

INDIVIDUAL DISTRICT INFORMATION INSTRUCTIONS

Section I. General Information Regarding Information Required Workers Compensation Coverage Procurement for Fiscal Year Beginning July 1, 2006

Before you do anything else, if you have not already done so, immediately request the currently valued, detailed loss runs for all coverage's as indicated in Paragraph D of this Section. It will take the carriers several days to produce this information, so request it immediately and request that the carrier rush or fax the information to you at once so that you may provide it to the KPC office, Attn: Insurance Procurement, ASAP.

INTRODUCTION:

This general information is provided by KPC and its licensed insurance consultant to assist individual districts in providing KPC with information to distribute to potential vendors who may submit proposals to the District through KPC's insurance procurement process. KPC is not acting as an insurance agent, broker or consultant, but only as a facilitator for compiling relevant information *on behalf of the individual districts* to provide to potential vendors. Any information offered by KPC herein that may appear to be interpreting coverage or giving insurance-related advice has been prepared and inserted by our licensed insurance consultant. Any questions with respect to how to answer or provide information on these forms should first be addressed to your current insurance agent/broker for assistance. If your current agent is unable to provide satisfactory assistance, you may contact our licensed insurance consultant Richard Michelson, by email at richardmmichelson@yahoo.com, stating your question or concerns. All initial communications with our insurance consultant should be initiated with an email describing your needs and including your telephone and extension number and the best time(s) to call in the event that voice communication becomes necessary.

It is extremely important to your district that you return the information to KPC at the earliest possible moment. Districts that furnish their information promptly will improve their opportunity to receive multiple competitive bids.

DISCLAIMER: Neither KPC or its licensed insurance consultant warrants or represents that the information collection forms included herein are a complete statement of all the information any carrier or underwriter of insurance may need in their proposal preparation process. THEREFORE, requests for additional district information subsequent to a district providing KPC with the information requested herein should be handled with the highest priority.

A. ANNUALIZED PAYROLLS TO BE USED BY CLASS CODE

In order to receive uniform comparable bids or proposals, it is essential that each carrier's quote is based on the same projected annual payrolls. On the attached Questionnaire form #wc2006/Q, insert the estimated annual payrolls to be used by the carriers, and indicate the SOURCE of the numbers as:

1. Your projection for the fiscal year 2006-2007, or
2. The annualized payrolls on your current policy, or
3. The annualized payrolls shown on the payroll audit of the most recently expired policy, or
4. The annualized payrolls your agent or carrier suggested that you use.

B. EXPERIENCE MODIFICATION FACTOR

In order to receive uniform comparable bids, it is essential that each carrier's quote be based on the same Experience Modification Factor. On the attached Questionnaire form #wc2006/Q, insert an Experience Modification Factor and indicate the SOURCE of the Factor as:

1. Received from the NCCI to be effective 7/1/2006, or
2. The Experience Modification Factor shown on your currently in effect policy, or
3. The Experience Modification Factor your agent or carrier suggested that you use

C. QUESTIONS ON THE #wc2006/Q QUESTIONNAIRE:

These questions represent the majority of the "underwriting" questions that are usually found on application forms of insurance carriers. Try to provide the answers to as many of the questions as you can, but do not unnecessarily delay the return of the questionnaire beyond the deadline because you do not know the answer to a specific question. Just mark "not known" and return the Questionnaire promptly. You may later file an updated Questionnaire if more information becomes available to you.

D. CURRENTLY VALUED, DETAILED LOSS RUNS:

Before you do anything else, if you have not already done so, immediately order the currently valued, detailed loss runs for all coverage's. If you are sure that your carrier(s) understand what you need and will respond promptly, you can call or fax them the request. If you are concerned that a carrier needs more detailed instructions to understand your needs, you can send or fax the applicable agent(s) and/or carrier(s) a copy of pages 1 and 3 of the LOSS RUNS REQUEST Form #wc2006/LR which is attached to these instructions. Don't forget to put your name and fax number at the bottom of page 1 like is illustrated for you on the District Example page 2 before you send the form(s) to the carrier(s). It will take the carriers several days to produce this information, so request it immediately and request that the carrier rush or fax the information to you at once.

It is absolutely essential to secure a minimum of three complete prior years' loss runs plus the current year, BUT Districts that provide five full prior years plus the current year may find carriers more receptive to providing competitive quotes. NOTE: "Currently Valued" means that the carrier has actually produced the loss run from information that is current as of February 1, 2006 or later (no later than February 31, 2006 to meet applicable deadlines) by the carrier's computers. A copy of old loss runs that were prepared in prior years are rarely acceptable to carriers and should be avoided unless a full explanation is attached as to why a current loss run is not available. "Detailed Loss Runs" means that each claim is identified by claim number, name of claimant, date of loss, amounts paid, reserved and total incurred values. Summary information by year is also desirable but must also be accompanied by detailed loss information.

E: FINAL PREMIUMS FROM PREVIOUS YEARS

It is strongly recommended to provide a minimum of three complete prior years annual premium information plus the current year, BUT Districts that provide five full prior years plus the current year may find carriers more receptive to providing competitive quotes. In addition, Districts that also attach copies of the "Final Premium Audit" for each of the five previous years will enhance their chances of receiving more competitive bids. Most underwriters must weigh premiums versus losses for three to five previous years in determining the amount of their bids and unless a District provides previous premium information some carriers may not bid at all or use inaccurate estimates of past premiums that do not reflect accurate values.

INDIVIDUAL DISTRICT INFORMATION SHEET

Section II. Coverage Limit Requirements & Summary Information

Workers Compensation Coverage Procurement for Fiscal Year Beginning July 1, 2006

Before you do anything else, if you have not already done so, immediately request the currently valued, detailed loss runs indicated in Paragraph D of Section I. It will take the carriers several days to produce this information, so request it immediately and request that the carrier rush or fax the information to you at once.

INTRODUCTION:

This section will enable you to provide KPC with coverage limit requirements and summary information about your current coverage. The information provided in this section, along with the information you provide on the attached forms, will constitute the information that KPC will provide to vendors to use in the bidding process. **DEADLINE FOR RETURNING THIS INFORMATION TO THE KPC INSURANCE PROCUREMENT OFFICE: March 1, 2006.**

Name of Current Insurance Carrier: _____

Current Annual Premium: \$ _____ Current Deductible: None \$ _____

Optional Deductible Quote(s) Requested (if any): \$1,000 \$2,500 \$5,000 \$10,000

Employer's Liability Limit: \$100,000/500,000/100,000 \$500,000/500,000/500,000

\$1,000,000/1,000,000/1,000,000 Other (show amounts): \$ _____

Do you want coverage for volunteer workers? Yes No

This information completed at the District level by: _____

Title: _____

Date: _____

Telephone: _____

Email: _____

IMPORTANT NOTE: Attach this page to the completed Questionnaire and return all to the KPC Insurance Procurement Office office by the Deadline above.

INDIVIDUAL DISTRICT QUESTIONNAIRES

Section III. Listing of Attachment Forms

Workers Compensation Coverage Procurement for Fiscal Year Beginning July 1, 2006

Before you do anything else, if you have not already done so, immediately request the currently valued, detailed loss runs indicated in the previous Sections! It will take the carriers several days to produce this information, so request it immediately and request that the carrier rush or fax the information to you at once.

INTRODUCTION:

The list of Attachments will enable you to provide KPC with necessary detailed information needed by insurance underwriters to provide competitive proposals. These Attachments, along with coverage limit requirements and summary information about your current coverage shown in Section II, and the detailed loss runs will constitute the information that KPC will furnish to vendors that request such information. Please note that the **Deadline** for returning all District information to the KPC bidding office is **March 1, 2006**.

ATTACHMENTS INCLUDED:

KPC wc05/Q (4 Pages), Questionnaire

KPC wc05/LR (3 pages), Detailed Loss Runs Request Form



District Name: _____
 Superintendent: _____
 Date: _____ (Form: KPCwc06/Q)

INDIVIDUAL DISTRICT QUESTIONNAIRE
Workers Compensation Coverage Procurement for
Fiscal Year Beginning July 1, 2006

A. ANNUALIZED PAYROLLS TO BE USED BY CLASS CODE

In the blanks below, insert the ANNUALIZED payrolls to be used by the carrier(s) in offering proposals.
 (To receive comparable proposals, all payrolls shown below must be annualized)

Code	Payrolls	# of Employees
Code 8868 Professional and Clerical Employees	\$	
Code 7380 Drivers	\$	
Code 9101 All Other Employees	\$	

Indicate the SOURCE of the payrolls by checking the applicable box below.

1. Your projection the fiscal year 2006 _____
2. The annualized payrolls on your current policy
3. The payrolls shown on the payroll audit of the most recently expired policy
4. The annualized payrolls suggested by your current agent or carrier
5. Other (explain): _____

B. EXPERIENCE MODIFICATION FACTOR

In the blank below, insert your Experience Modification Factor.

Experience Modification Factor: _____

(Note: Experience Modification Factors can range from .45 to over 3.00)

Indicate the SOURCE of the Factor by checking the applicable box below.

1. Received from the NCCI to be effective 7/1/2006
2. The Experience Modification Factor shown on your currently in effect policy
3. The Experience Modification Factor your current agent or carrier suggested
4. Other (explain): _____

(Note: If you have a copy of the detailed Modifier calculation worksheet supplied by the NCCI, it could enhance your competitive chances by attaching a copy to this file)

C. UNDERWRITING QUESTIONS ON THE #wc2006/Q QUESTIONNAIRE:

These questions represent the majority of the “underwriting” questions that are usually found on application forms of insurance carriers. Try to provide the answers to as many of the questions as you can, but do not unnecessarily delay the return of the questionnaire beyond the deadline because you do not know the answer to a specific question. Just mark “not known” and return the Questionnaire promptly. You may later file an updated Questionnaire if more information becomes available to you.

1. In the event of a serious injury (amputation, fall from height, heart attack, etc.,) what is the distance to the closest trauma center from your location? If more than one location, please respond for each location. Indicate if you have an on-site medical department or personnel?

2. Are there any employees under 16? Yes ___ No___ If yes how many? _____
Are there any employees 65 or over? Yes ___ No___ If yes how many? _____

3. Do you lease employees for permanent or full time positions? Yes___ No___ If yes, indicate type of positions and current number leased. _____

4. Can you provide modified or light duty work for injured employees? Yes___ No___

5. Do you have a return to work program for injured workers who are released for work with medical restrictions, (e.g. weight lifting limits, etc.)? Yes___ No___

Please describe: _____

If no, will you establish one? Yes___ No___

6. Is there a written safety policy statement? Yes___ No___

7. Is there an employee handbook that includes a statement on safety? Yes___ No___

8. Is there a safety director? Yes___ No___ If yes, indicate name _____

9. Is there a safety manual? Yes___ No___

10. Are periodic safety meetings held? Yes___ No___ If yes, how often and with whom?

11. Have job safety analyses been performed on positions requiring physical exertion or the handling/use of potentially harmful agents? Yes___ No___

12. Do you use pre-employment screening? Yes ___ No ___ If yes, please explain

13. Is pre-employment drug use screened? Yes ___ No ___

14. Is on-going drug testing required? Yes ___ No ___ If yes, please explain

15. Is there a formalized accident investigation that requires prompt notification with details?

Yes ____ No ____

16. Has an effort been made to identify all potentially hazardous chemicals, agents and materials?

Yes ____ No ____

If yes, are records maintained regarding handling precautions, medical treatments?

Yes ____ No ____ Are such materials labeled? Yes ____ No ____

D. CURRENTLY VALUED, DETAILED LOSS RUNS:

Before you do anything else, if you have not already done so, immediately order the currently valued, detailed loss runs for all coverage's. If you are sure that your carrier(s) understand what you need and will respond promptly, you can call or fax them the request. If you are concerned that a carrier needs more detailed instructions to understand your needs, you can send or fax the applicable agents and/or carriers a copy of pages 1 and 3 of the LOSS RUNS REQUEST Form #wc2006/LR which is attached to these instructions. Don't forget to put your name and fax number at the bottom of page 1 like is illustrated for you on the District Example page 2 before you send the form(s) to the carrier(s). It will take the carriers several days to produce this information, so request it immediately and request that the carrier rush or fax the information to you at once.

It is absolutely essential to secure a minimum of three complete prior years' loss runs plus the current year, BUT Districts that provide five full prior years plus the current year will find carriers more receptive to providing competitive quotes. NOTE: "Currently Valued" means that the carrier has actually produced the loss run from information that is current as of February 1, 2006 or later (no later than February 1, 2006 to meet applicable deadlines) by the carrier's computers. Copies of old loss runs that were prepared in prior years are generally not acceptable to carriers. "Detailed Loss Runs" means that each claim is identified by claim number, name of claimant, date of loss, amounts paid, reserved and total incurred values. Summary information by year is also desirable but must also be accompanied by detailed loss information.

E: FINAL PREMIUMS FROM PREVIOUS YEARS

It is absolutely essential to provide a minimum of three complete prior years annual premium information plus the current year, BUT Districts that provide five full prior years plus the current year will find carriers more receptive to providing competitive quotes. In addition, Districts that also attach copies of the "Final Premium Audit" for each of the five previous years will enhance their chances of receiving competitive bids.

Most underwriters must weigh premiums versus losses for three to five previous years in determining the amount of their bids and unless the Districts provide the previous premium information some carriers may not bid at all or use inaccurate estimates.

POLICY YEAR beginning in: PREMIUM:

2005 (Current)	\$ _____
2004 (Should be Audited Premium)	\$ _____
2003 (Should be Audited Premium)	\$ _____
2002 (Should be Audited Premium)	\$ _____
2001 (Should be Audited Premium)	\$ _____
2000 (Should be Audited Premium)	\$ _____

F. CARRIER AND AGENCY/AGENT HISTORY

In order for KPC and its insurance consultant to assist member Districts with issues that may arise involving current or previous coverage's, KPC is maintaining a database of agent and carrier information to allow for prompt assistance when needed. Please provide as much of the information as you can below.

POLICY YEAR	NAME OF CARRIER	NAME OF AGENT/AGENCY
2005	_____	_____
2004	_____	_____
2003	_____	_____
2002	_____	_____
2001	_____	_____
2000	_____	_____

KPC
904 Rose Road
Ashland, KY 41102
(606) 928-0205 Phone
(606) 928-3785 FAX
bidning@kybuy.org

Richard Michelson
P O Box 5563
Louisville, KY 40255
email: richardmmichelson@yahoo.com
Phone: 502-299-7469



District Form To Request Currently Valued, Detailed Loss Runs from Agents or Carriers

URGENT -- DO NOT DELAY! PLEASE PROCESS THIS REQUEST ON A PRIORITY BASIS

TO: Insurance Agent/Brokers and/or Carriers and their representatives

Re: WORKERS COMPENSATION COVERAGE

CURRENTLY VALUED, DETAILED LOSS RUNS

We are sending you this form because you have been identified as having been involved in providing insurance coverage to our District within the last five (5) coverage years. Please provide or secure for us, *as soon as possible*, **but in any event, by March 1, 2006**, CURRENTLY VALUED, DETAILED LOSS RUNS for workers compensation coverage's you have handled or provided that became effective during any and all of the last five years. "Currently Valued" means that a carrier has actually produced the loss run from information that is current as of February 1, 2006 or later from the carrier's computers. Copies of "stale" loss runs that were prepared further back in time will not be acceptable and should be provided ONLY IF IT IS IMPOSSIBLE TO GET CURRENT ONES (If this is the case, be sure to attach a good explanation to the loss run when you return it to us). "Detailed Loss Runs" means that each claim is identified by claim number, name of claimant, date of loss, amounts paid, reserved and total incurred values on a line by line or other individual claim display. Summary information by year is also desirable but must also be accompanied by detailed individual loss information. After you have ordered the applicable loss runs or, alternatively, for some reason is unable to do so, immediately confirm by returning this completed form by fax to the number listed below. *(Please copy and fax back a separate page for each carrier that has provided coverage for any portion of a coverage year)*

NOTE: This request for loss information is made for the sole purpose of the District being able to complete an evaluation of all relevant information prior to making a decision to solicit bids or proposals for the continuation of the District's workers compensation insurance beyond the current coverage term. For interpretations and other assistance in this regard, email our Insurance Consultant, Richard Michelson at richardmmichelson@yahoo.com

PLEASE TYPE OR PRINT LEGIBLY THE APPLICABLE INFORMATION BELOW, DATE AND SIGN

I, _____, _____ of _____ confirm that:

1. I have ordered detailed loss runs from:

_____, _____ of _____
NAME OF PERSON RESPONDING TELEPHONE EMAIL ADDRESS AGENT/BROKER OR CARRIER

For policy year(s): 2000 2001 2002 2003 2004 2005(Current Year),
OR

2. I confirm that I/we could not locate any records of coverage being provided by/through us that became effective within the year(s) checked.

OR

3. The carrier shown above is out of business and we cannot secure loss runs.

OR

4. The person/carrier shown above refuses to provide loss runs.

NOTE: IF MORE THAN ONE CARRIER IS INVOLVED WITH DIFFERENT NUMBERS APPLICABLE ABOVE, MAKE MULTIPLE COPIES OF THIS FORM AND FAX A PAGE FOR EACH INDIVIDUAL CIRCUMSTANCE.

DISTRICT EXAMPLE – Fill in only the district's info below before sending of faxing from to agent/broker or carriers _____ /s/ _____

DATE

SIGNATURE OF PERSON RESPONDING

Fax back this form to: _____

FAX # INCLUDE AREA CODE

FAX TO THE ATTENTION OF (PERSON)

NAME AND MAILING ADDRESS OF THE DISTRICT



District Form To Request Currently Valued, Detailed Loss Runs from Agents or Carriers

URGENT -- DO NOT DELAY! PLEASE PROCESS THIS REQUEST ON A PRIORITY BASIS

TO: Insurance Agent/Brokers and/or Carriers and their representatives
Re: WORKERS COMPENSATION COVERAGE

CURRENTLY VALUED, DETAILED LOSS RUNS

We are sending you this form because you have been identified as having been involved in providing insurance coverage to our District within the last five (5) coverage years. Please provide or secure for us, as soon as possible, but in any event, by March 1, 2006, CURRENTLY VALUED, DETAILED LOSS RUNS for workers compensation coverage's you have handled or provided that became effective during any and all of the last five years.

NOTE: This request for loss information is made for the sole purpose of the District being able to complete an evaluation of all relevant information prior to making a decision to solicit bids or proposals for the continuation of the District's workers compensation insurance beyond the current coverage term.

PLEASE TYPE OR PRINT LEGIBLY THE APPLICABLE INFORMATION BELOW, DATE AND SIGN I, _____ of _____ confirm that:

1. I have ordered detailed loss runs from: _____ of _____
NAME OF PERSON RESPONDING TELEPHONE EMAIL ADDRESS AGENT/BROKER OR CARRIER

For policy year(s): 2000 2001 2002 2003 2004 2005(Current Year), OR

2. I confirm that I/we could not locate any records of coverage being provided by/through us that became effective within the year(s) checked. OR

3. The carrier shown above is out of business and we cannot secure loss runs. OR

4. The person/carrier shown above refuses to provide loss runs.

NOTE: IF MORE THAN ONE CARRIER IS INVOLVED WITH DIFFERENT NUMBERS APPLICABLE ABOVE, MAKE MULTIPLE COPIES OF THIS FORM AND FAX A PAGE FOR EACH INDIVIDUAL CIRCUMSTANCE.

DISTRICT EXAMPLE – Fill in only the district's info below before sending of faxing from to agent/broker or carriers _____ /s/ _____
DATE SIGNATURE OF PERSON RESPONDING

Fax back this form to: 606 928-1111, John Doe
FAX # INCLUDE AREA CODE FAX TO THE ATTENTION OF (PERSON)
School District Name, P O Box 11, Somewhere, KY 4xxxx
NAME AND MAILING ADDRESS OF THE DISTRICT



District Form To Request Currently Valued, Detailed Loss Runs from Agents or Carriers

URGENT -- DO NOT DELAY! PLEASE PROCESS THIS REQUEST ON A PRIORITY BASIS

TO: Insurance Agent/Brokers and/or Carriers and their representatives

Re: WORKERS COMPENSATION COVERAGE

CURRENTLY VALUED, DETAILED LOSS RUNS

We are sending you this form because you have been identified as having been involved in providing insurance coverage to our District within the last five (5) coverage years. Please provide or secure for us, as soon as possible, but in any event, by March 1, 2006, CURRENTLY VALUED, DETAILED LOSS RUNS for workers compensation coverage's you have handled or provided that became effective during any and all of the last five years. "Currently Valued" means that a carrier has actually produced the loss run from information that is current as of February 1, 2006 or later from the carrier's computers. Copies of "stale" loss runs that were prepared further back in time will not be acceptable and should be provided ONLY IF IT IS IMPOSSIBLE TO GET CURRENT ONES (If this is the case, be sure to attach a good explanation to the loss run when you return it to us). "Detailed Loss Runs" means that each claim is identified by claim number, name of claimant, date of loss, amounts paid, reserved and total incurred values on a line by line or other individual claim display. Summary information by year is also desirable but must also be accompanied by detailed individual loss information. After you have ordered the applicable loss runs or, alternatively, for some reason is unable to do so, immediately confirm by returning this completed form by fax to the number listed below. (Please copy and fax back a separate page for each carrier that has provided coverage for any portion of a coverage year)

NOTE: This request for loss information is made for the sole purpose of the District being able to complete an evaluation of all relevant information prior to making a decision to solicit bids or proposals for the continuation of the District's workers compensation insurance beyond the current coverage term. For interpretations and other assistance in this regard, email our Insurance Consultant, Richard Michelson at richardmmichelson@yahoo.com

PLEASE TYPE OR PRINT LEGIBLY THE APPLICABLE INFORMATION BELOW, DATE AND SIGN

I, John Q Doe, 859-333-1212, jdoe@aol.com of Doe Insurance Agency

confirm that:

1. [X] I have ordered detailed loss runs from:

Jane Johnson, 270-555-3131, jane@aol.com of Universal Insurance Company

NAME OF PERSON RESPONDING TELEPHONE EMAIL ADDRESS AGENT/BROKER OR CARRIER

For policy year(s): [] 2000 [X] 2001 [X] 2002 [] 2003 [] 2004 [X] 2005(Current Year),

OR

2. [] I confirm that I/we could not locate any records of coverage being provided by/through us that became effective within the year(s) checked.

OR

3. [] The carrier shown above is out of business and we cannot secure loss runs.

OR

4. [] The person/carrier shown above refuses to provide loss runs.

NOTE: IF MORE THAN ONE CARRIER IS INVOLVED WITH DIFFERENT NUMBERS APPLICABLE ABOVE, MAKE MULTIPLE COPIES OF THIS FORM AND FAX A PAGE FOR EACH INDIVIDUAL CIRCUMSTANCE.

DISTRICT EXAMPLE – Fill in only the district's info below before sending of faxing from to agent/broker or carriers 2-15-2006 /s/ John Q Doe

DATE

SIGNATURE OF PERSON RESPONDING

Fax back this form to: 606 928-1111, John Doe School District Name, P O Box 11, Somewhere, KY 4xxxx

FAX # INCLUDE AREA CODE

FAX TO THE ATTENTION OF (PERSON)

NAME AND MAILING ADDRESS OF THE DISTRICT