

Employer Name: _____

Website: _____ Phone Number: _____

Primary Contact: _____ Email: _____

Description of Operations: _____

Payroll, Premium & Experience Mod History

Please fill in the correct amount for each of the following:

Category	Expiring Year	Prior (1)	Prior (2)	Prior (3)	Prior (4)
Payroll					
Premium					
Experience Mod					

Public Entity Information

A complete submission for cities, towns, counties or water districts requires completion of this form, an ACORD 130 application and currently valued losses for the expiring year plus three prior years. If an experience modification is not published, please provide audited payroll information by rating classification for three years prior to the expiring year (if that data is available).

Population: _____ # of Employees: _____ Bond Rating: _____

Exposures- Questions 1 through 11

Yes answers to questions 1 through 11 will normally disqualify.

- Do employees build, wreck, or demolish buildings, water mains, water towers, sewers or dams? Yes No
- Do employees operate an electric utility that generates power for sale? Yes No
- Do employees operate a hazardous or infectious waste disposal facility? Yes No
- Do employees operate amusement parks or devices or exhibitions including fireworks, carnivals or circuses? Yes No
- Do employees include paid athletes? Yes No
- Do employees operate or maintain an underground mine, strip mine, or quarry? Yes No

7. Is a manufacturer or seller of explosives or fireworks in the applicant's geographic limits? Yes No
-
8. Do employees manufacture, store, or transport fireworks, ammunition or explosives?
Instruction: Answer No if the only exposure is the use of ammunition by paid police officers. Yes No
-
9. Does the applicant operate a telephone utility with operations that include erection or maintenance of overhead lines and poles? Yes No
-
10. Are uninsured subcontractors used? Yes No
-
11. Does more than 55% of the overall payroll's exposure arise from higher hazard operations including police, fire fighters, EMS, non-mechanized garbage collection and/or street/road construction? Yes No

Exposures- Questions 12 through 30

Yes answers to questions 12 through 30 require a description of the extent and nature of the exposures in the comments section at the end of this application.

12. Have there been any budget deficits or bond defaults in the past three years? Yes No
-
13. Are there paid prison/inmate labor programs? Yes No
-
14. Do employees work for housing authority or subsidized housing operations? Yes No
-
15. Do employees work for in-patient psychiatric facilities or substance treatment centers? Yes No
-
16. Do employees work for orphanages, halfway houses, homeless shelters, or protective shelters? Yes No
-
17. Do employees work for healthcare, nursing home, or handicapped living facility operations?
Enter number of home health workers, if any: _____ .
-
18. Do employees maintain water mains, sewers, or dams or reservoirs? Yes No
-
19. Do employees operate a gas company with operations other than line connections to consumers, meter reading and repair, pressure regulator installation and repair, drivers, and office work? Yes No
-
20. Do employees work in open trenches deeper than four feet or in manholes?
If Yes, does the applicant have a confined space entry program? Yes No

21. Do you employ lifeguards? Yes No
22. Do employees do any painting or maintenance work on water towers? Yes No
23. Do employees apply pesticides or herbicides that require a license to dispense? Yes No
24. Do employees perform tree removal or pruning while working above ground level? Yes No
25. Do employees collect garbage? Yes No
If Yes, estimate the percentage of non-mechanized collection _____ %.
26. Do the insured own or operate a landfill or recycling center? Yes No
27. Do employees crush, shred or process material to be recycled other than cans and bottles? Yes No
28. Do employees work in buildings with known asbestos exposure or asbestos monitoring? Yes No
29. Do you operate an airport? Yes No
30. Water treatment operations? Yes No

Loss Prevention and Claim Management

31. Are subcontractors utilized? Yes No
If Yes, are new certificates obtained at the expiration date indicated on the original certificate? Yes No
32. Is there a written safety program? Yes No
33. Is there an accident investigation program? Yes No
34. Is there a self-inspection program? Yes No
35. Is there a full-time risk manager or safety director? Yes No
36. Is safety training conducted? Yes No
37. Are department managers accountable for safety goals? Yes No
38. Is there a hazardous material handling policy, including procedures and training? Yes No

39. Does applicant have a state-approved drug-free workplace certificate? Yes No
If Yes, enclose a current certificate.

If all employees are not subject to random drug testing, are employees in public safety and hazardous positions subject to random drug testing? Yes No

40. Has the applicant's management approved a formal written program to return employees to work in transitional duty when appropriate work is available and approved by the treating medical Provider? Yes No

If No, will management collaborate with Key Risk to implement a transitional duty program? Yes No

41. Is there a vehicle safety program for drivers and vehicles? Yes No

Police Department

42. Enter the number of:

Licensed Motorcycles: _____ Segway: _____

Power Watercraft: _____ Horseback: _____

Aircraft: _____

43. Are written procedures consistently followed for automotive pursuit? Yes No

44. Do operations include SWAT teams, bomb squads, police academy or dive teams? Yes No

If Yes, describe each in the comments section at the end of this document application.

45. Is stress management training provided? Yes No

46. Do police officers exposed to traffic wear reflective clothing between sunset and sunrise? Yes No

Corrections Department

47. Are correctional facilities operated? Yes No

If Yes, please complete the table below:

Type	Number Of Facilities	Average Daily Inmate Population	Certified Population Capacity	Is Facility Operated with Population Over the Certified Capacity?	Are violent people kept in lock-down?	Have all employees at facility received defensive training?
Adult				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Juvenile				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Boot Camp				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

48. Number of paid firefighters: _____ ; paid ambulance drivers: _____ ; paid EMTs: _____ .

49. Are firefighting, ambulance, or EMT services provided outside the applicant's geographic limits? Yes No

If Yes, identify other communities served: _____

50. Is there a hazardous materials emergency response team? Yes No

51. Are annual physical exams required of paid firefighters? Yes No

52. Is there a written emergency vehicle response policy? Yes No

53. Volunteers: Please indicate all categories of volunteers for which workers compensation coverage is requested. We will estimate that individual volunteers work ninety (90) hours per year in training and responding to calls (unless different information is provided in the comment section located at the end of this application.

Employee Class	Number of Volunteers	Are Rosters of Volunteers Maintained?	Person Who Maintains Roster
Volunteer Firefighters		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Phone:
Volunteer / Auxiliary Police		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Phone:
Volunteer Ambulance Drivers		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Phone:
Volunteer EMTs		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Phone:
(Other):		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Phone:



Applicant Signature

Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to provide the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the Company reserves the right to modify or withdraw any offer for insurance.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

Applicant Name: _____

Title: _____

Applicant Signature: _____

Date: _____

Phone Number: _____