



## APPLICATION FOR LIABILITY COVERAGE TDD/CID ENTITIES

### 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)	
<b>SIGNATURE OF AUTHORIZED ENTITY REPRESENTATIVE (<u>NOT</u> PRODUCER SIGNATURE) REQUIRED ON PAGE 13</b>				

### AGENCY/ PRODUCER/CONSULTANT INFORMATION

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

### 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**
		Hired/Non-owned Automobile Liability	

\*Minimum deductible \$1,000. Higher deductibles available upon request.

\*\*Mandatory \$2,500 deductible.

## 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.**

**Is current coverage being cancelled or nonrenewed?**  Yes  No **If “Yes”, provide explanation.**

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

13. Does entity operate a **daycare**?  Yes  No

**If "Yes", complete supplemental application for daycare exposure, which is available at [www.moperm.com](http://www.moperm.com) → Underwriting.**

## CYBER & INFORMATION BREACH COVERAGE

### Coverage History

Coverage		Current Year	Past Year	Past Year	Past Year	Past Year
<b>Cyber &amp; Information Breach</b>	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

**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 (court order, ordinance, etc.)***

**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