



APPLICATION FOR LIABILITY COVERAGE – MEDICAL/HEALTH FACILITIES

ENTITY INFORMATION

ENTITY NAME		TYPE OF ENTITY		COUNTY	
ENTITY CONTACT PERSON		CONTACT PERSON'S TITLE		FAX NUMBER	
CONTACT PERSON'S EMAIL		PHONE NUMBER		POPULATION	
ADDRESS		CITY		STATE	ZIP CODE
INDICATE MISSOURI STATUTE USED TO CREATE THIS ENTITY				FISCAL PERIOD (MM/YYYY THROUGH MM/YYYY)	

SIGNATURE OF AUTHORIZED ENTITY REPRESENTATIVE (NOT PRODUCER SIGNATURE) REQUIRED ON PAGE 11

AGENCY/ PRODUCER INFORMATION

PRODUCER NAME (IF APPLICABLE)		AGENCY NAME			
EMAIL		PHONE NUMBER		FAX NUMBER	
ADDRESS		CITY		STATE	ZIP CODE
PRODUCER SIGNATURE			PRODUCER LICENSE NUMBER		

COVERAGE INFORMATION

Indicate current coverages and deductibles

Proposed Effective Date _____

Date Quote Needed _____

Bid Date, if any _____

Yes	No	Coverage	Deductible
		General Liability	
		Employment Practice Liability (Required if General Liability is desired.)	
		Public Officials Errors and Omissions (Required if General Liability is desired.)	
		Cyber & Information Breach Coverage (Required if General Liability is desired.)	\$2,500
		Employee Benefit Liability – provides coverage for administration of employee benefits. Indicate number of employees who receive benefits only:	\$1,000
		Automobile Liability (includes Uninsured Motorist coverage)	
		Automobile Liability – Medical Payments (\$5,000 Limit)	
		Automobile Physical Damage	
		Law Enforcement Liability	
		Medical Malpractice (EMT's & Paramedics)	
		Garagekeepers Liability Limit desired:	

COVERAGE HISTORY

Provide complete history of all liability coverage carried for the past five years. **This section must be completed in order for quote to be provided. Specify if Prior Acts coverage is desired.**

Coverage		Current Year	Past Year	Past Year	Past Year	Past Year
General Liability	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					
Employment Practices Liability	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					
	Claims Made or Occurrence?					
Public Officials Errors & Omissions Liability	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					
	Claims Made or Occurrence?					
Law Enforcement Liability	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					
Medical Malpractice Liability	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					
Automobile Liability	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					
Employee Benefits Liability	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					

LOSS HISTORY

**ATTACH AT LEAST FIVE YEARS' CURRENTLY-VALUED LOSS HISTORY.
TEN YEARS' LOSS HISTORY IS PREFERRED**

Are there any pending incidents for which you are or may be liable that may result in claims or litigation?

Use additional sheets to explain.

EXPOSURE INFORMATION – GENERAL OPERATIONS

Fiscal Information

A detailed revenue and expenditure breakdown must be provided. This breakdown must show actual revenues and expenditures of the most recent completed fiscal year. Department figures should be detailed by budget category. A sample is available upon request.

General Information

How many employees does the entity have? _____

How many receive benefits such as health insurance? _____

Does the entity check MVR's on its drivers?

Yes No

Does the entity perform background checks on its employees?

Yes No

Are entity's financial officers bonded?

Yes No

CYBER & INFORMATION BREACH COVERAGE

Coverage History

Coverage		Current Year	Past Year	Past Year	Past Year	Past Year
Cyber & Information Breach	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					

ATTACH AT LEAST FIVE YEARS' CURRENTLY-VALUED LOSS HISTORY.

1. Does the entity store Personally Identifiable Information (PII)? Yes No
Personally Identifiable Information is information that can be used on its own or with other information to identify, contact, or locate a single person or to identify an individual in context. Examples are name, address, social security number, telephone number, date and place of birth, email address, etc.
This information can be maintained in paper or electronic or other media.
2. Does the entity have and require employees to follow written privacy procedures? Yes No
3. Does the entity have and require employees to follow procedures regarding the creation and periodic updating of passwords? Yes No
4. If applicable, is the entity currently HIPAA compliant? N/A Yes No
5. Does the entity accept credit cards for goods sold or services rendered? Yes No
6. Does the entity use a commercially available firewall program? Yes No
7. Does the entity use commercially available anti-virus protection? Yes No
8. Does the entity allow employees to work from a remote location and access the entity's computer system from that location? Yes No
 If "yes", is the employee using a VPN or other secure communication network? Yes No
 Does the VPN / other secure communication network use two-factor authentication? Yes No
9. Does the entity terminate all computer access and user accounts as part of the regular exit process when an employee leaves? Yes No
10. Does the entity back-up valuable / sensitive computer system data on a daily basis? Yes No
11. Does the entity have and enforce policies concerning when internal and external communication should be encrypted? Yes No
12. Does the entity have a formal procedure for updating software, including installation of software "patches"? Yes No

MEDICAL MALPRACTICE EXPOSURE INFORMATION

COMPLETE ALL SECTIONS APPLICABLE TO MEMBER

EMT'S and Paramedics

- A. Number of Full-time EMT's & Paramedics employed by the member _____
- B. Number of Part-time EMT's & Paramedics employed by the member _____

Nursing Homes

- A. Number of licensed beds for all facilities, whether occupied or not _____
- B. SUBMIT MOST RECENT DIVISION OF AGING REPORT

Health Departments

Indicate total number of clients seen for each of the following services during past calendar year.

- A. Immunizations _____
- B. Flu Shots _____
- C. Blood pressure checks _____
- D. Cholesterol screenings _____
- E. Blood sugar checks _____
- F. Tuberculin skin tests _____
- G. Lead screenings _____
- H. BCCP/Women's wellness _____
- I. Prenatal care _____
- J. HIV/STD tests/treatments _____
- K. Environmental specialist inspections _____
- L. Childbirth education classes (total number of attendees) _____
- M. CPR/First aid classes (Total number of attendees) _____
- N. Family planning services _____
- O. Infant car seats (Number distributed) _____
- P. Occupational therapy (in facility and/or through home health) _____
- Q. Physical therapy (in facility and/or through home health) _____
- R. Speech therapy (in facility and/or through home health) _____
- S. RN or LPN services (in facility and/or through home health) _____
- T. Other home visits _____
- U. School health nursing/screening _____
- V. Other services not listed (EXCLUDING WIC Vouchers)

SERVICES FOR THE DEVELOPMENTALLY DISABLED

Indicate number of clients that reside at a member-owned and maintained support living residential site.

EXPOSURE INFORMATION – AUTOMOBILE

Entities desiring “Auto Only” coverage must submit pages 1 and 2 of this Application as well as currently-valued loss history.

If auto coverage is requested, entire fleet must be placed with MOPERM.

Coverage Notes:

- All vehicles and trailers listed will be included for liability coverage.
- Comprehensive and Collision deductibles available: \$100, \$250, \$500, \$1,000, \$3,000, and \$5,000.
- Cost New must be provided if physical damage quote is desired. If cost new is NOT provided, only liability coverage will be quoted.
- Stated Value** coverage is available for specialty vehicles valued at \$50,000 or more. **Scheduled value shall be calculated as original purchase price plus cost of major refurbishments. Supporting documentation must be provided.**
- Permanently attached equipment will be covered **only** under certain conditions. Contact MOPERM for more information.

Provide complete information for all vehicles (including trailers). **Automobile list must be submitted in spreadsheet format.** A template is available at www.moperm.com → Underwriting.

All Quotes are subject to information herein provided and expire 45 days after issuance.

DECLARATION AND SIGNATURE

I certify that the foregoing responses are complete, true and correct, with the knowledge and understanding that MOPERM will extend coverage and determine appropriate contributions based on these responses.

I further certify that if automobile coverage is requested, the schedule submitted with this application contains a full and complete list of all vehicles owned by the entity and that no entity-owned vehicles are insured with any other provider.

I also hereby designate the agent/producer listed on page 1, if any, to obtain a quote from MOPERM for the coverages requested.

Entity Representative Signature

Date

Please Print Name

Title