

SAVERS PROPERTY & CASUALTY INSURANCE COMPANY

STAR INSURANCE COMPANY

MISSOURI PUBLIC ENTITY PROGRAM

RENEWAL APPLICATION

I. GENERAL INFORMATION

Entity Name _____

If City or County, Population at last census _____

Address _____

Date of application _____ Expiration date of current policies _____

Limits of insurance _____

GL Limit _____ Deductible _____

EPLI Limit _____ Deductible _____

E&O/D&O Limit _____ Deductible _____

Insurance contact _____ Phone _____

Applicant is a City County Other _____

II. EXPOSURE DATA

1. Parks and playgrounds owned, operated or maintained

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

b. Describe the playground equipment in each:

swings merry-go-rounds slides see saw climbing equipment

other (describe) _____

c. Do you have a skateboard park? Yes No

2. City owned swimming pools: # Indoor _____ # Outdoor _____ Lifeguards? Yes No

Location addresses _____

Depth of pools _____ Number & height of diving boards _____

Are pools fenced? Yes No

3. Number of bathing beaches _____ Length(s) _____ Lifeguards? Yes No

4. Do you own or operate a golf course? Yes No

Golf courses: # of holes _____ Receipts _____

Motorized golf carts # _____

5. 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 4th of July Homecoming

Expected attendance _____ Security provided? Yes No

By police? Yes No

Grandstand capacity _____ Is alcohol served on city premises? Yes No

6. 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

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

7. 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

8. 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

9. Describe any owned or operated boat(s) _____

10. Miles of streets/roads owned or maintained:

City Streets	County Roads	State Highways	Other

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

Indicate which? Gas Electric (See separate application)

12. 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 _____

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 _____

Date of last EPA, federal or state inspection _____

Describe any regulator actions or recommendations generated _____

Is any hazardous waste handled by the site? Yes No If "yes," describe _____

Have any open or closed landfills ever accepted hazardous waste? Yes No If "yes," describe _____

13. Do you have a sewage treatment operation? Yes No Total payroll \$ _____

Type of treatment _____

Where is treated waste water returned to? _____

Sewers-storm or sanitary – total miles _____

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

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

Total payroll \$ _____ Source of supply _____

15. 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) _____ | |

16. Is a hold harmless and certificate of insurance always required? Yes No

17. 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.)

Describe _____

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

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

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

Describe _____

Is overnight bed care provided? Yes No

NOTE: This Company's policy excludes coverage if overnight bed care is provided.

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

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

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

22. 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.

23. Firefighting services? Yes No

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

24. 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 _____

25. Do all your facilities (buildings) have the following Life Safety features:

Yes/No

If not, please indicate which location numbers.

Fire Alarms Yes No _____

Smoke Detectors
Hard Wired Yes No _____

Battery Operated Yes No _____

Emergency Lighting Yes No _____

Sprinklers Yes No _____

Are evacuation routes posted throughout
the building? Yes No _____

In the event of an evacuation, have you established
a central meeting point outside the building? Yes No _____

Are exit signs illuminated? Yes No _____

How often are fire drills held? Yes No _____

Are there at least two exit doors per building? Yes No _____

Are exit doors equipped with panic hardw Yes No _____

Is smoking permitted inside the premises? Yes No _____

26. 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 _____

accountants _____ 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

27. Do you administer the following activities?

If yes, indicate it's budget.

School Yes No Budget _____

Airport Yes No Budget _____

Hospital Yes No Budget _____

Municipally-Owned Utilities Yes No Budget _____

Is it a separate legal entity/corporation? Yes No

Is it a board? Yes No

Is it a department? Yes No

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

29. 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

30. 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

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

32. Is there a Safety Director? Yes No

If yes, Name _____ Duties _____

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

34. List any additional insured:

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

III. CLAIMS HISTORY

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

If "yes" and Meadowbrook Claims Service did not handle the claim, attach either:

Prior carrier loss runs Claim supplement

2. Have you had Public Officials Errors and Omissions or Directors and Officers Errors and Omissions claims during the last five years?

If "yes" and Meadowbrook Claims Service did not handle the claim, attach either:

Prior carrier loss runs Claim supplement

IV. APPLICANT ACKNOWLEDGEMENT AND SIGNATURE

No fact, circumstance or situation indicating the probability of a claim or action is now know 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 _____

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 SPECIFICATION (IF APPLICABLE).

APPLICATION MUST BE SIGNED

APPLICANT SIGNATURE	APPLICANT TITLE	DATE
AGENT SIGNATURE	AGENT NAME (PRINT)	DATE