



SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE
APPLICATION FOR SCHOOL DISTRICT COVERAGE

Entity Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Contact Person: _____ Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Agent Information (if applicable)

Agent Name: _____ Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Commission %: _____ Liability Only _____ Property Only _____ All Lines of Coverage _____

SDPAA offers the ability to work with an agent of your choice. You, the Member and the agent agree on a commission percentage and SDPAA can include the commission on the invoice or you and the agent may work it out directly.

Entity Details

Student Count: _____ Effective Date for SDPAA: _____

Number of Full-Time Employees: _____ Number of Part-Time Employees: _____

Number of Board Members: _____



SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE

APPLICATION FOR COVERAGE

Current Insurance Information

| Coverage | Current Insurer | Limit | Expiration Date | Premium | Deductible |
|------------------------------|-----------------|-------|-----------------|---------|------------|
| General Liability | | | | | |
| School Board Legal Liability | | | | | |
| Automobile Liability | | | | | |
| Auto Physical Damage | | | | | |
| Property | | | | | |
| Equipment Breakdown | | | | | |

Coverages Requested (please check)

- General Liability (includes School Board Legal Coverage and Cyber Liability)
- Automobile Liability
- Auto Physical Damage
- Property
- Equipment Breakdown
- Enhanced Crime



SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE
GENERAL LIABILITY COVERAGE

Entity Name:
Limit: Deductible:
Retroactive Coverage Requested? If Yes, Retroactive Date:

Financial Information

Current Year

Total Operating Costs (including all funds) \$
(expenditures without regard to source of revenue)

Deductions:

Capital Improvements \$
(bondable items including interest on new construction,
major improvements & purchases of major items)

Expenditures for Independent Contractors \$

Welfare Benefits (includes any lunch benefit programs) \$

Debt Service Fund \$

Police/School Resource Officer Expenditures* \$

Total Deductions \$

Adjusted Operating Expenditures (operating costs – total deductions) \$

*Is the SRO contracted from another agency, or an employee of the District?

Special Event Liability

Does your school have booster programs that require coverage to be provided through the District? Y/ N

Please note any booster programs for which coverage would be requested:

Multiple horizontal lines for text input.



SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE
GENERAL LIABILITY COVERAGE (pg. 2)

| Exposures | Y/N |
|--|------------|
| School Nurse | |
| Number of Nurses: | _____ |
| District employee or contracted? | _____ |
| Secondary Education Programs | _____ |
| Describe programs offered: _____ | |
| _____ | |
| Daycare | |
| Number of children: | _____ |
| | _____ |
| School Sponsored After School Care: | _____ |
| Name of Program(s): | _____ |
| Number of children per program: | _____ |
| School Sentinel Program: | _____ |
| Number of participating employees: | _____ |
| | _____ |
| Swimming Pools/Areas | _____ |
| Number: | _____ |
| | _____ |
| Diving Boards | _____ |
| Number: | _____ |
| Height: | _____ |
| | _____ |
| Water Slides | _____ |
| Number: | _____ |
| Height: | _____ |
| | _____ |
| Recreation Facilities | |
| Skateboard Parks: | _____ |
| Number: | _____ |
| Specialized Playground Equipment: | _____ |
| | _____ |
| Describe: _____ | |
| _____ | |

Does the Entity Participate in Pesticide/Herbicide Spraying? (Y/N) _____



SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE

GENERAL LIABILITY COVERAGE (pg. 3)

Exposures Excluded

The following exposures are automatically excluded from SDPAA coverage, unless specifically included. Please mark any exposures that exist and mark if coverage is requested.

Ownership, Maintenance, Operations or Use of Any:

| | Do You Have This Exposure? Y/N | Coverage Requested Through SDPAA Y/N |
|--|--------------------------------------|--|
| Aircraft, Airfields, Runways, Hangars, or other Aviation Operations | _____ | _____ |
| Amusement or Carnival Rides and Devices | _____ | _____ |
| Dam(s) | _____ | _____ |
| Downhill Ski Runs, Ski Tow or Ski Lifts | _____ | _____ |
| Electric Utility System | _____ | _____ |
| Hospital, Medical Clinic, Assisted Living, Nursing Home, Intermediate Care Facility or other health care facility | _____ | _____ |
| Housing Authority | _____ | _____ |
| Mechanically Operated Amusement Devices | _____ | _____ |
| Medical Clinic | _____ | _____ |
| Natural Gas Transmission or Gas Utility System(s) | _____ | _____ |
| Nuclear Facilities | _____ | _____ |
| Railroad | _____ | _____ |
| Motorized Racing Events or Facilities | _____ | _____ |
| Trampolines, Rebounding or Tumbling Devices | _____ | _____ |



**SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE
AUTOMOBILE LIABILITY COVERAGE**

Entity Name: _____

Limit: _____ Deductible: _____

SDPAA Sub-limits

Uninsured/Underinsured Limit: \$100,000

Medical Payments Limit: \$5,000

GENERAL INFORMATION

Do you have a specific driver-training program? _____

If yes, please explain: _____

Do you obtain MVR verification? _____

AUTOMOBILE LIABILITY

| TYPE | NUMBER OF UNITS |
|--|------------------------|
| Private Passenger, Police & Light/Medium Trucks | _____ |
| Heavy, Fire, Dump, Maintenance Trucks and Ambulances | _____ |
| Extra Heavy Trucks, Buses | _____ |
| Antiques, Snowmobiles, ATVs/UTVs, FEMA Mobile Homes | _____ |
| Motorcycles | _____ |
| Trailers | _____ |
| Golf Carts | _____ |
| | Total _____ |

Light/Medium Trucks: 0 – 20,000 lbs. GVW

Heavy Trucks: 20,001 – 45,000 lbs. GVW

Extra Heavy Trucks: Over 45,000 lbs. GVW



**SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE
PROPERTY COVERAGE
COMPLETING A STATEMENT OF VALUES**

| | |
|--------------------|---|
| Location Number: | Number each location in a sequence. |
| Address: | Enter the complete address for the location. |
| Building Value: | Enter the desired coverage amount for each building. |
| Contents Value: | Enter the desired coverage amount for the contents in the building. This should be the highest value of any date during the calendar year. |
| Occupancy: | Enter a one- or two-word description of what the building is used for. (Office, Storage Shed, Fire Station, City Hall, etc.) |
| Square Footage: | Multiply the building width by height by number of stories. |
| Construction Code: | Use the below descriptions to identify the type of each building. |
| NB 1-10: | Fire Department rating. Enter property protection class rating of your fire Department. The local fire department should be able to provide this information. |

Construction Codes

Code 1: Frame

Buildings where the exterior walls are wood or other combustible materials including construction where the combustible materials are combined with other materials such as brick veneer, stone veneer, wood iron-clad and stucco on wood.

Code 2: Joisted Masonry

Buildings where the exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials and where the floors and roof are combustible.

Code 3: Non-Combustible

Buildings where the exterior walls and the floors are constructed of and supported by metal, asbestos, gypsum or other non-combustible materials.

Code 4: Masonry Non-Combustible

Buildings where the exterior walls are constructed of masonry materials as described in Code 2 above, with the floor and roof of metal or other non-combustible materials.

Code 5: Modified Fire Resistive

Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive materials with a fire resistance rating of one hour or more but less than two hours.

Code 6: Fire Resistive

Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive materials having a fire resistance rating of not less than two hours.

Code 7: Outdoor Property

Property located outdoors, and does not qualify under codes 1-6 (playground equipment, signs, fencing)



SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE
PROPERTY AND AUTO PHYSICAL DAMAGE DEDUCTIBLE OPTIONS

Property Deductible
All Other Perils / Wind Hail

\$0 / \$1000 WH
 \$250 / \$1000 WH
 \$500 / \$1000 WH
 \$1000 / \$2500 WH
 \$2500 / \$5000 WH
 \$5000 / \$10,000 WH
 \$10,000 / \$20,000 WH
 \$20,000 / \$25,000 WH
 \$25,000 / \$25,000 WH
 \$50,000 / \$50,000 WH

Auto Physical Damage
Comprehensive / Collision

\$250 / \$0
 \$250 / \$250
 \$250 / \$500
 \$500 / \$0
 \$500 / \$500
 \$500 / \$1000
 \$500 / \$2500
 \$1000 / \$0
 \$1000 / \$1000
 \$1000 / \$2500
 \$1000 / \$5000
 \$2500 / \$2500
 \$5000 / \$5000
 \$10,000 / \$10,000

Deductible options may be chosen on a per item basis. Please indicate the desired deductible in the pages that follow.



**SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE
EQUIPMENT BREAKDOWN COVERAGE**

Entity Name: _____

SDPAA Standard Deductibles

Deductible per Occurrence: \$1,000

Deductible for Water/Sewer Buildings: \$2,500 minimum

Deductible for Electric: \$25,000 minimum

Please specify the building location where there is a boiler and provide the Certificate expiration date on each.

LOCATION NUMBER

1-2

CERTIFICATE DATE

02-11-2015



**SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE
LOSS RUN DETAILS AND EXPLANATIONS**

Provide details of any liability claims, property claims, equipment breakdown and/or any auto physical damage claims, which have occurred in the last five (5) years. A report from your current provider is acceptable as well.

| Date | Line of Coverage | Type of Claim | Open or Closed | Amount Paid |
|-------|------------------|---------------|----------------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Claim History Questions

- Has any employee filed any suit or made any claim against the entity in any court or before any Commission or public agency? _____ Yes _____ No
- Has your entity had any strikes or work stoppage in the last three (3) years? _____ Yes _____ No
- Has your entity been involved in any disputes related to zoning issues? _____ Yes _____ No



SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE

APPLICATION FOR COVERAGE

DECLARATIONS AND NOTICES

DECLARATION

To the best of my knowledge and belief, the information provided in connection with this application is true and there are no material facts withheld. I understand that non-disclosure or misrepresentation of a material fact will entitle the coverage provider to void any liability protection that is issued as a result of this application. I also understand that any contribution quotation is based on the loss information contained herein and is subject to change based on any verified loss information subsequently obtained by the coverage provider.

NOTICE

I understand that the signing of this application does not bind me to complete the Intergovernmental Contract, but agree that, should an Intergovernmental Contract be concluded, this application and the statements herein contained, shall form the basis of, and become a part of the coverage document and Intergovernmental Contract.

Authorized Signature of Applicant*: _____

Title of Applicant: _____

Date: _____

*Only original signature can be considered.

Return completed application to:

South Dakota Public Assurance Alliance
5024 Bur Oak Place, Suite 103
Sioux Falls, SD 57108

Email: sdpaa@sdmunicipalleague.org
Fax: 605-271-7830