

Missouri Public Entity Application for New & Renewal Business

I. GENERAL INFORMATION

Entity Name							
If City or County, Population of 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 mainted							
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
	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		4 th 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 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
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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		\$
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:

	Building Maintenance		Garbage/Refuse Collection		Landfill Operations
	Street & Road Const. Maint.		Ambulance/Rescue Services		Recreational Facilities
	Grass Cutting		Auto Impound		Fixed Base Airport Oper.
	Swimming Pool Operations		Legal		Mass Transit
	Dial-A-Ride		Other (Describe)		
16. Is a hold harmless and certificate of insurance always required?				Yes	No
17. Do any <u>written agreements</u> require you to indemnify others or hold other harmless? (Examples Construction or maintenance agreements, police, fire or ambulance services.)				Yes	No
18. Do you perform services for any other public entity? If "yes", please submit copies of agreements and costs.				Yes	No
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
	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:				Yes	No
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 hardware?		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						

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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 its budget.

School		Yes		No	Budget	\$
Airport		Yes		No	Budget	\$
Hospital		Yes		No	Budget	\$
Municipal-Owned Utilities		Yes		No	Budget	\$
Is it a separate legal entity/corporation?		Yes		No	Budget	\$
Is it a board?		Yes		No	Budget	\$
Is it a department?		Yes		No	Budget	\$

28. Has the public entity been in default on principal or interest of any bond?

Yes

No

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

Yes

No

a. Strike, slowdown or other disruption by the employees.

Yes

No

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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?		Yes		No
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 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 excluded form 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:	
Name	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 SPECIFICIATION (IF APPLICABLE).

APPLICATION MUST BE SIGNED

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Applicant Signature

Applicant Title

Date

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Agent Signature

Agent Name (PRINT)

Date