

☐ 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:

4. 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 _____
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 ☐ 4th 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): _____

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: _____

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 regulatory 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: _____

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

Type of treatment: _____

Where is treated wastewater returned? _____

Sewers-storm or sanitary - total miles: _____

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: _____

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) _____ | |
20. Is a hold harmless and certificate of insurance always required? ☐ Yes ☐ No
If "no," explain: _____
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: _____
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: _____
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: _____
e. Who collects fees from the hangars? ☐ You ☐ Other Describe: _____
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: _____

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.): _____

No. of holding facilities/cells: _____ Do cells have bars? ☐ Yes ☐ No

Where are cells located (describe): _____

Annual number of arrests: _____ Maximum length of incarceration: _____

Do you participate in a work release program? ☐ Yes ☐ No

What functions are performed? _____

How is transportation of prisoners provided? _____

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): _____

Are juvenile facilities maintained? ☐ Yes ☐ No Year built: _____ Capacity: _____

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: _____

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: _____

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: _____

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: _____

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: _____

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: _____

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: _____

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: _____

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

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