



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

Associated School Boards Workers' Compensation Application

District Name: _____

Address: _____

Contact Name: _____

Phone Number: _____

E-mail Address: _____

Renewal Date of current coverage: _____

I. EXPERIENCE MODIFICATION FACTOR (X-MOD)

Current:	_____
Prior: 2024-2025	_____
Prior: 2023-2024	_____
Prior: 2022-2023	_____

Please attach

II. LOSS RUNS / CLAIMS HISTORY (preferably in excel)

1. Must provide currently valued loss runs showing 5 full years of losses (i.e. 2020-2025 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

III. PAYROLL

Please list the number of covered employees for the 2025-2026 year _____.

Class Code	Description	Current Payroll	Estimated Payroll for 7/1/2026 – 6/30/2027
7380	Bus Drivers	_____	_____
8868	Professionals	_____	_____
9101	All Others	_____	_____

CLASS CODE GUIDELINES

7380: School Bus Drivers includes:

Drivers and Supervisors

8868: School Professionals includes the following positions:

Administration, School Boards Members (if resolution is adopted pursuant to SDCL 62-1-3), Teachers, Teacher Assistants, Guidance Counselors, Therapists, Nurses, Athletic Coaches, Extra Curricular Instructors, Dietitian and Clerical positions.

9101: School All Others includes the following positions:

Custodians, Maintenance and Lunchroom personnel and those who supervise such positions.

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: _____