



New Jersey School Boards Association Insurance Group (NJSBAIG) 2010-2011 Application

Please complete the sections which correspond to the coverage you are requesting NJSBAIG to quote.

INSURED INFORMATION

EFFECTIVE DATE

District Name:	
District Address:	
District Contact:	
Email:	
Phone:	
Fax:	

QUOTE INFORMATION

If a Charter School is the charter active:	yes <input type="checkbox"/> no <input type="checkbox"/>
Type of School	K-8 _____ or K-12 _____
* Quote Due Date:	
* Board Meeting Date:	

WORKERS' COMPENSATION & SUPPLEMENTAL INDEMNITY - *please refer to payroll estimator spreadsheet at njsbaig.org.*

Professional Employees (including Clerical and Aides):	\$ _____
Non-Professional Employees (including Drivers):	\$ _____
Supplemental Indemnity waiting period (0, 7, 14, 21, 28):	_____ days

GENERAL LIABILITY, AUTO LIABILITY, ERRORS & OMISSIONS, AND STUDENT ACCIDENT

Student Enrollment:	
Auto Liability:	Please update/complete the attached vehicle schedule. Is Auto Physical Damage Coverage to be quoted on a replacement Cost Basis? yes <input type="checkbox"/> no <input type="checkbox"/>
Errors & Omissions:	Please complete attached Errors & Omissions Application.
Student Accident:	For new business complete attached Student Accident Application. Football Teams: yes <input type="checkbox"/> no <input type="checkbox"/>
Number of Swimming Pools:	

PROPERTY, BOILER & MACHINERY. AND BUILDER'S RISK

Property	Please update/complete the attached location schedule. If no change or lower values are indicated, please explain the rationale on separate sheet. If District owns/leases locations not on SOV please add and note who leased to or from
Boiler & Machinery	Boiler automatically quoted if property is quoted.
Extra Expense Limit:	
Valuable Papers Limit:	
EDP Limit:	
Loss of Tuition Limit:	
Loss of Rents Limit:	
Builder's Risk	Please complete NJSBAIG Builders Risk Application Any planned construction Projects for the 2010-2011 Policy Term: yes <input type="checkbox"/> no <input type="checkbox"/>

CRIME

Blanket Faithful Performance Limit:	
Money Orders/Counterfeit Currency Limit:	
Computer Fraud (CF) Limit: If a quote for CF is wanted, confirm	_____ All fund transfer procedures are audited. Yes ___ No ___ The same individual who initiates a fund transfer is someone other than one who verifies/audits the transfer. Yes ___ No ___
Money & Securities Limit:	
Depositors' Forgery Limit:	
Treasurer Bond Limit:	_____ Completed Bond Application is needed if bond holder is new.
Secretary Bond Limit:	_____ Completed Bond Application is needed if bond holder is new.

EXCESS LIMITS Excess coverage will be quoted at Current Limit if Policy is a renewal to NJSBAIG .



New Jersey School Boards Association Insurance Group (NJSBAIG) 2010-2011 Application

Please complete the sections which correspond to the coverage you are requesting NJSBAIG to quote.

Effective July 1, 2008, for new business only, NJSBAIG has standardized commission levels to the following amounts;

15% Package Lines	6% Workers Compensation
15% Errors & Omissions	15% on Excess
20% Builders Risk (Peerless)	10% Student Accident
10% Supplemental Indemnity	

Existing commission levels on renewal accounts will be grandfathered. All new business quotations will include agent/administrative commission.

Agency Name: _____
Agency Address: _____
Producer: _____
Phone number: _____
E-mail address: _____

In the event membership with NJSBAIG is new or membership has been less than three full policy years, please provide claims loss information from prior carrier for General Liability, Automobile Liability and Workers' Compensation if quotations are desired. The last three years of claim data is needed, exclusive of the current year. For Property new business quotations, 5 years of prior claim data is needed.

* NJSBAIG can only process a quote proposal for completed applications. Applications which have a Board Meeting Date and Quote Due Date will be given priority. NJSBAIG does not guarantee delivery of a quote proposal if an application is not received in a timely fashion or contains insufficient information.

Please return this form to the attention of Tracy Moore at:

New Jersey School Boards Association Insurance Group
450 Veterans Drive
Burlington, NJ 08016
Email: tmoore@njsbaig.org
Phone: 609-386-6060
Fax: 609-386-8877

Thank you for your continued support!