

Missouri Rural Services Corporation

P.O. Box 104268 - Jefferson City, MO 65110-4268 - 1.800.726.9304

<https://www.missouriruralservices.com>

Missouri Special Districts Application for New & Renewal Business

(Public Water Supply Districts, Townships, Special Road Districts, Levee & Drainage Districts, Sewer Districts, Fire Districts, Ambulance Districts)

I. GENERAL INFORMATION

Entity Name			
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:			

II. EXPOSURE DATA

1. Miles of streets/roads owned or maintained:										
City Streets				County Roads						
State Highways				Other						
2. Do you have a sewage treatment operation?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Total Payroll	\$	
Type of treatment										
Where is treated wastewater returned to?										
Sewers-storm or sanitary – total miles										
Is water treated?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Is water tested?	<input type="checkbox"/>	Y	<input type="checkbox"/>	No	
							e			
							s			
3. Do you have a water treatment or distribution operation?				<input type="checkbox"/>	Y	<input type="checkbox"/>	No			
							e			
							s			
Total Payroll	\$	Source of supply								
4. Miles of Levee and/or Drainage Ditches maintained:			Total Miles							
5. Do you provide firefighting services?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Payroll	\$	No. of Firefighters								
No. of Paramedics				No. of EMT's						
6. Do you operate an ambulance service?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
First Response only?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					
No. ambulances maintained				Radius of Operations						
No. of runs per year										

7. Describe any special events or fundraisers sponsored:

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

Building Maintenance	Garbage/Refuse Collection	Landfill Operations	
Street/Road Constr. Maint.	Ambulance/Rescue Service	Recreational Facilities	
Grass Cutting	Auto Impound	Fixed Base Airport Oper.	
Swimming Pool Operations	Legal	Mass Transit	
Dial-A-Ride	Other (describe)		

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

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

	Yes/No	If not, please indicate which location numbers	
Fire Alarms	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Smoke Detectors – Hard Wired	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Smoke Detectors – Battery Operated	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Emergency Lighting	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Sprinklers	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are evacuation routes posted throughout the building?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
In the event of an evacuation, have you established a central meeting point outside the building?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are exit signs illuminated?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
How often are fire drills held?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are there at least two exit doors per building?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are exit doors equipped with panic hardware?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is smoking permitted inside the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

11. Public Officials Errors and Omissions

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

b. Explain any budget deficits

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

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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
12. Has the public entity been in default on principal or interest of any bond?					Yes		No
13. 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
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
14. 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
15. Do you presently self-insure any major activities?					Yes		No
16. List any additional insured?							
17. 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 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:

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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 SPECIFICATION (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: