



ASCIP

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

Actual P-2

Estimated P-2 for Next Year

I. General Liability Exposure — P2 Average Daily Attendance*

(ADA) or Full-Time Equivalent Student (FTES): _____

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

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

Deductible Desired Liability : [] Dollar One [] \$10,000 [] \$25,000 [] \$50,000 [] \$100,000 [] \$250,000

II. Automobile Liability Exposure

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: _____

Deductible Desired Liability [] \$5,000 [] \$10,000 [] \$25,000 [] \$50,000 [] \$100,000 [] \$250,000

IV. Employee Crime Exposure

Estimated Number of Full Time Employees for Requested Coverage Year: _____

Estimated Number of Part Time Employees for Requested Coverage Year: _____

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 form and submit via email with liability 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. Print and/or save completed form for your records.