

APPLICATION FOR PROPERTY COVERAGE

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 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)	
		Construction & 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 PAGE 3.	
		Police Dog – Physical Loss or Damage	\$1,000

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 PROPERTY COVERAGES AND DEDUCTIBLES

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

*Coverage must be associated with a structure. Please include limit(s) on building spreadsheet. Submit schedule of exposures and values for all other additional coverages.

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: _____

SUBMIT COPY OF MOST RECENT 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 No

Check authorization and check writing? Yes No

Oversight of blank check stock? Yes No

Vendor Approval? Yes No

Purchase order approval and payment? Yes No

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.

POLICE DOG INFORMATION

(Complete only if coverage is desired. Use additional sheets if necessary.)

Registry Name	
Microchip or Tattoo Number	
Date of Birth	
Dog's Purpose/Use	
Value of Dog & Training (attach supporting documentation)	

Registry Name	
Microchip or Tattoo Number	
Date of Birth	
Dog's Purpose/Use	
Value of Dog & Training (attach supporting documentation)	

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 the schedules submitted with this application contain a full and complete list of locations, buildings, structures, construction and other mobile equipment, accounts receivable, fine arts, and valuable papers 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