

# INDICATION QUESTIONNAIRE- SCHOOL DISTRICT

## GENERAL INFORMATION

District Name:			
Contact Person:		Phone:	
Fax:		Email:	
District Address:			
City:		State:	
		ZIP Code:	

## CURRENT PROGRAM

Type	Expiration Date	Expiring Premiums
Workers' Compensation		
General Liability		
Property/Auto		
Boiler & Machinery		
Bond		
<b>Total Premium</b>		

## COMPANY INFORMATION

Annual Operating Budget	
Real Property Value-Building and Improvements	
Personal Property Value-Building and Improvements	
Autos Value (Licensed Vehicles)	
Mobile Equipment Value (Unlicensed )	
Federal Tax ID#	
ADA	

## PAYROLL BY CLASS

Certificated (8875)	
Classified	
Clerical (8810)	
Municipal-All Other (9420)	
Other ( )	
<b>Total Payroll</b>	

## EMPLOYEE INFORMATION

Number of Full Time Employees	
Number of Part Time Employees	

**Note:** This form is used to provide a **contribution indication only**. A full application will be needed in order to bind coverage. **All figures** should be current fiscal year. Thank you.