

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