

APPLICATION FOR PROPERTY 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 4

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

Proposed Effective Date _____
 Date Quote Needed _____
 Bid Date, if any _____

Indicate current coverages and deductibles

Yes	No	Coverage	Deductible
		Property (includes Contents, Earth Movement, Flood, & Water Damage)*	
		Equipment Breakdown (required if buildings are scheduled)	
		Contractor & Mobile Equipment*	
		Fidelity & Crime ¹ – indicate limit desired for Employee Theft	
		<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000	
		ANSWER CRIME QUESTIONS ON PAGES 3 AND 4.	

¹Coverages: Employee Theft; Forgery or Alteration; On Premises; In Transit; Computer Fraud; Claims Expense

INDICATE ADDITIONAL COVERAGES ON NEXT PAGE

*Schedules must be submitted in an **Excel workbook** or compatible format. Workbook templates may be found at www.moperm.com → Underwriting → Property Forms.

ADDITIONAL COVERAGES AND DEDUCTIBLES

Yes	No	Coverage	Limit Desired*	Deductible
		Accounts Receivable		
		Business Income*		
		Electronic Data Processing Equipment*		
		Fine Arts		
		Valuable Papers		

*Coverage and Limits must be associated with a structure. Please include limit(s) on spreadsheet.

COVERAGE HISTORY

Provide complete history of all property coverage carried for the past five years. **This section must be completed in order for quote to be provided.**

Coverage		Current Year	Past Year	Past Year	Past Year	Past Year
Property	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					
Equipment Breakdown	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					
Contractor & Mobile Equipment	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					
Fidelity & Crime	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					

LOSS HISTORY

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

CRIME APPLICATION QUESTIONS

1. Number of all personnel at all locations (full-time, part-time, seasonal, volunteer) _____
2. Who prepares financial statements? Entity CPA
3. Are financial statements audited regularly? Yes No Date of last audit: _____
4. Were any discrepancies or internal control deficiencies noted on the last audit? Yes No
If "Yes", email explanation to policyservices@moperm.com
5. Are bank account statements reconciled at least monthly? Yes No
If "No," how often are statements reconciled? _____
6. Does someone other than the person responsible for reconciling bank accounts:
Make deposits? Yes No Make withdrawals? Yes No Sign checks? Yes No
7. Is countersignature of checks required? Yes No If "Yes", at what limit? _____
8. Is segregation of duties practiced in the following areas:
- | | | |
|--|------------------------------|-----------------------------|
| Cash Receipts? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Check authorization and check writing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Oversight of blank check stock? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Vendor Approval? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Purchase order approval and payment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
9. Is dual authorization required for all wire transfers? N/A Yes No
10. Is there a written policy for the investment of public monies? Yes No
If "Yes," attach a copy of the investment policy/policies.
11. Is anti-virus software in place on all computer systems? Yes No
12. Are computer passwords and/or access codes changed regularly and when users are terminated? Yes No
13. Does the entity conduct electronic funds transfers? Yes No
14. What is the average daily dollar volume of electronic funds transfers? _____
15. Are transfer verifications sent to an employee or department other than the one initiating the transfer? N/A Yes No
16. Have any crime-related losses occurred in the last five years? Yes No
If so, for each loss please provide date of loss, amount of loss, description of loss, and corrective procedures implemented. Use additional sheets if needed.

(CONTINUED ON NEXT PAGE)

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 the schedules submitted with this application contain a full and complete list of locations, buildings, structures, and contractor and other mobile equipment owned by the entity and that no entity-owned property is 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