr. High Schools
	# of Operating High Schools
	Total

NUMBER	
	# of Pre-K Students
	# of Elementary Students (K thru 5th)
	# of Jr. High School Students (6th thru 8th)
	# of High School Students (9th thru 12th)
	Total

NUMBER	
	# of Physical Ed Teachers
	# of All Other Teachers
	# of Other Full Time Employees
	# of Other Part Time Employees
	# of Board Members

III. Automobile Exposures and Vehicle Schedule (preferably in excel, request template from Carolyn Deal)

Summary of Vehicles Vehicle Schedule Required.	Number
District Owned Private Passenger Cars	
District Leased Private Passenger Cars	
Drivers Education Cars	
Vans & Light Trucks (up to 10,000 lbs. gvww)	
Medium Trucks (10,001 to 20,000 lbs. gvww)	
Heavy Trucks (over 20,000 lbs. gvww)	
School Buses	
Grass/Farm Tractors	
Nonmotorized Trailers	
Total	

Seating Capacity of Buses	Number
Seats: 0 -15	
Seats: 16-40	
Seats: 41-60	
Seats: 61-80	
Seats: 81-100	

	Number
Total # of Vehicles (for Physical Damage Coverage)	

IV. Loss Runs

1. Must provide currently valued loss runs showing 10 full years of losses (i.e. 2014-2024 at a minimum).
2. Detailed loss runs are required for any policy years with a total incurred of \$25,000 or greater.
3. Loss runs must include a "Total Incurred" column.

The authorized signer of this application attests to the best of their knowledge that the information contained within is a true and fair representation of the district's insurable exposures. It is also understood, that any omission of an exposure does not negate coverage and any premium generated, if any, will be charged accordingly.

Name: _____
Title: _____
Date: _____

Any Questions Please Contact:

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