



## 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 <sup>1,2</sup> – indicate limit desired for Employee Theft	
		<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000	
		<b>ANSWER CRIME QUESTIONS ON PAGE 3.</b>	
		Police Dog – Physical Loss or Damage	\$1,000

<sup>1</sup>Coverages: Employee Theft; Forgery or Alteration; On Premises; In Transit; Computer Fraud; Claims Expense

<sup>2</sup> Entity must regularly obtain independent financial audits in order to be eligible for fidelity and crime coverage.

### 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](http://www.moperm.com) → Underwriting → Property Forms.

**ADDITIONAL PROPERTY COVERAGES AND DEDUCTIBLES**

Yes	No	Coverage	Limit	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.**

**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>Property</b>	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					
<b>Equipment Breakdown</b>	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					
<b>Contractor &amp; Mobile Equipment</b>	Carrier					
	Eff – Exp Dates					
	Deductible					
	Expiring Premium					
<b>Fidelity &amp; Crime</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**

## CRIME APPLICATION QUESTIONS

*(Complete only if quote for fidelity & crime coverage is indicated on page 1.)*

1. Number of all personnel at all locations (full-time, part-time, seasonal, elected, 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](mailto: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.)

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

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<b>Microchip or Tattoo Number</b>	
<b>Date of Birth</b>	
<b>Dog's Purpose/Use</b>	
<b>Value of Dog &amp; Training</b> (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