



Property/Liability Program Underwriting Application

Alliance of Schools for Cooperative Insurance Programs

16550 Bloomfield Avenue • Cerritos, CA 90703 • PH: (562) 404-8029 FAX: (562) 404-8038 • www.ascip.org

Name/Title _____

Telephone _____

District _____

Email Address _____

Exposure Information

I. General Liability Exposure — P2 Average Daily Attendance*
(ADA) or Full-Time Equivalent Student (FTES): _____

Actual 2009-2010

Estimated 2010-2011

Please type an "X" in the appropriate spaces below for sections I, III and VIII.

District Type: [] K-8 [] K-12 [] CCD [] JPA [] Charter School Grade Levels: _____ to _____

Liability SIR Options: [] Dollar One [] \$25,000 [] \$50,000 [] \$100,000 [] \$250,000

II. Automobile Liability Exposure

Actual 2009-2010

Estimated 2010-2011

Number of Buses: _____

Number of Passenger and Other Vehicles: _____

III. Property (Building/Content) Exposure

Building Replacement Value: _____

Contents Replacement Value: _____

Date of Last Property Appraisal: _____

Property Deductible Options: [] \$5,000 [] \$25,000 [] \$50,000 [] \$100,000 [] \$250,000

IV. Employee Crime Exposure

Actual 2009-2010

Estimated 2010-2011

Number of Full Time Employees: _____

Number of Part Time Employees: _____

V. Total Payroll

\$ _____ \$ _____

VI. Requested Date of ASCIP Coverage: _____

VII. Do you have excess coverage? [] Yes [] No

(If yes, please provide the name of your carrier and your current retention level.) _____

**If you are responsible for insuring students in a special program, students should be included in count. (e.g.ROP)*

Please complete hqt o 'cpf 'lwdo k'xk 'go ckly ith liability detailed loss run (open/closed claims) for the past five (5) coverage 'years, valued within the past sixty (60) days."Rt kpv'cpf lqt 'lc.xg'eqo r rgygf 'hqt o 'hqt '{qwt 'tgeqt f u)