

Grinspec Insurance Agency, Inc.
School Board Information Request
Property & Casualty Insurance Program

To best serve you, we will need to review your current insurance policies. We would also like to retain copies of the Declaration Page of each insurance policy as follows:

- Property
- General Liability
- Boiler & Machinery
- School District & Educators Legal Liability
- Crime Bonds
- Business Auto
- Workers Compensation & Supplemental Workers Compensation
- Pollution Liability Policy
- Umbrella Policy
- Student Accident Insurance (if compulsory)

Other documents we would like to review are:

- Appraisals (summary pages only) or Statement of Values
- Five year loss runs (we can supply you with a form letter to request loss runs)
- List of vehicles and drivers (including driver's license number and state of issue)

Kindly answer the following questions:

- Age and construction of each building (if not in the appraisal)?
- Does the district have outdoor grandstands? _____ If yes, seating capacity? _____
- Number of swimming pools? _____
- Number of school nurses? _____
- Does the district have a formal safety program? _____
- Are physicians hired as independent contractors? _____ or as employees? _____
- Do physicians provide proof of insurance to the district? _____
- Do you have Daycare or Latchkey operations? _____, (If yes, describe)
- Number of Board members? _____
- Total Employees? _____ Administrators _____ Teachers _____ Others _____
- Total Current Budget? _____ Amount of Surplus? _____
- Student enrollment K-8? _____ 9-12 _____; also provide prior two years and next year projection using above breakdown.
- Total cost of contract busing? _____
- Workers Compensation Payroll – Professional _____ Non-Professional _____

Thank you for allowing Grinspec to compete for your property & casualty insurance program. Please call me with any questions.

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Grinspec Insurance Agency, Inc.
School Board Information Request
Employee Benefits Program

To best serve you, we will need to review your current benefits booklets. Please forward a copy of the following booklets:

- Medical
- Prescription (if separate from medical)
- Dental
- Vision
- Long and Short Term Disability

We will also need an employee census including the following information for each employee:

- Date of Birth, Gender, Coverage Option (Traditional, HMO, POS, PPO), Dependent Status (Married, Single, Parent Child or Husband & Wife) and Salary.

Kindly answer the following questions:

- Is there an employee contribution for benefits? If yes, how much for each type of benefit?
- Do you have a Premium Only Plan (POP), whereby employee contributions are done on a pre-tax basis?
- Do you have a Flexible Spending Account (FSA)?
- Are you interested in discounted automobile and homeowners insurance for employees?