

C. LOSS HISTORY (include insured and uninsured losses)

- Five (5) years' company loss runs, valued within the past six (6) months, must be attached for all coverages requested. (Law Enforcement requires seven [7] years' loss runs.) You can request this data from your agent or insurer.
- For the following lines of business**, complete the following table and attach a complete description of any and all losses (paid or reserved).

| Line of Business | Policy Year | Premium | Incurred Losses | No. of Claims | Company | Deductible |
|----------------------------|-------------|---------|-----------------|---------------|---------|------------|
| Property | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| Inland Marine | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| Crime | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| General Liability | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| Automobile Liability | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| Automobile Physical Damage | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| Umbrella/Excess | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |

| Line of Business | Policy Year | Premium | Incurred Losses | No. of Claims | Company | Deductible |
|---------------------------|-------------|---------|-----------------|---------------|---------|------------|
| Equipment Breakdown | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| Law Enforcement | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| Public Officials | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| Employment Practices | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| Emergency Dispatchers | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| Firefighters Professional | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |
| | To | | | | | |

3. Has any claim been made, or is any claim now pending against the public entity or any person in his/her capacity as an official or employee of the public entity? Yes No
If yes, give details including the nature of the complaint and the current status.

4. Does any official or employee have knowledge of any losses, claims, litigation or incident which may give rise to a claim? Yes No
If yes:
a. Give details including the nature of the incident and current status; and
b. Confirm that the incident has been reported to current carrier Confirmed

D. GENERAL INFORMATION

1. Financial Information: Please provide actual amounts from all sources for the last three (3) years:

| Year | Revenue | Expenditures | Surplus (+)/Deficit (-) Provide an explanation for any significant surplus or deficit. | Accumulated Surplus |
|------|---------|--------------|--|---------------------|
| | | | | |
| | | | | |
| | | | | |

PLEASE ATTACH MOST CURRENT BUDGET FOR ALL DEPARTMENTS.

2. Bond Information:

- a. What is the amount of outstanding bonds? _____ No Bonds Outstanding
- b. What is your latest bond rating (Moody's or Standard & Poor's)? Rating: _____ No Current Rating
- c. Has your public entity been in default on principal or interest on any bond? _____ Yes No
If yes, explain: _____

3. Coverages Requested:

- Property, Inland Marine and Crime
- Commercial General Liability
- Public Officials Liability
- Emergency Dispatchers Liability (stand alone)
- Firefighters Professional Liability (stand alone)
- Law Enforcement Liability
- Employment Practices Liability
- Commercial Automobile
- Commercial Umbrella/Excess Liability

4. Current coverage information:

| Coverage | Company Name | Expiration Date | Policy Limits | Premium | Deductible | Occurrence/ Claims Made | Retro Date |
|---------------------------|--------------|-----------------|---------------|---------|------------|-------------------------|------------|
| Property | | | | | | | |
| Earthquake | | | | | | | |
| Flood | | | | | | | |
| Inland Marine | | | | | | | |
| Crime | | | | | | | |
| General Liability | | | | | | | |
| Public Officials | | | | | | | |
| Emergency Dispatchers | | | | | | | |
| Firefighters Professional | | | | | | | |
| Law Enforcement | | | | | | | |
| Employment Practices | | | | | | | |
| Equipment Breakdown | | | | | | | |
| Automobile | | | | | | | |
| Excess/ Umbrella | | | | | | | |

Has any such insurance been canceled, declined or nonrenewed in the last five (5) years?..... Yes No
(Not applicable to Missouri applicants.)

If yes, explain: _____

E. RISK MANAGEMENT ANALYSIS

1. Contact for loss control inspection and/or mailings: _____

Title: _____ Phone: (____) _____ Fax: (____) _____

2. a. Does the entity have a safety/loss control program?..... Yes No

b. Are there regular safety/loss control meetings conducted?..... Yes No

If yes, how often? _____

c. Does the entity have an accident investigation program? Yes No

d. Are all premises periodically inspected for safety?..... Yes No

Frequency? _____

e. Is there a formal written program for preventative maintenance? Yes No

Frequency? _____

Buildings?..... Yes No

Equipment? Yes No

3. Does your entity have a disaster recovery plan in place? Yes No

4. Does your entity have a written procedure for terrorism preparedness? Yes No

5. Does your entity have someone charged with the responsibility of risk management?..... Yes No

If yes, full-time part-time

If part-time, who performs this function? _____

6. Is the entity in compliance with the federally mandated Americans With Disabilities Act (ADA)? Yes No

7. Do you fund or supply personnel to any commission, board, authority, administrative department or other similar unit that is **independently operated** or **not directly operated by you**? Yes No

If yes, please list (on a separate attachment) all those for which you desire coverage as additional insured(s) and provide a brief description of the relationship.

8. What is the largest city within a twenty-five (25) mile radius of your entity? _____ Population: _____

F. AUTHORIZED ENTITY REPRESENTATIVE

Your designee to report claims and receive notices: _____

Name: _____ Title: _____

