



P. O. Box 7110
 Jefferson City, MO 65102
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Email application materials to:
policy@moperm.com

APPLICATION FOR LIABILITY 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 (<u>NOT</u> PRODUCER SIGNATURE) REQUIRED ON PAGE 12					

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.)	
		Employee Benefit Liability – provides coverage for administration of employee benefits.	\$1,000
		Epidemiological Coverage – limited buyback of liability coverage for organic pathogens	\$5,000
		Automobile Liability (includes Uninsured Motorist coverage)	
		Automobile Liability – Medical Payments (\$5,000 Limit)	
		Automobile Physical Damage	
		Law Enforcement Liability	
		Healthcare Malpractice (EMT's & Paramedics)	
		Garagekeepers Liability Limit desired:	

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

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
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**

Newly-formed or previously uninsured entities must submit a "No Loss" letter.

Are there any pending incidents for which the entity is or may be liable that may result in claims or litigation?

Use additional sheets to explain.

EXPOSURE INFORMATION – GENERAL OPERATIONS

Fiscal Information

Provide the following information for the most recently-completed fiscal year:

Total Revenue – All departments	\$
Total Expenditures – All departments	\$

The information above is for fiscal year 20____/20____

A detailed revenue and expenditure breakdown must also 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

Date of last review: _____

9. Does the entity check MVR's on its drivers? Yes No
10. Does the entity perform background checks on its employees? Yes No
11. Are entity's financial officers bonded? Yes No
12. Does entity operate a **daycare**? Yes No

If "Yes", complete supplemental application for daycare exposure, which is available at www.moperm.com → Underwriting.

EXPOSURE INFORMATION – SPECIFIC

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

Indicate whether the entity's operations include any of the following. Attach additional pages to explain

- | | |
|--|---|
| <input type="checkbox"/> Aircraft (Manned) | <input type="checkbox"/> Housing Authority |
| <input type="checkbox"/> Aircraft (Unmanned) | <input type="checkbox"/> Ice, Roller or Other Rink |
| <input type="checkbox"/> Airport | <input type="checkbox"/> Landfill |
| <input type="checkbox"/> Alcohol Sales | <input type="checkbox"/> Library |
| <input type="checkbox"/> Amusement/Water Park | <input type="checkbox"/> Museum |
| <input type="checkbox"/> Beach or Lake | <input type="checkbox"/> Rentals – Boat, Canoe,
Paddleboat, Kayak, Bicycle, etc. |
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Skate Park |
| <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"/> Daycare | <input type="checkbox"/> Watercraft |
| <input type="checkbox"/> Fairs, Carnivals, Festivals | |
| <input type="checkbox"/> Garage | |

**USE SEPARATE APPLICATION FOR SCHOOLS AND HEALTH ENTITIES
SUPPLEMENTAL APPLICATION REQUIRED FOR DAYCARE EXPOSURE**

Law Enforcement and Jail Operations – if none, continue to next section

Complete this section if the entity operates a law enforcement agency, including any police department, sheriff agency, court marshal(s), or other public safety organization, that enforces criminal laws, has powers of arrest, or protects persons and/or property from breaches of the law.

1. Number of officers. (**DO NOT COUNT ANY POSITION MORE THAN ONCE**)

Position	No. of Full-Time ¹ Employees	No. of Part-time ² Employees
Police Chief & Police Officers		
Sheriff & Deputies		
Jailers/Detention Officers/Custodial Officers		
Juvenile/Deputy Juvenile Officers		
Court Marshal with power of arrest		
Reserve Officers ³		

¹Full-time = 1,600+ hours worked annually

²Part-time = 1,599 hours or less worked annually

³Reserve officers work on an as-needed basis, may be volunteer

2. Has the law enforcement agency been accredited by any third party accrediting organization? If "Yes," which organization? Yes No _____
3. Has department established hiring procedures with minimum standards to include psychological testing for new applicants? Yes No
4. Are officers required to be licensed by the POST Commission? Yes No
5. 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
6. 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
- Domestic violence Yes No
- Emergency driving (non-pursuit) Yes No
- Emergency vehicular warning devices Yes No
- Evidence control Yes No
- Escalation of force Yes No
- Executing a search warrant Yes No
- Gathering/storage of evidence Yes No
- Off-duty conduct/employment & powers of arrest Yes No

Written policies continued:

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

7. Does department have canines? Yes No

If Yes, how many dogs? _____

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

8. Does department use tasers? Yes No

9. 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? _____

10. 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 agreement(s): _____

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

If Yes, describe services and **attach copy** of agreement: _____

Who assumes the liability exposure? _____

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

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

If Yes, please provide the name and explain. _____

13. Does department engage in regular firearms training? Yes No

If Yes, how often? _____

Who provides that training? _____

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

If Yes, please describe. _____

Attach a copy of the program's policies and procedures, sign-up form, and waiver.

15. Does department operate any of the following:

a. Jail? Yes No

b. Holding cell? Yes No

c. Detention facility? Yes No

(LAW ENFORCEMENT OPERATIONS CONTINUED ON NEXT PAGE)

Provide the following information about the jail facility:

Address:	
Footage	Number of cells
Maximum capacity	Average population
Maximum length of stay	Average length of stay
Construction type	Construction year
Number of levels	Number of exits

- 1) Does the facility have a centralized locking system? Yes No
- 2) Is the sally port secured? NA Yes No
- 3) Is the booking area secured? Yes No
- 4) Are adult prisoners separated from juvenile prisoners? Yes No
- 5) Are female prisoners separated from male prisoners? Yes No
- 6) Does the jail have sprinklers? Yes No
Percent of facility that has sprinklers _____
- 7) Does the jail have smoke alarms? Yes No
- 8) Is there at least one jailer (not dispatcher) on duty at all times? Yes No
- 9) Upon intake, are prisoners screened for medical conditions? Yes No
- 10) Does the entity house prisoners from other jurisdictions? Yes No
- 11) What is the source of medical services for the facility? Contracted Staff
If contracted, include copy of contract.

Explain medical service arrangements, including how often medical service providers are on-site:

-
- 12) Do jailers make periodic cell observations? Yes No
How often are the observations made? _____
Are the observations made in person? Yes No
Are the observations made via camera? Yes No
Are cameras monitored at all times? Yes No
 - 13) Have there been any suicides or suicide attempts in the past five years? Yes No
If Yes, provide full details. (Attach additional sheets if necessary): _____
-
- 14) Is there an operations manual reviewed annually by legal counsel? Yes No

(LAW ENFORCEMENT/JAIL OPERATIONS CONTINUED ON NEXT PAGE)

15) Does the jail operations 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 |

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

- | | |
|--|--|
| <input type="checkbox"/> Fire extinguishers | <input type="checkbox"/> Emergency evacuation/preparedness plans |
| <input type="checkbox"/> Fire alarm system | <input type="checkbox"/> Evacuation route posted |
| <input type="checkbox"/> Illuminated exit lights | <input type="checkbox"/> Emergency backup generator |

Ambulance and/or Fire Service – 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			
Firefighters			

¹Full-time = 1,600+ hours worked annually

²Part-time = 1,599 hours or less worked annually

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. Does department have mutual aid agreements? Yes No

If Yes, describe _____

7. Does department operate its own 911 or dispatch operations? Yes No

Average number of calls per month: _____

8. Does department operate a 911 or dispatch system for others? Yes No

If Yes, for whom? _____

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

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.	

Road, Bridge, and Blasting Operations – if none, continue to next section

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 – if none, continue to next section

1. Is playground equipment inspected annually? Yes No
2. How many swimming pools are owned by the entity? _____
 a) Number of diving boards _____
 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
3. 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

4. Does the entity offer recreation on natural bodies of water? Yes No
 a) Is fuel service provided? Yes No
 b) Does entity operate rentals of kayaks, canoes, boats, or other watercraft? Yes No
 1) If Yes, what age limit imposed on rentals? _____
 2) Is a waiver and release required for rentals? Yes No
 3) Was the waiver and release reviewed by an attorney? Yes No
 4) Who oversees rental operations? _____
 5) Are employees trained in CPR and first aid? Yes No

PROVIDE A COPY OF WAIVERS AND OPERATIONAL GUIDELINES

Sewer Operations – if none, continue to next section

1. Does entity own/operate sewer treatment plant? Yes No Primary? Secondary?
2. 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.

3. Please describe backups/overflows that have occurred in the past five years. Attach additional sheets if necessary. _____
4. Please describe all DNR/EPA enforcement actions in the past five years. Attach additional sheets if necessary. _____
5. Age of system, including lines? _____ Type of lines? _____
6. Are lift stations/force main pumps in operation? Yes No
7. Are backflow valves required? Yes No
8. Number of certified operators employed: _____
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 – if none, continue to next section

1. Does the entity operate a water utility? 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 – if none, continue to next section

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 – if none, continue to next section

1. Does entity operate an electric utility? (If no, continue to next section.) Yes No
2. What is the source of power supply: _____
3. Does the entity have the capability to generate power? Yes No
4. Location of power plant _____
5. Number of customers: Residential _____ Commercial _____ Industrial _____
6. 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 | |
7. Describe generators (number, capacity, diesel/other, whether primary source of power or used only for peak shaving). Use additional sheets if necessary _____

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 – if none, continue to next section

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 – if none, continue to next section

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: _____

EXPOSURE INFORMATION – AUTOMOBILE

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. Are employees allowed to take home entity-owned vehicles? Yes No
(If "Yes", provide explanation and copy of guidelines.)
4. 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. (Liability for trailers actually extends from the vehicle pulling the trailer.)
- 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