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Contact Name and Title

Telephone

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District

Email Address

## Exposure Information

**Actual P-2**

**Estimated P-2  
for next year**

### I. General Liability:

(ADA or Full-Time Equivalent Student (FTES)\*: \_\_\_\_\_

**Please mark "X" in the appropriate spaces below for sections I and III.**

District Type:  K-8  K-12  CCD  JPA  Charter School (grade levels): \_\_\_\_\_ to \_\_\_\_\_

Deductible Desired:  \$0  \$10,000  \$25,000  \$50,000  \$100,000  \$250,000

Estimated Number of Full Time Employees for Requested Coverage Year: \_\_\_\_\_

Estimated Number of Part-Time Employees for Requested Coverage Year: \_\_\_\_\_

### II. Automobile Liability:

Number of Buses: \_\_\_\_\_

Number of Passenger and Other Vehicles: \_\_\_\_\_

### III. Property (Building/Contents):

Building Replacement Value: \_\_\_\_\_

Contents Replacement Value: \_\_\_\_\_

Date of Last Property Appraisal:\*\* \_\_\_\_\_

Deductible Desired:  \$5,000  \$10,000  \$25,000  \$50,000  \$100,000  \$250,000

### IV. Requested Date of ASCIP Coverage: \_\_\_\_\_

### V. Do you have excess coverage? Yes No

If yes, please provide the name of your carrier and current retention level: \_\_\_\_\_

\_\_\_\_\_

### VI. What is your current Annual Premium and Rate? \_\_\_\_\_

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

\*\* Please provide your latest property schedule with submission.

**Please complete form and submit via email with detailed loss run (open/closed claims) for the past ten (10) coverage years, valued within the past sixty (60) days. Submit via email to [ascip\\_info@ascip.org](mailto:ascip_info@ascip.org). Print and/or save completed form for your records.**