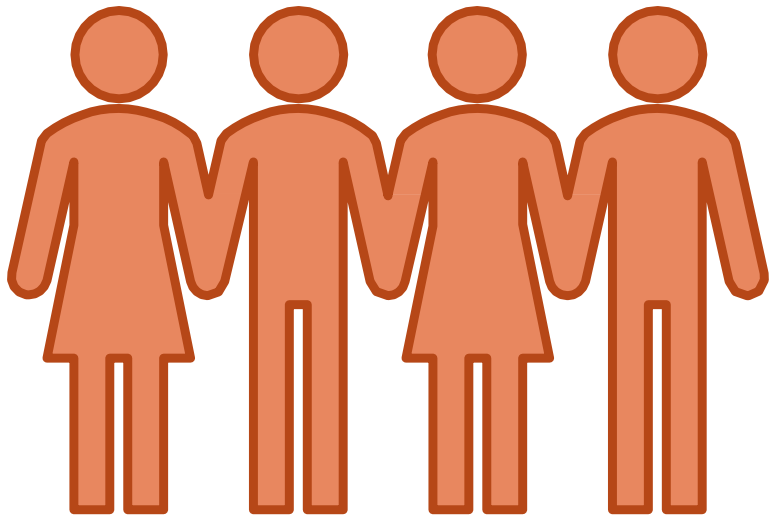


PCPO Group Insurance Program Information Night

Tuesday, July 21st, 2026, 7-8 pm

PCPO Group Insurance Program
Who We Are



Alison Warren

Insurance Director

inspcpo@pcpo.info

503-293-6161 x702



PCPO Insurance Review Committee (IRC)

Comprised of PCPO Board members

Oversees the program, finances, policies, and lends support to Insurance Director

PCPO Member Benefits

Participation in PCPO's Group Insurance Program

Access to PCPO's library of resources

Education Events

- PCPO offers virtual family and teacher education

PCPO moderated Google Groups

- Connect with other cooperative preschool board officers in your role

PCPO General Meetings

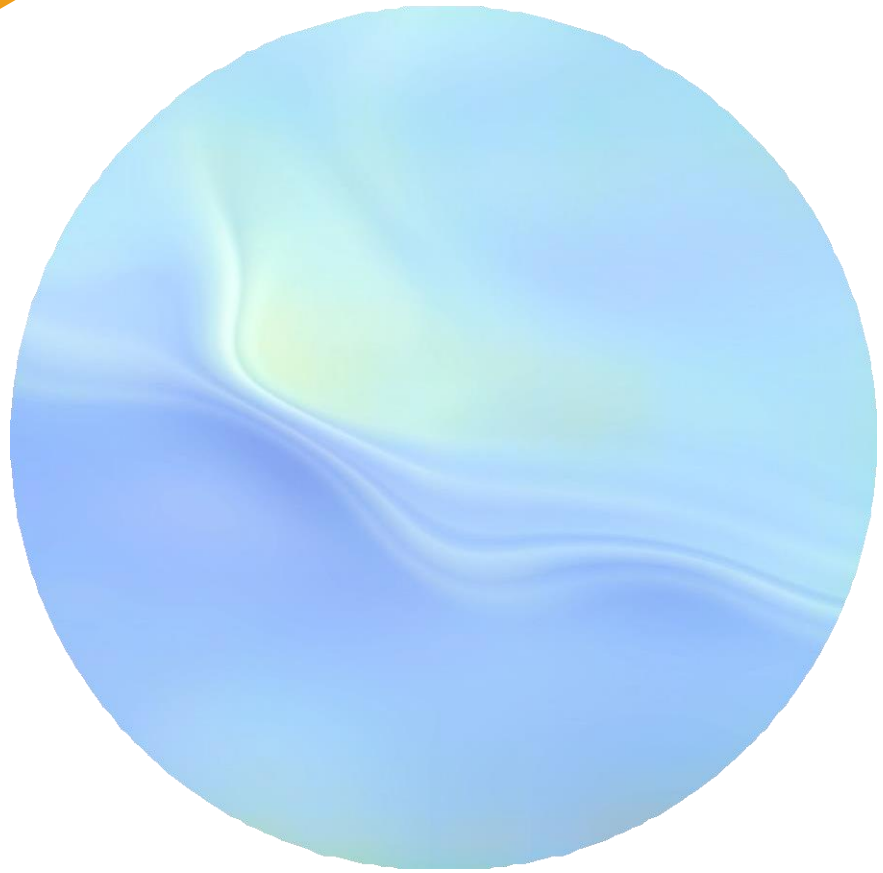
- Monthly during the school year
- Presidents Council at each meeting
- Rotating breakouts sessions for board officers
- See the 2026-27 PCPO Calendar for more information

Teacher Contract Support

- Meeting in Jan 2026

Connection Newsletter

- Weekly during the school year
- PCPO's main method of communication with you!
- Reminders, events, deadlines, compliance, insurance, and more!



School Support

- PCPO Board and Staff together have more than 100 years of cooperative preschool experience!
- We are here to work with your board and membership whenever challenges arise.
  - Understanding regulations (childcare, 501c3)
  - Creating and assessing school policy
  - Conflict Resolution Support
    - Board/board, board/teacher, general membership – we've seen nearly everything and want to help!
  - Low enrollment and burnout
  - Bring us any and all issues where you feel you could use support or another opinion!

What insurance does your school need?

Membership with PCPO requires

General Liability and Accident Insurance

(available through PCPO)

State law requires

Workers' Comp Insurance

(WA – state run OR – private market)

Strongly encouraged

Property Insurance

(available through PCPO)

Additional insurance to consider

- Directors and Officer’s
- Employment Practices
- Cybersecurity

Why does PCPO offer a Group insurance program?

- Provides schools with continuity of coverage.
- Eases the administrative burden associated with securing coverage independently.
- Schools receive support when claims arise and work with PCPO to reduce risk factors in their programs and activities.



PCPO Group Insurance Policies

Requirements of Participation

- Current PCPO Membership in good standing
- Reporting of Special Events
- Collection of Field Trip Forms
- Requested liability limits of $100,000/$300,000 on personal auto insurance of individuals driving for school business (errands, field trips, etc)
- Background checks for all adults and teenagers working with children
- At least 6” material under play structures
- Working smoke detectors in all classrooms
- Escape routes posted in all rooms

General Liability & Umbrella

Policies held with Philadelphia Insurance, policy term Nov 21 – Nov 21

Together provide $2 million coverage for bodily injury and property damage

Also includes coverage for:

- Non-owned auto (protects the school in event of incident involving volunteer drivers)
- Sexual abuse/molestation
- Professional liability for teachers
- Crime

Includes Stop-gap coverage for Washington schools

- Necessary due to Washington's monopolistic worker's comp fund
- Provides employer liability coverage for workplace-related injuries

Animal injury sublimit of $25,000 with a $10,000 deductible

Accident Medical

Policy held with Philadelphia Insurance Companies.

Policy term Nov 21 - Nov 21

Primary and no deductible

Medical providers should bill insurance directly – ”Yellow Pockets”

Covers up to $25,000 ‘reasonable’ medical costs for injuries sustained while:

- students attend school programming or
- adult volunteers act in service of school
- commuting directly to or from school activity

Does not cover non-enrolled siblings or adults while not volunteering

Accident Insurance Procedure

- For any student or adult volunteer injured during a school activity
  - **Send family home with a "yellow pocket'**
  - **Pocket info should be presented to medical provider at time of service.***
  - **Contact PCPO Insurance Director asap.**
  - PCPO will email a list of questions, school rep will respond.
  - PCPO will prepare the claim statement and send to school.
  - School rep will work with family to ensure statement is completed and emailed back to insurance company.
  - Injured party will be in contact with Insurance Director with any problems or questions.

*Our preference is for medical providers to bill insurance directly. If this is not the case, we'll work with the family to file a claim with the correct paperwork.



It is essential that all school adults – teachers, parents, volunteers! - know what to do in the event of an injury!

Property

Policy held with Philadelphia Insurance, policy term Nov 21 – Nov 21

Provides protection for loss of school-owned property due to incidents including fire, theft, and vandalism.

Coverage based on the *replacement value* of school owned property

- In the event of a claim, the insurance company may assess a 'coinsurance penalty' if property is valued at less than 90% of what has been reported.

Schools should have an inventory system in place

$1000 deductible

- Be sure this is factored into school reserves!

Special Events Reporting

All special events must be reported

Any activity beyond a typical school day is considered a special event

Common Special Events Include:

- Community Gatherings
- Fundraising Events
- Summer Camps
- Field Trips

**Board and membership meetings are considered typical school operations and do not need to be reported*

Special Events Reporting

Plan	Consult group insurance policies during the initial planning stages.
Report	All special events must be reported with a Special Event Liability Form (available on the PCPO website), 6-8 weeks prior to the event.
Assess	Some events will incur an additional fee. Use the Risk Assessment form to estimate. Not all high-scoring events will incur a fee, and not all risk factors are listed.
Consult	Consider contacting PCPO early in the planning process when planning a new event. There may be exclusions related to your planned activities or additional insurance needs
Adhere	Any event including alcohol must adhere to PCPO's alcohol policies.

Alcohol and Events

- PCPO member schools are not authorized to serve alcohol.
- Alcohol is allowable only at fundraising events.
- Any alcohol must be served by a licensed and insured third-party
  - Such as restaurant, caterer, or bartending service
  - Alcohol server needs license to sell and liquor liability insurance
  - Provider must name school and PCPO as additional insured on their insurance
- PCPO must have copy of alcohol service certificate before we will issue any needed certificates on behalf of the school (such as for the venue).
- ***The exchange of certificates can take some time. It is essential that this process start as early as possible.***



Field Trips

- Must be reported
  - Can use Special Event Liability Form or Field Trip Form, both located on the PCPO Website https://www.parentchildpreschools.org/insurance
- Schools must collect field trip forms for each individual field trip, indicating each family's level of participation
  - Samples on PCPO website
  - Electronic field trip forms are not recommended
  - Retain with membership files for at least 3 years
- Carry a 'yellow pocket' in your emergency backpacks and take with you anytime you leave school grounds



PCPO Insurance Handbook

All schools must review the PCPO Insurance Handbook and refer to it as a resource throughout the school year.

Ensure members have access to the handbook, especially

- Board Members
- Event Planners
- Teachers

Click Here for the 2025-26 Insurance Handbook

PCPO SELF/ HELP Program

2 separate programs that support schools in need

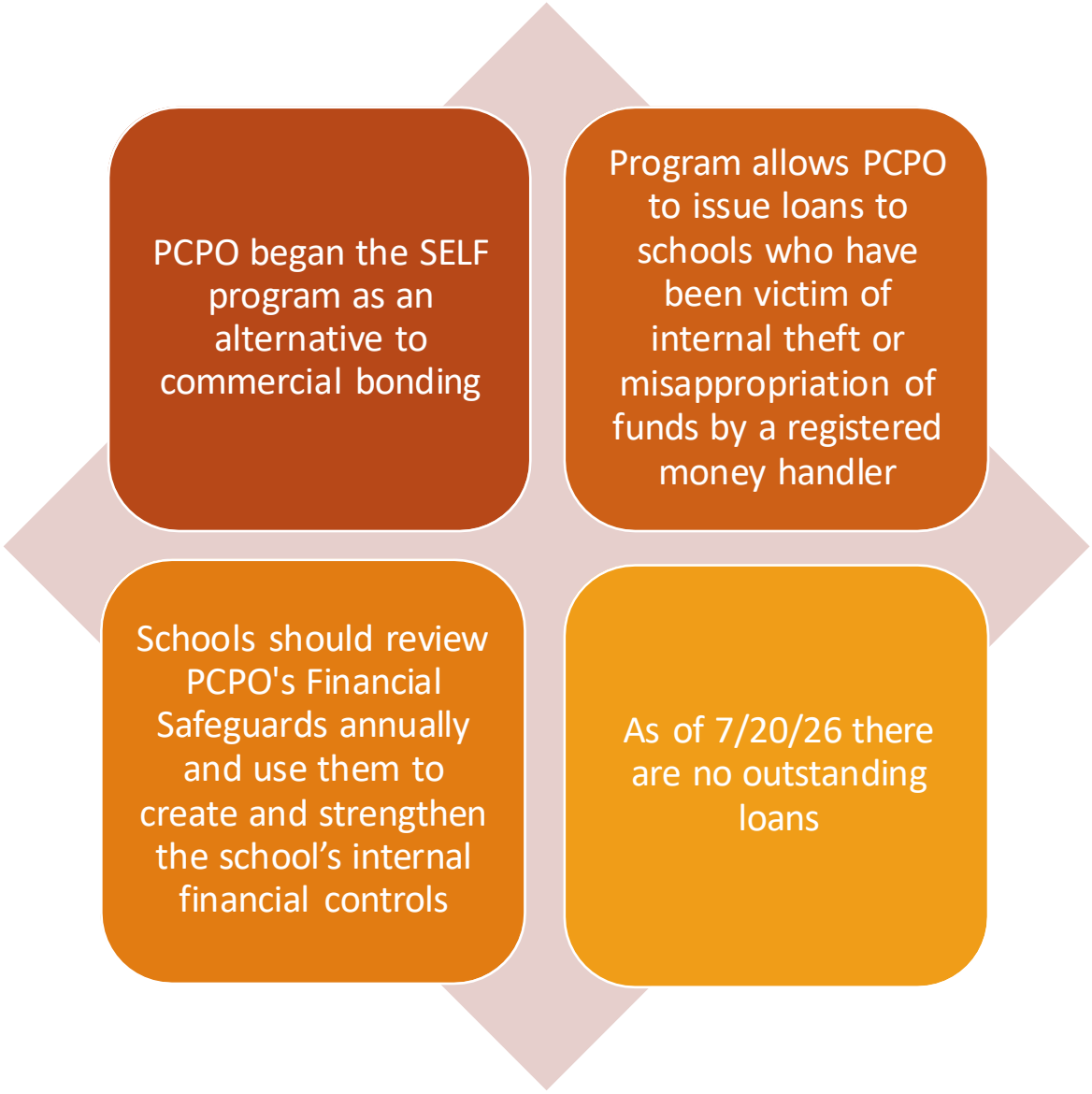
Internal programs facilitated by PCPO

$75 Participation Fee (line A on renewal application)

Any PCPO member school can enroll

Participation is <u>required</u> for enrollment in group insurance program

SELF Plan


PCPO began the SELF program as an alternative to commercial bonding
Program allows PCPO to issue loans to schools who have been victim of internal theft or misappropriation of funds by a registered money handler
Schools should review PCPO's Financial Safeguards annually and use them to create and strengthen the school's internal financial controls
As of 7/20/26 there are no outstanding loans

HELP Grants

- PCPO began the HELP program to assist member schools experiencing financial difficulty.
- HELP Grants are awarded by the Insurance Review Committee at the beginning of the school year.
- Subsequent grants may be available at any time during the school year, based on need and availability of funds.
- Grants are distributed in the form of credits toward a school's insurance fees.
- To apply, submit an online HELP Grant application. https://forms.gle/oewaDmfAc74Fy2kDA



When to notify PCPO

Schools should notify the Insurance Director ASAP whenever:

- ! An accident has occurred that requires medical attention
- ! The school will be relocating
- ! School property will be moving to a different location (eg storage)
- ! The school is brainstorming changes to program (such as adding classes or partnering with another organization)
- ! An incident has occurred with the potential to escalate into a liability situation
- ! The school has received notice of suit
- ! Anything occurs which changes the school's details as reported to PCPO Insurance Program

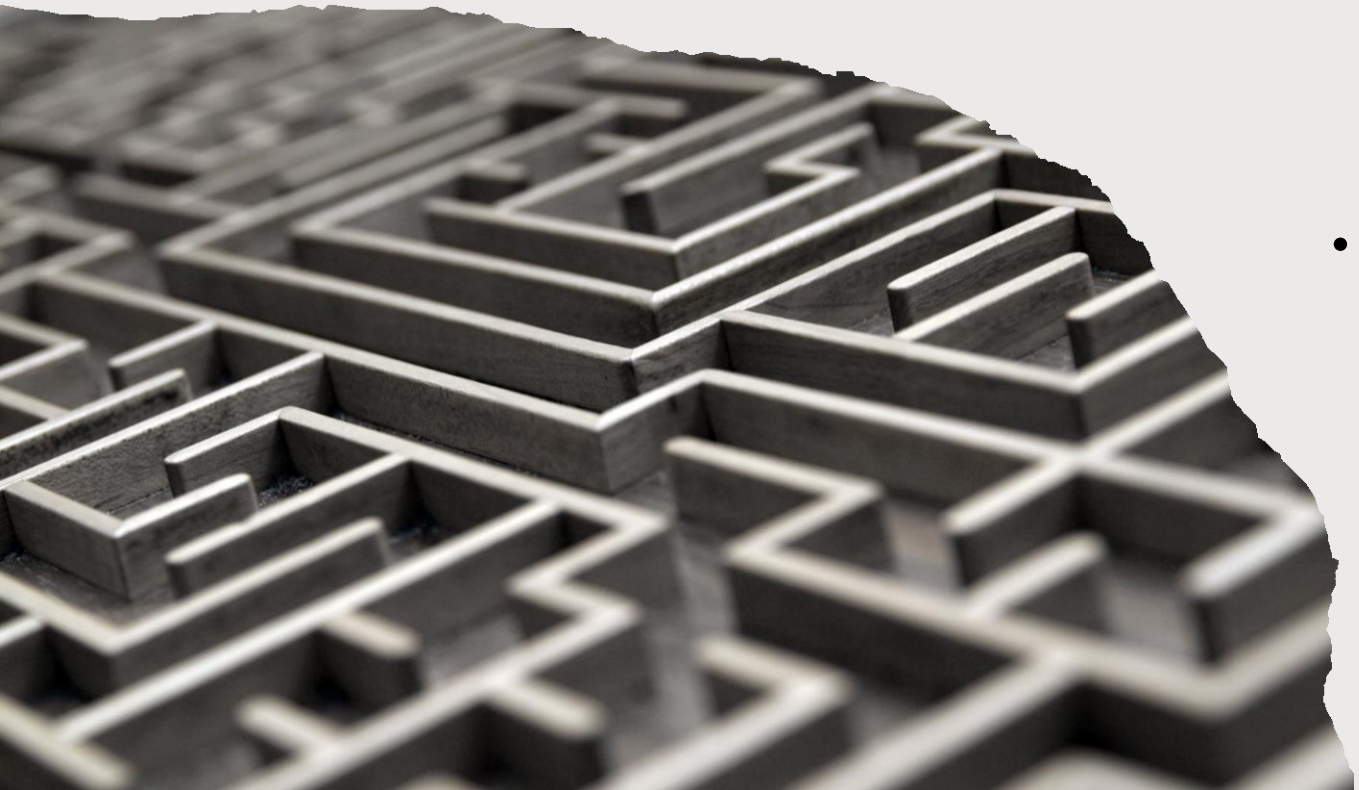
Communication takes time

- Communication with our insurance carrier takes time. It can take a few weeks for communications to be resolved. Contact us early!

- Extended lead time is often needed for large-scale public special events (like a golf tournament, 5k, or concert), moving property into a new location, relocating the school or expanding or making material changes to the school structure.

- Please note – relocation requires completed documents involving detailed information on the new building and a copy of a recent fire inspection. **Schools must provide relocation documents three weeks before insurance coverage is needed at the new location.**

Why so many rules?!



- PCPO's group insurance policies are a culmination of over thirty years of facilitating PCPO's group insurance program.
- Our goal is not only to facilitate these policies, but also to support good risk management practices in our schools.
- As participants in a group insurance policy, the actions of one school have the potential to affect the whole

Additional Considerations

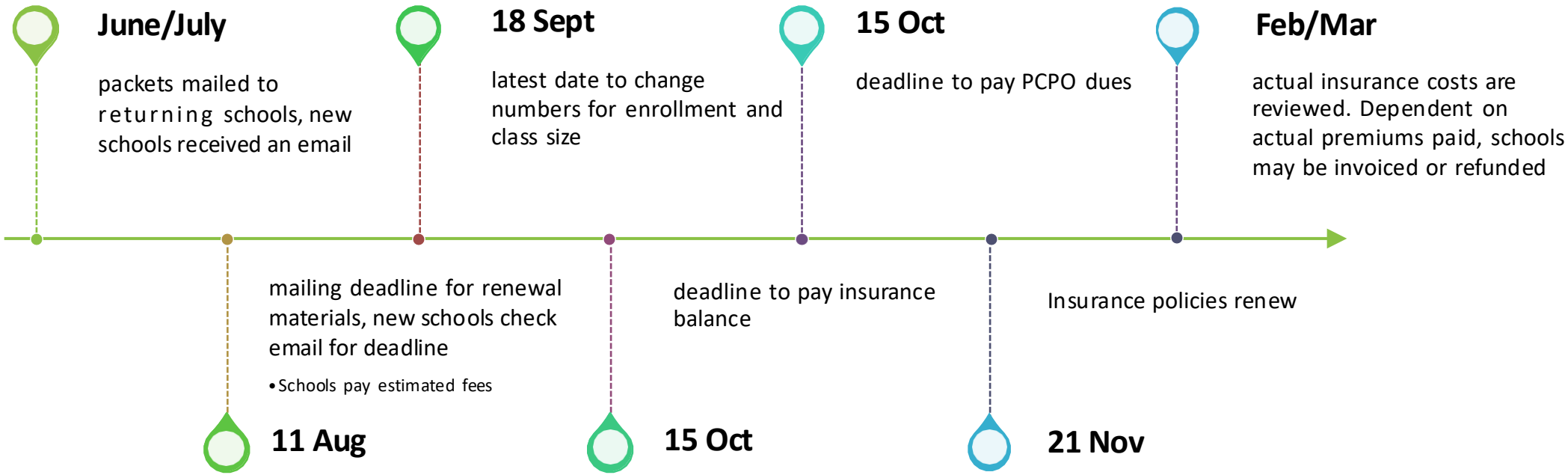
Workers' Comp

- Not facilitated by PCPO!
- Ensure this policy is intact and paid!

Be sure you have updated your contact information with the following:

- D&O insurance provider
- Workers' Comp provider
- Secretary of State
- PCPO!

2026-27 Insurance Renewal Timeline



Insurance Packet

New Schools (sent by email)

- Insurance Checklist
- Fire Marshal Report
- Underwriting Form
- Policies on Group Insurance
- Renewal Application
- Prorated insurance

Returning Schools (sent by mail)

- Renewal Checklist
- Letter to Treasurer
- Program Information
- Policies on Group Insurance
- Renewal Application

PLEASE READ, TWO SIGNATURES NEEDED,
RETURN TO ADDRESS ON THE REVERSE SIDE

PCPO POLICIES ON GROUP INSURANCE

It is the responsibility of each preschool board to assure that the school has adequate insurance coverage. The PCPO Group Program was designed to provide continuity of coverage and to ease the administrative burden on schools in securing coverage independently. The opportunity to participate in the PCPO Group Program is subject to the preschool's compliance with the following policies.

1. *Only those schools with a current Standards Checklist and a current Policies on Group Insurance signed and on file will be allowed to participate in the PCPO group insurance program. Schools must be current members of PCPO and have paid membership dues as set forth in the PCPO Registration and Dues Policies.*
2. *Any school with any outstanding balance(s) due to PCPO will not be renewed or provided with any new coverage until the outstanding balance is paid.*
3. *The original copies of current insurance policies will be kept at the office of the Insurance Director. Schools requesting copies will be charged for photocopying expense and postage.*
4. *All schools participating in any part of the PCPO insurance policy shall be required to participate in the Security Emergency Loan Fund (SELF-HELP) Plan. The school acknowledges the critical importance of implementing financial policies and cash handling practices and procedures recommended by PCPO.*
5. *Schools will promptly inform the Insurance Director of circumstances that may cause difficulty complying with these policies. Exceptions may be made by the Insurance Review Committee, or the PCPO Board of Directors, if appropriate.*
6. *Schools may request in writing a review by the PCPO Board of Directors of a decision made by the Insurance Review Committee with which the school does not agree. The decision of the PCPO Board of Directors or its designated agent(s) will be final and is not subject to any review or appeal by any court or other persons.*
7. *Bills will be issued once a month, as needed. Any payment not received within 30 days of the billing date will incur a late charge of 1.5% per month on the unpaid balance with a minimum of $5.00. This charge will be added to the next month's bill.*
8. *There will be a $50.00 service charge for checks returned by a school's financial institution for reasons such as, but not limited to, insufficient funds, closed accounts, or improper signatures.*
9. *Because of the nature of the group program, mid-term cancellations by individual schools may not result in a refund of premiums. However, if any premium is refundable due to cancellation, a $25.00 service charge will be withheld.*
10. *Any lapse in insurance coverage due to failure to pay bills due or return necessary forms to PCPO will be the sole responsibility of the school. If the school's Treasurer has not responded by the deadline, the school's President will be sent the second notice.*
11. *A service charge of $50.00 will be assessed to any school that fails to provide requested information or materials by the required due date. Additional $50.00 service charges will be assessed for each 2-week period which passes while the requirements continue to be unsatisfied. Late response may also result in additional policy costs.*
12. *Schools will provide timely access to school records for the purpose of verifying and documenting actual figures for audit purposes. Any school which does not comply with providing requested documentation may be removed from all PCPO policies. Any school where estimates are significantly different from actual figures, as shown though an audit, is subject to additional fees.*
13. *Participating schools are expected to meet or exceed regulations in effect in their states and other jurisdictions. If it comes to the attention of PCPO that a school may be in violation, the school will be notified and given an opportunity to make corrections. The Insurance Review Committee retains the option to remove the school from any or all coverages if a school continues practices that are believed to violate local regulations. Further, involuntary removal from coverages may occur for other types of infractions, such as but not limited to, misstating the details of the school's program and failing to maintain minimum PCPO standards or participation requirements.*
14. *When a school is to be removed from a policy for some aspect of non-compliance with these policies, PCPO will send notice to the school's President, Treasurer, and Teacher(s) of record. Notice will be sent by first class mail at least 10 days prior to the cancellation date and will Include a list of actions that can be taken by that date to avoid the cancellation. No further notice is required.*
15. *When a school is either canceled from a policy due to non-compliance with the PCPO policies, or requests cancellation other than at the renewal date(s), at least one (1) year must pass before The school may be permitted to apply for PCPO group coverage again.*
16. *Special Events where alcoholic beverages will be available to participants will be held only at licensed establishments (such as restaurants or clubs) or at venues where an appropriately licensed and insured caterer serves all alcoholic beverages. Requirements of the Alcohol Awareness document will be strictly adhered to and enforced, and recommendations will be incorporated into school planning for the event.*

We have read and understand the policies regarding participation in the PCPO Group Insurance Program outlined above and agree to comply for our school's participation during the ***2026-27*** *school year.*

School Name _____

President Signature_____**Date**_____

Treasurer Signature_____**Date**_____

2 Signatures Required

NOTE: Bills issued in advance of premium notice will be estimates. Actual premium may result in additional bill or credit.
Originated 7/86, last revised 6/2017, last revised 6/2026

RETURN FORMS & PAYMENTS TO: PCPO – ATTN: Insurance
4784 N. Lombard St., Suite B
Box 112
Portland, OR 97203

Questions: Contact Alison at (503)293-6161 x702 or inspcpo@pcpo.info

Renewal Application for PCPO Group Insurance Program 2026-27

POSTMARK NO LATER THAN TUES, AUG. 11th
TO: PCPO, 4784 N. Lombard St. Suite B, Box 112 Portland, OR. 97203

***** IF IT IS IMPOSSIBLE TO REASONABLY ESTIMATE ENROLLMENT AT THIS TIME, CONTACT PCPO GROUP INSURANCE FOR ASSISTANCE WELL BEFORE AUG 11th! *****

School's **Legal** Name_____

Physical Address (not P.O. Box)_____

Mailing Address_____

SELF-HELP Plan: **REQUIRED A = $75.00**
(Complete information on the back side of this application for **first five positions** named)
Additional # of positions (over 5) on SELF Plan (from back) _____ **X $10** **B =**_____
_____

Accident Insurance Students (**total # expected to enroll**) _____
+
Parent Assistants (**max. # at any one time**) _____
TOTAL = _____ X **$19** **C =**_____

Are any students over the age of 7? ____
If yes, how many of the above total are over the age of 7? ____

Fire Insurance: Contents Value _____ X **$13.00** & divide by 1,000 **D =**_____
(**minimum value $10,000 and round up to nearest $500 value**)

Liability Insurance: Students (**maximum present at any one time**) _____ X **$74** **E =**_____
Info only, not included in estimated charge: **_____# of Adults** (including teachers) supervising the above # of students

Does your landlord require status as an **Additional Insured on Liability**? Y_____ N_____
If yes, list landlord contact info below and add $60.00 per additional insured to liability charges on line F.

Building Owner (**legal** name) _____

Mailing Address_____

Email Address_____
(If a second is necessary, provide relationship with the school, legal name and contact info.)
_____
_____

ADD $60.00 per additional insured listed above **F =**_____

How many indoor, or outdoor, play structures/lofts does your school own (not your landlord) where a child can get 2 or more feet above the ground? _____

ESTIMATED TOTAL (ADD A THRU F) = _____

PAYING THE TOTAL ESTIMATED COST WILL ENABLE US TO HELP SCHOOLS WITH FINANCIAL DIFFICULTIES TO MAKE LONG-TERM PAYMENT ARRANGEMENTS. IF UNABLE TO PAY THE ENTIRE ESTIMATED AMOUNT, THE MINIMUM DUE WITH APPLICATION IS BASED ON YOUR SCHOOL'S SIZE. (CHECK ONE):
_____ Schools with 20 or fewer families, please enclose a deposit of $500 - $750.
_____ Schools with 21-30 families, please enclose a deposit of $750 - $1100.
_____ Schools with 31-44 families, please enclose a deposit of $900 - $1200.
_____ Schools with 45 or more families, please enclose a minimum deposit of $1800.

Contact PCPO Group Insurance Program before the Aug 11th deadline if you need help estimating numbers for insurance renewal, please contact Alison at 503-293-6161 x702 or email inspcpo@pcpo.info.

Check #_____ Date _____ TOTAL ENCLOSED (MAIL BY 8/11/26) =_____

CONTINUED FROM THE OPPOSITE SIDE AND MUST BE COMPLETED BY ALL SCHOOLS PARTICIPATING IN ANY OF THE PCPO GROUP INSURANCE POLICIES. SIGNED "POLICIES ON GROUP INSURANCE" AND "STANDARDS CHECKLIST" MUST BE ON FILE PRIOR TO PROCESSING THIS APPLICATION.

SELF-HELP PLAN REGISTRATION

We wish to register the following **five (5) positions** as those handling school funds during 2026-27:
Position (required) Name of person currently holding position (if known)

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

The above-named positions are considered participants without additional charges. Additional school members and/or employees may be named as participants with payment of an additional $10.00 per person. If appropriate, list the additional positions below and add to the base amount on the reverse side **(line B)**.

_____ _____
_____ _____
_____ _____
_____ _____

PAYMENT AND ASSISTANCE OPTIONS (mark all that apply):
___ Our school is capable of paying our entire estimated premiums at this time. *Please enclose*
___ Our school is not capable of paying in entirety at this time. *Please enclose minimum deposit*
___ Our school needs to be considered for an extended and/or alternate payment plan
___ Our school needs to be considered for HELP grant assistance
If yes, please fill out the online HELP Grant application by following this link or QR code. https://forms.gle/cHN2kVHrXtLoWjhx5

Please read and sign the following statement: We hereby apply to Parent-Child Preschools Organization for coverage under the insurance plans issued by Fournier Group Oregon. Our program will meet the requirements of the policies for which we apply. To the best of my knowledge, reported figures are accurate. We understand that these figures may be audited, and adjustments may be made based on actual count. We further understand that the fees indicated are estimates and that we will be billed or credited if actual policy costs differ from the estimates. We certify that all persons named above are current preschool members or employees in good standing as defined in our school bylaws, policies and/or other governing instruments. We are aware that implementation of the enclosed "Financial Safeguards" is critical to the continued financial security of our school. We incorporate PCPO recommendations concerning financial practices and cash handling procedures.

President Name (please print) _____

President Signature_____**date**_____

Phone _____ **E-mail**_____

Treasurer Name (please print) _____

Treasurer Signature_____**date**_____

Phone _____ **E-mail**_____

Renewal Application for PCPO Group Insurance Program 2026-27

POSTMARK NO LATER THAN TUES, AUG. 11th
TO: PCPO, 4784 N. Lombard St. Suite B, Box 112 Portland, OR. 97203

***** IF IT IS IMPOSSIBLE TO REASONABLY ESTIMATE ENROLLMENT AT THIS TIME, CONTACT PCPO GROUP INSURANCE FOR ASSISTANCE WELL BEFORE AUG 11th! *****

School's **Legal** Name_____

Physical Address (not P.O. Box)_____

Mailing Address_____

SELF-HELP Plan: **REQUIRED** A = **$75.00**

(Complete information on the back side of this application for **first five positions** named)

Additional # of positions (over 5) on SELF Plan _____ **$10 (AND ADD HERE)** B = _____

CONTINUED FROM THE OPPOSITE SIDE AND MUST BE COMPLETED BY ALL SCHOOLS PARTICIPATING IN ANY OF THE PCPO GROUP INSURANCE POLICIES. SIGNED "POLICIES ON GROUP INSURANCE" AND "STANDARDS CHECKLIST" MUST BE ON FILE PRIOR TO PROCESSING THIS APPLICATION.

SELF-HELP PLAN REGISTRATION

We wish to register the following **five (5) positions** as those handling school funds during 2026-27:

Position (required)	**Name of person currently holding position (if known)**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total From Back of Page

Accident Insurance: Students (**total # expected to enroll**) 32

(If any students are over age 7, how many? _____)

Parent Assistants (**max. # at any one time**) 3

TOTAL 35 X **$19.00** 35 x $19 = C = $665

Accident insurance exposures are based off the total number of enrolled students plus the max number of adult volunteers at any one time

Scenario: School has max enrollment of 32 students, with 30 currently enrolled. They are doing outreach and have prospective families.
School has 3 parent volunteers each class session and the sessions run at different times.

Fire Insurance: Contents Value $30,000 X **$13.00** & divide by 1,000 D = $390

(minimum value $10,000 and round up to nearest $500 value)

Replacement Value = $30,000

$30,000 ÷ 1,000 = 30 30 x 13.00 = $390

If you are a returning school, the amount your school reported last year is stated in the information pages of your packet.

Reminder, schools are required to be reporting within 90% the replacement value of school-owned property.

If your school does not have an inventory process, talk to your board about creating one.

Liability Insurance: 18 Students (**maximum present at any one time**) X $74. E = $1,332

Info only, not included in estimated charge: 3 # of Adults (including teachers) supervising the above # of students

Do you wish to add your landlord as an **Additional Insured on Liability**? Y X N

If your school named an Add'l Insured last year it is noted in your info packet

If yes, please list and add $60.00 per additional insured to liability charges on line F.

Building Owner (**legal** name) Landlord's Legal Name

Mailing Address Landlord's Mailing Address

Email Addresss Landlord's Email Address

(If a second is necessary, provide relationship with the school, legal name and contact info.)

Scenario: School has 2 classes which meet at separate times and do not overlap.
The larger class has a capacity of 18 students. There are currently 16 enrolled and 2 open spots in the class. Historically, the school fills spots during summer.

ADD $60.00 per additional insured listed above. F = $60

How many indoor, or outdoor, play structures/lofts does your school own (not your landlord) where a child can get 2 or more feet above the ground? _____

ESTIMATED TOTAL (ADD A THRU F) = $1860

PAYING THE TOTAL ESTIMATED COST WILL ENABLE US TO HELP SCHOOLS WITH FINANCIAL DIFFICULTIES TO MAKE LONG-TERM PAYMENT ARRANGEMENTS. IF UNABLE TO PAY THE ENTIRE ESTIMATED AMOUNT, THE MINIMUM DUE WITH APPLICATION IS BASED ON YOUR SCHOOL'S SIZE. (CHECK ONE):

_____Schools with 20 or fewer families, please enclose a deposit of $500-$750

_____Schools with 21-30 families, please enclose a deposit of $750-$1100

_____Schools with 31-44 families, please enclose a deposit of $900 - $1200

_____Schools with 45 or more families, please enclose a minimum deposit of $1800.

Check #_____ Date _____ TOTAL ENCLOSED (MAIL BY 8/11/26) =_____

Unsure how to estimated enrollment? Contact Alison ***well before*** the Aug 11th deadline!

503-293-6161 x702

inspcpo@pcpo.info

PAYMENT AND ASSISTANCE OPTIONS (mark all that apply):

____Our school is capable of paying our entire estimated premiums at this time. ***Please enclose***

____Our school is not capable of paying in entirety at this time. *Please enclose minimum deposit*

____Our school needs to be considered for an extended and/or alternate payment plan

____Our school needs to be considered for HELP grant assistance

If yes, please fill out the online HELP Grant application by following this link or QR code. Grant application also available on the insurance page of the PCPO Website.

https://forms.gle/oewaDmfAc74Fy2kDA

Please read and sign the following statement: We hereby apply to Parent-Child Preschools Organization for coverage under the insurance plans issued by Fournier Group Oregon. Our program will meet the requirements of the policies for which we apply. To the best of my knowledge, reported figures are accurate. We understand that these figures may be audited, and adjustments may be made based on actual count. We further understand that the fees indicated are estimates and that we will be billed or credited if actual policy costs differ from the estimates. We certify that all persons named above are current preschool members or employees in good standing as defined in our school bylaws, policies and/or other governing instruments. We are aware that implementation of the enclosed "Financial Safeguards" is critical to the continued financial security of our school. We incorporate PCPO recommendations concerning financial practices and cash handling procedures.

President Name (please print) _____

President Signature_____date_____

Phone _____E-mail_____

Treasurer Name (please print) _____

Treasurer Signature_____date_____

Phone _____E-mail_____

2 Board Officer Signatures Required!

Renewal Application	Complete 2 Signatures
Policies on Group Insurance	2 Signatures
Payment of estimated insurance fees Payment of prorated insurance fees - new schools	Pay deposit if necessary Contact Alison if payment plan needed
Underwriting Form – new schools Fire Marshal Report from the last 6 months – new schools	Complete 1 Signature

Return to PCPO by August 11th

Contact PCPO 503-293-6161

Alison Warren, Insurance Director x702
pcpoinsurance@gmail.com

Bethany Campbell, Member Services Coordinator x700
pcpoinfo@gmail.com

Molly Kline, Communications and Engagement Director x701
pcpocommunications@gmail.com

Questions?

