

- SAVERS PROPERTY & CASUALTY INSURANCE COMPANY
- STAR INSURANCE COMPANY

MISSOURI SPECIAL DISTRICTS PROGRAM RENEWAL APPLICATION

(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? 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
3. Do you have a water treatment or distribution operation? Yes No
- Total payroll \$ _____ Source of supply _____
4. Miles of Levee and/or Drainage Ditches maintained:
- Total Miles _____

5. Do you provide firefighting services? Yes No
 Payroll \$ _____ No. of Firefighters _____
 No. of Paramedics _____ No. of EMT's _____

6. Do you operate an ambulance service? Yes No
 First Response only? Yes No
 No. of ambulances maintained _____ Radius of Operations _____
 No. of runs per year _____

7. Describe any special events or fundraisers sponsored:

8. 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) _____ | |

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 | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Smoke Detectors | | |
| Hard Wired | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Battery Operated | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Emergency Lighting | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Sprinklers | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Are evacuation routes posted throughout the building? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| In the event of an evacuation, have you established a central meeting point outside the building? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Are exit signs illuminated? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| How often are fire drills held? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Are there at least two exit doors per building? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Are exit doors equipped with panic hardw | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

Is smoking permitted inside the premises? Yes No _____

11. 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

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?

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?

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 |