P. O. Box 7110
Jefferson City, MO 65102
Phone: 888-566-7376 Fax: 573-751-8276

APPLICATION FOR LIABILITY COVERAGE – HEALTH FACILITIES

ENTITY INFORMATION

ENTITY NAME	TYPE OF ENTITY	COUNTY
ENTITY CONTACT PERSON	CONTACT PERSON'S TITLE	CONTACT PERSON'S EMAIL
ADDRESS	CITY	STATE / ZIP CODE
PHONE NUMBER	FAX NUMBER	POPULATION
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 such as health insurance.	$1,000
		Automobile Liability (includes Uninsured Motorist coverage)	
		Automobile Liability – Medical Payments ($5,000 Limit)	
		Automobile Physical Damage	
		Healthcare Malpractice (EMT's, Paramedics, Residents, Clients Seen)	

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.**

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?					
Healthcare 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

1. Number of employees:

   Full-time: _____ Part-time: _____ Elected/appointed officials: _____

   Temporary: _____ Volunteers: _____ Seasonal: _____

2. Does entity administer an employee benefit plan? ☐ Yes ☐ No
   If so, how many employees participate? ___________
3. Does the entity require prospective employment terminations to be reviewed by the Human Resources Department or Legal Department/Outside Legal Counsel before termination occurs? ☐ Yes ☐ No
4. Does the entity have a formal orientation program for all new employees? ☐ Yes ☐ No
5. Does the entity conduct training on sexual harassment and discrimination prevention? ☐ Yes ☐ No

   Who is required to attend? ____

   How often is training held? ____

   Who conducts the training? ____

6. Does the entity have an employee handbook that is distributed to all employees? ☐ Yes ☐ No
7. Do all employees provide written acknowledgment that they have received the handbook? ☐ Yes ☐ No
8. Has an attorney reviewed the employee handbook? ☐ Yes ☐ No
9. Date of last review: _________________
10. Does the entity check MVR's on its drivers? ☐ Yes ☐ No
11. Does the entity perform background checks on its employees? ☐ Yes ☐ No
12. 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) such as names, addresses, telephone numbers, email addresses, social security numbers, or other information of employees, board/commission members, taxpayers, members, customers, clients or constituents? ☐ Yes ☐ No

   "Store" can also mean on paper as well as in an electronic format.
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. Is the entity required to be 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

HEALTHCARE MALPRACTICE EXPOSURE INFORMATION

COMPLETE ALL SECTIONS APPLICABLE TO MEMBER

EMT'S and Paramedics – if none, continue to next section

1. Indicate number of personnel (***DO NOT COUNT ANY POSITION MORE THAN ONCE***)

Position	No. of Full-Time[1] Employees	No. of Part-time[2] Employees	Volunteers
EMT's			
Paramedics			

[1]Full-time = 1,600+ hours worked annually
[2]Part-time = 1,599 hours or less worked annually

Nursing Homes – if none, continue to next section

A. How many facilities does the entity operate? ____________
B. Number of licensed beds for all facilities, whether occupied or not ____________
C. SUBMIT MOST RECENT DEPT OF HEALTH & SENIOR SERVICES REPORT

Health Departments – if none, continue to next section

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

Service	Clients Seen	Service	Clients Seen
BCCP/Women's wellness		Immunizations	
Blood pressure checks		Infant car seats (Number distributed)	
Blood sugar checks		Lead screenings	
Childbirth education classes (total number of attendees)		Occupational therapy (in facility and/or through home health)	
Cholesterol screenings		Physical therapy (in facility and/or through home health)	
CPR/First aid classes (Total number of attendees)		Prenatal care	
Environmental specialist inspections		Tuberculin skin tests	
Family planning services		RN or LPN services (in facility and/or through home health)	
Flu Shots		School health nursing/screening	
HIV/STD tests/treatments		Speech therapy (in facility and/or through home health)	
Home Visits – Other			

Other services not listed (EXCLUDING WIC Vouchers)

____

____

____

SERVICES FOR THE DEVELOPMENTALLY DISABLED – if none, continue to next section

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

____

Unmanned Aircraft Systems (UAS/Drones) – if none, continue to next section

1. Does entity operate Unmanned Aircraft Systems (UAS/Drones)? ☐ Yes ☐ No

   If Yes, complete the following exposure information. (Attach additional sheets if necessary.)

Year	Make	Model	Assigned Department
Serial Number		FAA Registration Number	Principal Use
Attached Equipment*		Cost New of UAS*	Cost New of Attached Equipment*
Total Weight of UAS + Equipment		*Liability coverage is automatic. Provide cost new for comp & collision coverage.	

EXPOSURE INFORMATION – AUTOMOBILE

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

1. Do employees use personal vehicles for work-related business? ☐ Yes ☐ No
2. Has the entity publicized to its employees that entity-owned vehicles shall not be used (a) for personal business; or (b) to transport any person not required to be transported for entity business? ☐ Yes ☐ No
3. Does the entity own other vehicles that are not being quoted? ☐ Yes ☐ No
   (If auto coverage is requested, all owned vehicles must be placed with MOPERM.)

Coverage Notes:

- ☐ All vehicles and trailers listed will be included for liability coverage.
- ☐ Comprehensive and Collision deductibles available: $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