



APPLICATION FOR LIABILITY COVERAGE

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? _____

Indicate whether the entity's operations include any of the following.

- | | |
|--|--|
| <input type="checkbox"/> Aircraft | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Airport | <input type="checkbox"/> Housing Authority |
| <input type="checkbox"/> Alcohol Sales | <input type="checkbox"/> Ice, Roller or Other Rink |
| <input type="checkbox"/> Amusement/Water Parks | <input type="checkbox"/> Landfill |
| <input type="checkbox"/> Beach or Lakes | <input type="checkbox"/> Library |
| <input type="checkbox"/> Cemeteries | <input type="checkbox"/> Museum |
| <input type="checkbox"/> Chemical Spraying | <input type="checkbox"/> Stadiums or Grandstands |
| <input type="checkbox"/> Dams and/or Reservoirs | <input type="checkbox"/> Transportation Services |
| <input type="checkbox"/> Fairs, Carnivals, Festivals | <input type="checkbox"/> Watercraft |

USE SEPARATE APPLICATION FOR **SCHOOLS AND MEDICAL/HEALTH FACILITIES**

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

EXPOSURE INFORMATION – SPECIFIC

ALL SECTIONS MUST BE COMPLETED – USE N/A WHERE NEEDED

Law Enforcement and Jail Operations

1. Number of officers who carry guns and/or have arrest authority.

(DO NOT COUNT ANY POSITION MORE THAN ONCE)

- a. Full-time officers (more than 20 hrs/week) _____
- b. Part-time officers (fewer than 20 hrs/week) _____
- c. Full-time jailers/dispatchers as jailers/detention guards (more than 20 hrs/week) _____
- d. Part-time jailers/dispatchers as jailers/detention guards (fewer than 20 hrs/week) _____
- e. Full-time dispatchers: communication only – no jail duty (more than 20 hrs/week) _____
- f. Part-time dispatchers: communication only – no jail duty (fewer than 20 hrs/week) _____
- g. Methamphetamine officers _____
- h. School resource officers _____
- i. Volunteer reserve/auxiliary officers, unarmed _____
- j. Administrative/clerical, unarmed _____
- k. Animal control officers, unarmed _____
- l. Other personnel (please explain): _____

2. Has department established hiring procedures with minimum standards to include psychological testing for new applicants? Yes No
3. Are officers required to be licensed by the POST Commission? Yes No
4. Does department have a Policies & Procedures Manual? Yes No
- Is it current? Yes No
- Is the manual distributed to all personnel and reviewed with them periodically? Yes No
- Does your ongoing training program include a review of all or part of the manual? Yes No
5. Does department have written policies concerning the following:
- Arrest Yes No
 - Care, custody, control, restraint, and transportation of prisoners Yes No
 - Complaint review Yes No
 - Corruption of evidence Yes No
 - Domestic violence Yes No
 - Emergency driving (non-pursuit) Yes No
 - Emergency vehicular warning devices Yes No
 - Evidence control Yes No
 - Executing a search warrant Yes No
 - Off-duty conduct/employment & powers of arrest Yes No

(LAW ENFORCEMENT OPERATIONS CONTINUED ON NEXT PAGE)

- Operation of jail/detention facility Yes No
- Post-shooting incident procedures Yes No
- Response to civil litigation Yes No
- Secondary employment Yes No
- Special situations: hostage, mental patients, child abuse Yes No
- Traffic stops Yes No
- Use of force Yes No
- Vehicular pursuit Yes No

6. Does department have canines? Yes No

If Yes, how many dogs? _____

Provide a copy of the certification for each dog and handler.

7. Does department use tasers? Yes No

8. Does department keep a log book of all taser use? Yes No

Where does the use of tasers fall in the department's use of force continuum? _____

9. Does department **provide** law enforcement services through a contract with any other public or private entity (excluding mutual aid or reciprocating agreements)? Yes No

If Yes, describe services and attach copy of agreements: _____

10. Does the department **receive** law enforcement services through a contract? Yes No

If Yes, describe services and attach copy of agreements: _____

Who assumes the liability exposure? _____

Is the entity an additional insured on the service provider's policy? Yes No

11. Does department participate in a drug task force or other cooperative drug interdiction program? Yes No

If Yes, please provide the name and explain. _____

12. Does department own or operate a firing range? Yes No

If Yes, who utilizes the range? _____

13. Does entity provide or participate in Explorer or Ride-Along Programs? Yes No

If Yes, please describe and attach a copy of applicable forms _____

14. Does department operate any of the following:

a. Jail? Yes No

b. Holding cell? Yes No

c. Detention home? Yes No

Number of full-time jailers _____ Number of part-time jailers _____

(LAW ENFORCEMENT OPERATIONS CONTINUED ON NEXT PAGE)

Provide the following information about the facility:

Footage	Number of cells
Maximum capacity	Average capacity
Maximum length of stay	Average length of stay
Construction type	Age
Number of levels	Number of exits

- 1) Are adult prisoners separated from juvenile prisoners? Yes No
- 2) Are female prisoners separated from male prisoners? Yes No
- 3) Does the jail have sprinklers? Yes No
 Percent sprinklered _____
- 4) Does the jail have smoke alarms? Yes No
 Where are the alarms placed? _____
- 5) Is there at least one jailer (not dispatcher) on duty at all times? Yes No
- 6) Upon intake, are prisoners screened for medical conditions? Yes No
- 7) Does the entity house prisoners from other jurisdictions? Yes No
- 8) Are there medical personnel at the facility? Yes No
 Contracted Staff Describe duties: _____

- 9) How often are walk-throughs conducted? _____
- 10) Have there been any suicides or suicide attempts in the past five years? Yes No
 If Yes, provide full details: _____

- 11) Is there an operations manual reviewed annually by legal counsel? Yes No
- 12) Does the manual include policies concerning the following:
- | | | |
|--|------------------------------|-----------------------------|
| Emergency evacuation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Handling intoxicated persons | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Inmate discipline procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Inmate grievance procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Key control and security | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maintenance of prisoners' property | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medical treatment and handling of medication | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Strip searches | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Suicide prevention | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use of force | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use of restraints | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(LAW ENFORCEMENT OPERATIONS CONTINUED ON NEXT PAGE)

13) Indicate which of the following fire/safety devices are in place:

- Fire extinguishers
- Fire alarm system
- Illuminated exit lights
- Emergency evacuation/preparedness plans
- Evacuation route posted
- Emergency backup generator

14) Indicate which of the following interior and exterior security measures are in place:

- Jailers make periodic cell observations
- Secured doors
- Video cameras
- Secured sally port
- Secured booking area
- Adequate fencing

Fire and/or Ambulance Service

1. Indicate number of personnel

(DO NOT COUNT ANY POSITION MORE THAN ONCE)

- a. Full-time EMT's (more than 20 hrs/week) _____
- b. Part-time EMT's (fewer than 20 hrs/week) _____
- c. Full-time Paramedics (more than 20 hrs/week) _____
- d. Part-time Paramedics (fewer than 20 hrs/week) _____
- e. Full-time Firefighters (more than 20 hrs/week) _____
- f. Part-time Firefighters (fewer than 20 hrs/week) _____
- g. Volunteer EMT's _____
- h. Volunteer Paramedics _____
- i. Volunteer Firefighters _____

2. Total no. of hours worked by all EMT's, paramedics, and firefighters per week _____

3. Number of calls responded to last year _____ Calls by category _____

4. Does department have a policies and procedures manual? Yes No

5. Number fire stations/firehouses: _____

6. Are MVRs checked annually for all drivers? Yes No

7. Does department have mutual aid agreements? Yes No
If Yes, describe _____

8. Does department operate its own 911 or dispatch operations? Yes No
Average number of calls per month: _____

9. Does department operate a 911 or dispatch system for others? Yes No
If Yes, for whom? _____

10. Describe the scope of services provided (e.g., fire fighting, building inspection, search and rescue operations, ambulance, etc.) _____

Road, Bridge, and Blasting Operations

1. Mileage of roads and streets owned, controlled or serviced _____
2. Does entity build, maintain, or repair roads? Yes No
Bridges? Yes No
If Yes, describe operations. _____
3. Are any operations contracted to others? Yes No
If Yes, explain. _____

Recreational Facilities

1. How many parks are owned by the entity? _____ No. of acres _____
2. Is playground equipment inspected annually? Yes No
3. How many swimming pools are owned by the entity? Number of diving boards _____
 - a) Do diving boards meet state height and water depth requirements? Yes No
 - b) Are certified lifeguards on duty at all times pool is open? Yes No
 - c) Are pools drained in the off season? Yes No
 - d) Are the pools and the area surrounding the pools fenced? Yes No
4. How many skate parks are owned by the entity? _____ How old is the skate park? _____

PROVIDE A COPY OF LAYOUT OF ANY SKATE PARKS OWNED

5. How many marinas are owned by the entity? _____
 - a) Is fuel service provided? Yes No
 - b) Does entity provide storage/shelter? Yes No
 - c) Does entity operate boat/jet ski rentals? Yes No
If Yes, is age limit imposed on rentals? Yes No
Is a waiver or release required for rentals? Yes No

Sewer Operations

1. Does entity maintain a sewage disposal plant? Yes No
If No, what sewage disposal methods are used? _____
If Yes, is the plant maintained by entity or by an independent contractor? _____
If maintained by an independent contractor, provide a copy of the contract.
2. Please describe backups/overflows that have occurred in the past five years. Attach additional sheets if necessary. _____

3. Please describe all DNR/EPA enforcement actions in the past five years. Attach additional sheets if necessary. _____

4. Age of system, including lines? _____ Type of lines? _____
5. Are lift stations/force main pumps in operation? Yes No
6. Are backflow valves required? Yes No
7. Number of certified operators employed: _____
8. Does entity own/operate treatment plant? Yes No Primary? Secondary?

9. Annual number of customers: _____
10. Are lines flushed? Yes No How frequently? _____
11. Disposal process for waste? Incinerated Trucked to landfill Other: _____
12. Are methane gas detectors in place? Yes No
Frequency of testing: _____
13. Number of lift stations: _____ Date of construction: _____
14. Is backup power supply available for treatment plant? Yes No
15. Is backup power supply available for lift stations? Yes No
16. Describe customer complaint procedures: _____

Water Utility

1. Does the entity operate a water utility? (If no, continue to next section.) Yes No
2. What is the source of the water supply? _____
3. Is pipe installation performed by entity or by independent contractors? _____
4. How often is drinking water tested? _____
5. Is a disinfectant system in place: Yes No
If Yes, what type? _____
6. Age of system? _____ What type of pipe is used? _____
7. List the tanks that are part of the system. (Use additional sheets if necessary)

Description/Location	Type of Tank	Size (gallons)

8. How often are tanks inspected? _____ Who performs inspections? _____
9. Number of certified operators: _____

Natural Gas Utility

1. Does the entity sell natural gas? (If no, continue to next section.) Yes No
2. Gross revenue _____ Total amount of gas sold in last fiscal year (cubic feet) _____
3. Number of customers
Residential _____ Commercial _____ Industrial _____ Other _____
4. Does entity construct pipelines? Yes No Maintain pipelines? Yes No
5. Describe operations, including information on gas suppliers, pipelines, propane sales, repair or service of customers' appliances, etc. _____

Electric Utility

1. Does entity operate an electric utility? (If no, continue to next section.) Yes No
2. What is the source of power supply: _____
3. Indicate whether entity performs any of the following:

<input type="checkbox"/> Pole installation	<input type="checkbox"/> Wire stringing
<input type="checkbox"/> Service connection	<input type="checkbox"/> Meter reading
<input type="checkbox"/> Transformer installation	
4. Does the entity have the capability to generate power? Yes No
5. Location of power plant _____
6. Describe generators (number, capacity, diesel/other, whether primary source of power or used only for peak shaving). Use additional sheets if necessary _____

7. Number of customers: Residential _____ Commercial _____ Industrial _____
8. Are facilities fenced? Yes No
9. Are warning signs posted? Yes No
10. Age of system? _____
11. Describe:
 - a) Maintenance and repair procedures: _____
 - b) Inspection procedures: _____
 - c) Protection of lines and facilities: _____

Refuse Removal

1. Does the entity conduct refuse removal operations? (If no, continue to next section.) Yes No
2. Total number of refuse, dump, and/or landfill sites owned/operated.
operating _____ # closed _____ # of acres open _____ # of acres closed _____
EPA ratings of open sites _____ EPA ratings of closed sites _____
3. Does entity handle chemicals or toxic waste disposal? Yes No
If Yes, describe procedures used by entity or contractors. _____

Fireworks

1. Do licensed pyrotechnicians directly supervise fireworks displays? (If no, continue to next section.) Yes No
2. Is proof of insurance required from the party responsible for the display? Yes No
3. Is the applicant listed as additional insured? Yes No
4. Who discharges the fireworks? _____ Manually or by computer? _____
5. Describe safety measures _____
6. Number of events per year: _____

Transportation Development Districts/Community Improvement Districts

- 1. Date the TDD/CID was formed: _____
- 2. Projected length of time sales tax will be in effect _____
- 3. Projected length of time the TDD/CID will exist _____

Attach documentation establishing district, including a schematic/plat of the project.

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