

Pool Membership Application for School Leaders Risk Management Association



525 W. Monroe St., Suite 2400, Chicago, IL 60661 Telephone: (312) 930-6081 Fax: (312) 906-8116

1. Legal Name of Self-Insured Pool: _____

2. Complete Address: _____

3. Telephone Number: _____ Fax Number: _____
4. Name of Pool Administrator: _____
5. Complete Address: _____

6. Telephone Number: _____ Fax Number: _____
e-mail address: _____
7. Number of Years Pool in existence: _____
8. a. Number of School Districts: _____ Number of Cooperatives: _____
b. Please indicate total enrollment for all school districts: _____

General Information

9. What areas of school board legal liability would your pool be interested in receiving information on? Check all that apply.
- No Child Left Behind Act Student Suspensions
 Background Checks Other: _____

Employment Practices

10. What areas of employment practice liability would your pool be interested in receiving information on? Check all that apply.
- Discrimination Wrongful Termination
 Harassment Fair Labor Standards Act Other: _____

Practices and Procedures:

11. a. Does the pool utilize policies and procedures of its state school board association? Yes No
- b. Would your pool like assistance in assessing your level of compliance with the Fair Labor Standards Act? Yes No
- c. Does the pool have a written policy on loss prevention and loss control? Yes No
- d. How does the pool keep apprised of changes in the school code, other laws, and regulations? Check all that apply.
- Legal Counsel Association Website Other: _____

12. List current errors & omissions carrier (if none, state "None"): _____

Name of Carrier	Policy Term	Limit	Deductible	Premium	Policy # If Available
_____	_____	_____	_____	_____	_____

13. Person designated to receive all notices from School Leaders Risk Management Association:

NAME: _____

TITLE: _____

ADDRESS: _____

*Please send an electronic listing of all school districts and the designated representative from each district to have access to services (including a login ID and password to access the Newsroom on the website and access the 1-800 service for assistance with employment practice questions) to SLRMA@SLRMA.org.

By: _____ Date: _____

PROGRAM ADMINISTRATOR/BOARD PRESIDENT

