

STAR INSURANCE COMPANY

SAVERS PROPERTY & CASUALTY INSURANCE COMPANY

**MISSOURI PUBLIC ENTITY PROGRAM APPLICATION**

**I. GENERAL INFORMATION**

MUNICIPALITY: \_\_\_\_\_ POPULATION AT LAST  
CENSUS \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_ EXPIRATION DATE OF CURRENT POLICIES: \_\_\_\_\_

LIMITS OF INSURANCE:

GL/LEL:  300/600  1,000/2,000 OTHER: \_\_\_\_\_  
 500/1,000  1,000/3,000  
E&O/D&O  300/300  500/500  1,000/1,000  
DEDUCTIBLES: CGL \_\_\_\_\_ POLICE \_\_\_\_\_ E&O \_\_\_\_\_

**II. EXPOSURE DATA**

1. Single Family Dwellings or Housing Projects leased to others:

LOCATION ADDRESS	NUMBER OF UNITS

2. Do you own other buildings which you do not occupy?  YES  NO

If "yes" describe:

LOCATION ADDRESS	OCCUPANCY

3. Do you occupy buildings which you do not own?  YES  NO

Fire legal liability (list exposures and values). This includes buildings rented from others and property of others stored on applicant's premises:

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4. Parks and playgrounds owned, operated or maintained:

a. Describe each park or playground (including total number of acres):

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b. Describe the playground equipment in each:

swings  merry-go-rounds  slides  see saw  climbing equipment  
 other \_\_\_\_\_

5. City owned swimming pools: # Indoor \_\_\_\_\_ # Outdoor \_\_\_\_\_ Lifeguards?  YES

NO

Location addresses: \_\_\_\_\_

Depth of pools: \_\_\_\_\_

Number & height of diving boards: \_\_\_\_\_

Are pools fenced?  YES  NO

6. Number of bathing beaches: \_\_\_\_\_ Length(s): \_\_\_\_\_ Lifeguards?  YES

NO

7. Do you own or operate a golf course?  YES  NO

Golf courses: \_\_\_\_\_

# of holes \_\_\_\_\_

Receipts \_\_\_\_\_

Motorized golf carts: # \_\_\_\_\_

8. Fairs, festivals, parades, exhibitions or other special events occurring on municipal property whether sponsored by you or outside group:

Arts & Crafts

Memorial Day

Labor Day

Other \_\_\_\_\_

Founders Day

Veterans Day

Thanksgiving

Christmas

4<sup>th</sup> of July

Homecoming

Expected attendance: \_\_\_\_\_

Security provided? \_\_\_\_\_

Yes  No

By police?  Yes  No  
Grandstand capacity: \_\_\_\_\_ Is alcohol served on city premises?  Yes  No

9. Fireworks exhibitions?  Yes  No Number \_\_\_\_\_ Dates \_\_\_\_\_

Sponsored by applicant?  Yes  No If "no," name of sponsor: \_\_\_\_\_

Is insurance provided by sponsoring group?  Yes  No

Certificate provided?  Yes  No

Who will ignite?  Certified pyrotechnician  Other

Will pyrotechnician be supplied by fireworks manufacturer?  Yes  No

If "no," describe: \_\_\_\_\_

Will insurance be supplied by fireworks manufacturer?  Yes  No

If "no," explain: \_\_\_\_\_

**NOTE: This Company's policy excludes coverage for fireworks displays.**

10. Do you have a community hall, meeting hall or activity center?  Yes  No

Describe activities and frequency of use: \_\_\_\_\_

Is city providing liquor?  Yes  No If "no," is liquor allowed?  Yes  No

If on premises, is supervision required?  Yes  No Describe: \_\_\_\_\_

Does city require renter to hire off-duty police officer?  Yes  No

11. Waterfront property?  Yes  No Please describe: \_\_\_\_\_

12. Do you operate any marinas?  Yes  No Describe each: \_\_\_\_\_

Boat launching site(s): \_\_\_\_\_ Slip or dock rental: \$ \_\_\_\_\_ Gross receipts: \$ \_\_\_\_\_

Number of boat wells: \_\_\_\_\_ Do you move boats?  Yes  No

Do you service boats?  Yes  No

Copy of Slip Agreement?  Yes  No MKILL required?  Yes  No

If "yes," submit MKILL application.

13. Describe any owned or operated boat(s):

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14. Miles of streets/roads owned or maintained:

City Streets	County Roads	State Highways	Other

15. Do you operate an electric power or gas utility?  Yes  No

Indicate which:  Gas  Electric (**See separate application.**)

16. Do you operate a commercial or residential landfill?  Yes  No

Are you aware of any incident or condition involving the landfill which may result in a claim?

Yes  No

Describe:

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Describe type of area where landfill is located:  Commercial  Residential  Industrial

Rural  Other

Is access to the location controlled?  Yes  No

Is location fenced?  Yes  No

Describe controls:

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Date of last EPA, federal or state inspection:

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Describe any regulatory actions or recommendations generated:

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Is any hazardous waste handled by the site?  Yes  No

If "yes," describe:

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Have any open or closed landfills ever accepted hazardous waste?  Yes  No

If "yes," describe:

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17. Do you have a sewage treatment operation?  Yes  No Total payroll: \$

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Type of treatment:

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Where is treated wastewater returned?

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Sewers-storm or sanitary - total miles:

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Is water treated?  Yes  No      Is water tested?  Yes  No

18. Do you have a water treatment or distribution operation?  Yes  No

Total payroll: \$ \_\_\_\_\_ Source of supply:

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19. Describe all work or activities performed for you by independent contractors:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Building Maintenance         | <input type="checkbox"/> Garbage/Refuse Collection | <input type="checkbox"/> Landfill Operations      |
| <input type="checkbox"/> Street & Road Constr. Maint. | <input type="checkbox"/> Ambulance/Rescue Service  | <input type="checkbox"/> Recreational Facilities  |
| <input type="checkbox"/> Grass Cutting                | <input type="checkbox"/> Auto Impound              | <input type="checkbox"/> Fixed Base Airport Oper. |
| <input type="checkbox"/> Swimming Pool Operations     | <input type="checkbox"/> Legal                     | <input type="checkbox"/> Mass Transit             |
| <input type="checkbox"/> Dial-A-Ride                  | <input type="checkbox"/> Other (describe)          |   |
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20. Is a hold harmless and certificate of insurance always required?  Yes  No

If "no," explain:

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21. Do any written agreements require you to indemnify others or hold other harmless?  Yes  No

(Examples: *Construction or maintenance agreements, police, fire or ambulance services. Please attach a copy of all such agreements.*)

Describe:

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22. Do you perform services for any other public entity?  Yes  No

If "yes," please submit copies of agreements and costs.

23. Is a clinic or health program maintained?  Yes  No

Describe:

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Is overnight bed care provided?  Yes  No

Does the city own or operate a day care facility?  Yes  No

**NOTE: This Company's policy excludes coverage for the above operations.**

24. a. Is there an airport located in your city?  Yes  No

b. Who owns the land on which the airport is located?  You  Other Describe:

\_\_\_\_\_

c. Who manages the airport operations?  You  Other

Describe: \_\_\_\_\_

d. Who owns the hangars?  You  Other Describe:

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e. Who collects fees from the hangars?  You  Other Describe:

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f. Does the airport have a passenger terminal building?  Yes  No

g. Who maintains the runways and hangars?  You  Other

Describe: \_\_\_\_\_

**NOTE: This Company's policy excludes coverage for the above operations.**

25. Do you have a mass transit system? (include copies of any agreements with independent contractors)

Yes  No No. of drivers: \_\_\_\_\_

Do you own or operate a Dial-A-Ride transportation system?  Yes  No

No. of drivers: \_\_\_\_\_

If "yes," describe in detail (include copies of any agreement with independent contractors):

\_\_\_\_\_

Do you maintain MVR's?  Yes  No If "yes," please provide copies for all mass transit drivers.

26. Firefighting services?  Yes  No Payroll: \$

\_\_\_\_\_

No. of full-time firemen: \_\_\_\_\_ No. of volunteer firemen:

\_\_\_\_\_

No. who are trained paramedics: \_\_\_\_\_ No of EMT's:

\_\_\_\_\_

Do you maintain an active roster of volunteer firemen?  Yes  No

27. Do you operate an ambulance service?  Yes  No Is service first response only?  Yes  No

No. of ambulances maintained: \_\_\_\_\_ Radius of operations:

\_\_\_\_\_

No of runs per year: \_\_\_\_\_

28. **Police Liability**

Is separate police liability insurance carried?  Yes  No (Attach copy of current policy.)

Is there a "ride along" program?  Yes  No Describe:

\_\_\_\_\_

Do you have police dogs?  Yes  No

Do you want coverage for your police dogs?  Yes  No

**NOTE: This Company's policy does not cover animal mortality.**

Is there a horse mounted patrol?  Yes  No Describe activities:

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Do you want coverage for your horses?  Yes  No

***NOTE: This Company's policy does not cover animal mortality.***

29. Describe all jail facilities (age, capacity, etc.):

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No. of holding facilities/cells: \_\_\_\_\_ Do cells have bars?  Yes  No  
Where are cells located (describe):

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Annual number of arrests: \_\_\_\_\_ Maximum length of incarceration:

Do you participate in a work release program?  Yes  No

What functions are performed?

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How is transportation of prisoners provided?

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How are prisoners supervised?

Average daily number of inmates: \_\_\_\_\_ Do you prepare food for inmates?  Yes  
 No

Are regular maintenance inspections conducted?  Yes  No

How often are inmates checked?

Are jailers on-duty 24 hours per day?  Yes  No

Are jail premises regularly inspected by fire inspectors?  Yes  No

Department of Health?  Yes  No State corrections officials?  Yes  No

Smoke detectors in jail?  Yes  No

Other security or monitoring devices (describe):

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Are juvenile facilities maintained?  Yes  No Year built: \_\_\_\_\_ Capacity:

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Describe juvenile supervision:

30. **Personnel to be Included**

a. Number of full-time personnel with unaccompanied arrest authority:

\_\_\_\_\_

b. Number of part-time/auxiliary or reserve with unaccompanied arrest authority:

\_\_\_\_\_

c. Number of full-time officers exercising no arrest authority:

\_\_\_\_\_

d. Number of part-time officers exercising no arrest authority:

\_\_\_\_\_

Number of jailers/matrons: \_\_\_\_\_ Number of court security (only): \_\_\_\_\_

Civil process (only): \_\_\_\_\_ Number of clerical and dispatchers: \_\_\_\_\_

Animal control officers: \_\_\_\_\_

Do you maintain a roster of volunteer policemen?  Yes  No

Number of volunteer policemen?

31. **Education and Training Requirements**

Describe educational/training background required of all personnel:

\_\_\_\_\_

Are there continuing education/training programs?  Yes  No

LETN  State Programs  Other:

Do you allow employee "moonlighting?"  Yes  No If "yes," describe types of occupations allowed:

\_\_\_\_\_

32. Does applicant maintain any automobile impound facilities?  Yes  No Describe:

\_\_\_\_\_

Maximum number and value of autos stored: \_\_\_\_\_

Limit of Garagekeeper's Legal Liability: \_\_\_\_\_

Describe police procedures for handling personal property of prisoners:

\_\_\_\_\_

Do you have a procedure manual?  Yes  No

How often updated? \_\_\_\_\_ By whom? \_\_\_\_\_

Is the manual distributed to all personnel?  Yes  No

Is the manual reviewed regularly as part of your training?  Yes  No

How often is it reviewed?  
\_\_\_\_\_

Do you operate a dispatch?  Yes  No  Full-time  Part-time  Contracted

Are sworn officers required to carry a weapon off duty?  Yes  No If "yes," attach written administration order.

Do you have written rules on use of deadly force?  Yes  No (Attach copy)

Do you have a written high-speed pursuit policy?  Yes  No (Attach copy)

Describe weapons qualification requirements:  
\_\_\_\_\_

33. Do you own/operate a firing range?  Yes  No Open to public?  Yes  No  
If "no," where do officers practice shooting?  
\_\_\_\_\_

Certified range officer: \_\_\_\_\_

34. **Public Officials Errors and Omissions**

a. Do you maintain a budget reserve?  Yes  No Average reserve: \$  
\_\_\_\_\_

b. Explain any budget deficits:  
\_\_\_\_\_

c. Explain any bonding or financial repayment problems that are anticipated:  
\_\_\_\_\_

d. (1) Number of members comprising governing board:

(2) Number of employees full-time: \_\_\_\_\_ Part-time or seasonal

employees: \_\_\_\_\_

(3) Number of licensed or certified employees: \_\_\_\_\_, attorneys:

\_\_\_\_\_ accounts: \_\_\_\_\_; architects or engineers: \_\_\_\_\_; building inspectors: \_\_\_\_\_

others: \_\_\_\_\_ (Example: utility operators, inspectors, *teachers or* instructors.) Exclude personnel under retainer or contract.

- (4) Are certificates of insurance provided by personnel under retainer or contract?  
 Yes  No

e. Do you have a separate category for hotel/motel tax in your budget?  Yes  No

35. Do you administer the following activities?

	YES	NO	If "yes," Indicate its Budget
School	<input type="checkbox"/>	<input type="checkbox"/>	
Airport	<input type="checkbox"/>	<input type="checkbox"/>	
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	
Municipally-Owned Utilities	<input type="checkbox"/>	<input type="checkbox"/>	

Is it a separate legal entity/corporation?  Yes  No

Is it a board?  Yes  No

Is it a department?  Yes  No

36. a. Do you currently purchase the following coverages? (You may *attach* copies of *current policy*.)

	Company (if any)	Limit	Ded.	Premium	Claims-Made Occurrence	
					C/M	OCC
General Liability Insurance					<input type="checkbox"/>	<input type="checkbox"/>
Personal Injury Insurance					<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement Liability					<input type="checkbox"/>	<input type="checkbox"/>

b. Current or previously carried Public Officials Liability or Errors and Omissions Coverage:

Company	Policy Term	Limit	Deductible	Premium

(If "YES" on any answer below, describe in detail.)

37. Has the public entity been in default on principal or interest of any bond?  Yes  No

Describe:

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38. Have any of the following situations occurred within the last five years?

a. Strike, slowdown or other disruption by the employees.  Yes  No

b. Layoff of employees or reduction in services.  Yes  No

c. Any person, former employee or job applicant made claim alleging unfair or improper treatment regarding employee hiring, remuneration, advancement or termination of employment.

Yes  No

Describe:

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39. Does any official or employee have any knowledge of any act, error or omission which might give rise to a claim against them?  Yes  No

40. Do you presently self-insure any major activities?  Yes  No

Describe:

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41. Is there a Safety Director?  Yes  No

Name	Duties

42. Name, address and phone number of Insurance Consultant, if any:

Name	Address	Phone Number

43. Any special form(s) or coverage requested?  Yes  No

Describe:

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44. List any additional insureds:

Name	Address	Why Included

45. Indicate all special Boards and Commissions to be included (attach a separate sheet if necessary):

Name of Board/Commission	Interest/Duties	Corporation/Legal Entity	
		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

### III. CLAIMS HISTORY

1. Have you had any general liability claims during the last five years?  Yes  No

If "yes," attach either:  Prior carrier loss runs  Claim supplement

2. Have you had any law enforcement claims during the last five years?  Yes  No

If "yes," attach either:  Prior carrier loss runs  Claim supplement

3. Have you had Public Officials Errors and Omissions or Directors and Officers Errors and Omissions claims during the last five years?  Yes  No

If "yes," attach either:  Prior carrier loss runs  Claim supplement

**IV. PRIOR ACTS COVERAGE**

1. Are you applying for coverage for prior acts?  Yes  No  
If "yes," please complete the following:

Line of Business	Retroactive Date
<input type="checkbox"/> General Liability	
<input type="checkbox"/> Law Enforcement Liability	
<input type="checkbox"/> Errors & Omissions/Directors & Officers	

***NOTE: Coverage for prior acts is granted at the Company's option and requires an additional premium payments. It is not granted automatically. Attach a copy of your previous policy declarations if you are requesting this coverage.***

2. Are there any claims or suits pending against the applicant, or any elected or appointed official, employee or volunteer acting on behalf of the applicant?  Yes  No  
If "yes," explain:

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3. Are you aware of any incident, act, error or omission which might lead to a claim against the applicant?  
 Yes  No  
If "yes," explain:

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4. If the answer to questions 2 or 3 above are yes, have these incidents, claims or suits been reported to your previous carrier?  Yes  No  
If "no," explain:

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***NOTE: The Company will not cover any claims or suits that were previously reported, or those incidents likely to lead to claims that were known by the applicant/insured but not reported to the insurance carrier(s) that provided coverage prior to the Company.***

**V. APPLICANT ACKNOWLEDGMENT AND SIGNATURE**

No fact, circumstance or situation indicating the probability of a claim or action is now known to any public official or employee; and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, it will be excluded from coverage under the policy for which this application is being made.

The official designated to receive any and all notices from the Company or their authorized representative concerning this coverage is \_\_\_\_\_, Title:

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The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking coverage, has read and understands the application or proposal, and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy, which may render inaccurate, untrue or incomplete any statement made herein, will immediately be reported in writing to the Company. The undersigned acknowledges and agrees that the submission and the Company's receipt of such written report prior to the inception of the policy is a condition precedent to coverage.

The signing of the application or proposal does not bind the undersigned to purchase the coverage nor does review of the application or proposal bind the Company to issue a policy. It is agreed that this application or proposal shall be the basis of the coverage should a policy be issued.

***IMPORTANT. ATTACH COPY OF LATEST BUDGET AND BID SPECIFICATIONS (IF APPLICABLE).***

**APPLICATION MUST BE SIGNED**

<b>APPLICANT SIGNATURE</b>	<b>APPLICANT TITLE</b>	<b>DATE</b>
<b>AGENT SIGNATURE</b>	<b>AGENT NAME (PRINT)</b>	<b>Date</b>