MOPERM

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

Email application materials to:
policyservices@moperm.com

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)	

SIGNATURE OF AUTHORIZED ENTITY REPRESENTATIVE (NOT PRODUCER SIGNATURE) REQUIRED ON PAGE 4

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.)	
		Epidemiological Coverage – limited buyback of liability coverage for organic pathogens	$5,000
		Hired/Non-owned Automobile Liability	

*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?					
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 recently-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

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