



MIRMA

Missouri Intergovernmental Risk Management Association

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APPLICATION FOR MEMBERSHIP

This is the first step in joining MIRMA or receiving a quote.

The submission of this application does not obligate either yourself or MIRMA in any manner.

I. GENERAL INFORMATION

Name of Political Subdivision _____

Address _____

Name of Person Completing Questionnaire _____

Title _____

Telephone _____

E-mail Address _____

Federal Employers Identification Number (FEIN) _____

II. STATISTICAL DATA Start with most recent Fiscal Year and work back five years.

A.	<u>Fiscal Year</u>	<u>Budgeted Expenditures All Funds</u>	<u>Actual Revenue</u>	<u>Actual Expenditures</u>
	____ - ____	_____	_____	_____
	____ - ____	_____	_____	_____
	____ - ____	_____	_____	_____
	____ - ____	_____	_____	_____
	____ - ____	_____	_____	_____

Note: All funds must include total of general fund and all enterprise or other funds.

B. Attach a copy of the MOST RECENT YEAR audited financial statements.

C. Current Population _____

IV. GENERAL EXPOSURE DATA: CITY OWNED/UTILITY OWNED

A. Please complete the following questions. If a question does not apply, enter N/A.
DO NOT LEAVE ANY BLANKS.

1. Total number of parks _____
2. Number of the above parks that have playgrounds _____
3. Number of swimming pools _____
4. Number ice skating rinks _____
5. Number of skate parks _____
6. Number of parking lots _____ parking garages _____
7. Number of libraries _____
8. Miles of street _____
9. Miles of sidewalk _____
10. Number of civic arenas _____
11. Number of golf courses _____
12. Number of members on your governing body (city council, board of aldermen, trustees or utility board) _____
13. Number of full time fire fighters _____
14. Number of volunteer fire fighters _____
15. ISO Rating (Fire Classification Code) _____
16. Number of full time police officers _____
17. Number of reserve or auxiliary police officers _____
18. Number of police dogs _____
19. Number of EMTs _____
20. Do you own wharfs or waterfront property? _____
If yes, please describe _____

21. Do you own watercraft? _____
If yes, please provide the following information for each watercraft:
 - a. Length/Type _____
 - b. Purpose for use _____

V. SPECIFIC EXPOSURE DATA

A. Property

1. A complete list of buildings, structures and their contents, showing their full replacement cost **MUST** be attached to this application. Be sure to include the following information:
 - a. Location
 - b. Description / Occupancy
 - c. Year built
 - d. Type of construction
 - e. Number of stories
 - f. Square footage
 - g. Whether or not it has a sprinkler system

- h. Building value (replacement cost)
- i. Contents value (replacement cost)

Place an asterisk in the furthest left hand column next to any property located within the 100 year federal flood plain.

2. Do you purchase flood insurance from the NFIP (National Flood Insurance Program) for any properties in the 100 year flood plain? _____

3. Does your political subdivision currently have any major buildings or structures under construction? _____

If yes, please complete the following:

- a. Location
- b. Description / Occupancy
- c. Year built
- d. Type of construction
- e. Number of stories
- f. Square footage
- g. Whether or not it has a sprinkler system
- h. Estimated building value
- i. Estimated completion date

4. A schedule of all contractors or other heavy equipment, such as bulldozers, graders, or backhoes, showing their full actual cash value **MUST** be attached to this application. Total equipment actual cash value \$_____.

B. Boiler & Machinery

1. Are there any electric power generating stations used for distribution? _____

If yes, please provide the following information for each generating station:

- a. Plant location address _____
- b. Plant contact name and phone number _____
- c. Plant generating capacity _____
- d. Peaking or base loaded _____
- e. Number, type, rating and age of prime mover(s) _____

2. Please indicate number and KVA rating of all transformers over 30,000 KVA:

C. Automobile

1. Number of autos (includes cars, SUVs, vans, & pickups – 3/4 ton or less):

- a. Police _____
- b. Fire _____

- c. Other _____
Total _____
- 2. Number of trucks _____ (Over 3/4 Ton)
- 3. Number of fire trucks _____
- 4. Number of trailers _____
- 5. Number of ambulances _____
- 6. Number of buses _____ Seating capacity _____
- 7. Number of motorcycles _____

D. Employment Practices

- 1. Number of EEOC and/or MCHR complaints in the past year _____
- 2. Number of employee terminations in the past year _____
- 3. Number of employee resignations in the past year _____
- 4. Do you have a written personnel manual or handbook? _____
If yes, please answer the following:
 - a. Date of last update? _____
 - b. Is the manual distributed to all personnel? _____
 - c. Is the manual applicable to all departments? _____
- 5. Has a claim been made in the past five years or is now pending against any person in their capacity as an official or employee of the public entity?

If **yes**, please include an attached sheet with a listing and a brief description of any employment claims made, pending or settled within the past five years.

E. Utility

- 1. Do you provide water service? Yes _____ No _____
If **yes**, please complete the water portion of the attached Utilities Supplemental Application.
- 2. Do you provide wastewater service? Yes _____ No _____
If **yes**, please complete the wastewater portion of the attached Utilities Supplemental Application.
- 3. Do you provide natural gas service? Yes _____ No _____
If **yes**, please complete the gas portion of the attached Utilities Supplemental Application.
- 4. Do you provide electric service? Yes _____ No _____
If **yes**, please complete the electric portion of the attached Utilities Supplemental Application.

F. Airport

1. Do you own an airport? Yes _____ No _____
If yes, please complete the attached Aviation Supplemental Application.

G. Holding Facilities

1. Do you conduct any type of holding or prisoner detention?
Yes _____ No _____
If yes, please complete the attached Correctional Facilities Supplemental Application.

VI. PRESENT INSURANCE INFORMATION

Please provide the following information regarding your present insurance coverage. If you do not purchase any of these coverages so indicate. Do not list Fidelity or Surety Bonds.

<u>Insurance Co.</u>	<u>Limits</u>	<u>Premium</u>	<u>Deductible/ Retention</u>
Property			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
General Liability			
_____	_____	_____	_____
_____	_____	_____	_____
Employment Liability			
_____	_____	_____	_____
_____	_____	_____	_____
Automobile			
_____	_____	_____	_____
_____	_____	_____	_____
Public Officials Liability			
_____	_____	_____	_____
Police Professional Liability			
_____	_____	_____	_____

<u>Insurance Co.</u>	<u>Limits</u>	<u>Premium</u>	<u>Deductible/ Retention</u>
Umbrella Liability			
_____	_____	_____	_____
Workers' Compensation			
_____	_____	_____	_____
Package Policies Please Identify Coverages			
_____	_____	_____	_____
_____	_____	_____	_____
Boiler & Machinery			
_____	_____	_____	_____
Airport Liability			
_____	_____	_____	_____

VII. LOSS EXPERIENCE INFORMATION:

This is one of the most important sections of your application. Please attach your loss history/reports for the past five years showing all claims handled by your current and previous insurance companies. In addition, please complete the following for all incurred claims handled by **you**. Start with the current year.

<u>Year</u>	<u># of Claims Paid</u>	<u>Reserves</u>	<u>Total</u>
Property			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Employment Practices Liability			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Year</u>	<u># of Claims Paid</u>	<u>Reserves</u>	<u>Total</u>
Automobile			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Public Officials Liability			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Police Professional			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Workers' Compensation			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Boiler & Machinery			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Airport Liability			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Year</u>	<u># of Claims Paid</u>	<u>Reserves</u>	<u>Total</u>
Gas Liability			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VIII. LOSS PREVENTION

- A. If you have a formal loss prevention program or written safety rules or regulations, please attach copies.
- B. If you do not have the above, please attach an extra sheet describing any loss prevention or safety procedures in use in your city.

This application was completed this _____ day of _____, _____. The information contained herein is true and correct to the best of my knowledge and ability.

Signed: Name _____
 Title _____