

PENNSYLVANIA INTERGOVERNMENTAL RISK MANAGEMENT ASSOCIATION
APPLICATION FOR MEMBERSHIP

This application is for rating and underwriting purposes. Supplemental information may be required.

Name of Entity: _____

Address: _____

Person to Contact: _____ Title: _____

E-mail: _____

Telephone #:() _____ Fax #:() _____

Proposed Effective Date: _____

Population: _____

(Your Political Subdivision or Population Served)

Number of Full-Time Employees: _____

Number of Part-Time Employees: _____

Number of Seasonal Employees: _____

Number of Elected or Appointed Officials: _____

SECTION I – GENERAL LIABILITY

1. Budget:

Current Year

(a) Total Operating Costs: \$ _____
(Expenditures without regard to source of revenue)

(b) Deductions:

1) Capital Improvement (bondable items including interest on new construction, major improvements and purchase of major items) \$ _____

2) Expenditures for independent contractor operations \$ _____
(Describe in Item 6.b)

3) Legal and Engineering Fees \$ _____

4) Debt Service \$ _____

5) Total Police Expenditures \$ _____

6) Total Deductions: 1), 2), 3), 4), 5) \$ _____

(c) Operating Expenditures: (a) – (b) \$ _____

2. Payroll (estimated for current year):

- a) Fire Department \$_____
- b) Sewer Department \$_____
- c) Waterworks \$_____
- d) Maintenance (e.g. mowing, painting, building and road maintenance) \$_____
- e) New Road Construction \$_____
- f) Parks & Recreation \$_____

3. Exposures – check and indicate number you have (A supplemental application may be required)

- a) Ambulance Service
Name of Ambulance Corp. _____
Number of ambulances: _____
- b) E.M.T.'s
Number of Technicians: _____
- c) Garbage Dump or Landfill
Number Open: _____
Number Closed: _____
- d) Swimming Pool
Number: _____
- e) Diving Boards
Number: _____ Metric Height _____
- f) Water Slides
Number: _____
- g) Fireworks Displays
Contracted: _____yes _____no
Number per year: _____
- h) Fire Fighters
Number of Paid Employees: _____
Number of Active Volunteers: _____
Name of Fire Company(s) _____

- i) Bridges over 50 feet long
Number: _____
- j) Docks/Piers/Wharfs
Number: _____
- k) Golf Courses
Number: _____
- l) Lakes or Reservoirs
Number: _____
- m) Ice Skating Rinks
Number: _____
- n) Elevators
Number: _____
- o) Watercraft (Boats)
Number: _____

4. Exposures Excluded

THE FOLLOWING AREAS OF LIABILITY ARE EXCLUDED UNLESS SPECIFICALLY ACCEPTED BY THE ADMINISTRATOR. PLEASE CHECK ANY EXPOSURES THAT EXIST.

The ownership, maintenance, operation or use of any:

	Existing Exposure	Covered Elsewhere	Coverage Requested
a) airfield, runways, hangars	_____	_____	_____
b) dams	_____	_____	_____
c) educational system	_____	_____	_____
d) electric utility system	_____	_____	_____
e) hospital or medical care facility	_____	_____	_____
f) housing authority	_____	_____	_____
g) mechanically operated amusement device	_____	_____	_____
h) medical clinic	_____	_____	_____
i) natural gas transmission system or gas utility	_____	_____	_____
j) nuclear facility	_____	_____	_____
k) nursing home	_____	_____	_____
l) railroad	_____	_____	_____
m) skateboard facility	_____	_____	_____
n) ski lift, ski tow or ski run	_____	_____	_____



5. Contracts

a) Describe any contractual agreements assuming liability of others: (PLEASE ATTACH A COPY OF CONTRACT) _____

b) Describe any contract that you have made with another Public Entity or Private Corporation (i.e. Fire Protection, Garbage Collection, Street Maintenance). Show Annual Cost of each: (PLEASE ATTACH COPY OF CONTRACT)

6. Other Exposures

- a) Do you permit or sponsor skateboarding? _____ Yes _____ No
- b) Do you permit, provide or maintain snowmobile trails
or roads? _____ Yes _____ No
- c) Do you permit any type of vehicles other than licensed
vehicles on your premises? Examples: dirt bikes, all
terrain vehicles (3 or 4 wheels), or snowmobiles? _____ Yes _____ No



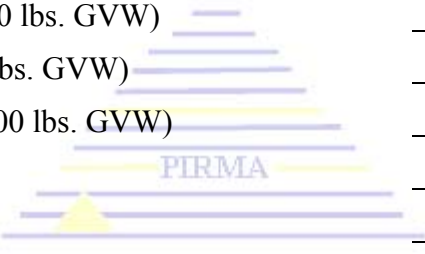
SECTION II – AUTOMOBILE LIABILITY

1. GENERAL INFORMATION

- a) Limit of Uninsured Motorist coverage desired: _____
 Limit of Underinsured Motorist coverage desired: _____
- b) Are **additional** First Party Benefits desired? _____ Yes _____ No

2. AUTOMOBILE LIABILITY INFORMATION

TYPE	NUMBER OF UNITS
a) Vans/Pick-Ups/Passenger Cars (other than Police)	_____
b) Police Cars	_____
c) Dump Trucks	_____
d) Ambulances	_____
e) Fire Trucks (all types)	_____
f) Refuse Trucks	_____
g) Trucks (miscellaneous, i.e. stake body, cherry pickers)	_____
1. Light/Medium (0-20,000 lbs. GVW)	_____
2. Heavy (20,001-45,000 lbs. GVW)	_____
3. Extra Heavy (over 45,000 lbs. GVW)	_____
h) Buses	_____
i) Motorcycles	_____
j) Trailers	_____
k) Street Cleaners	_____
l) Total (a-k)	_____



SECTION III – PUBLIC OFFICIALS LIABILITY COVERAGE

1. RETROACTIVE COVERAGE:

Coverage Requested? _____ Yes _____ No If Yes, Retroactive Date: _____

(Please attach copy of current policy to verify prior claims made coverage)

2. BOARDS and COMMISSIONS:

Do you want coverage for the following boards? (If you do NOT want coverage because they are insured elsewhere, please list who is insured, limits of liability, insurance company and effective dates:

a) Parks and Recreation	_____	Yes	_____	No	_____	N/A
b) Library	_____	Yes	_____	No	_____	N/A
c) Zoning	_____	Yes	_____	No	_____	N/A
d) Housing	_____	Yes	_____	No	_____	N/A
e) Sewer	_____	Yes	_____	No	_____	N/A
f) Water	_____	Yes	_____	No	_____	N/A
g) Other (Boards)	_____					

THE FOLLOWING BOARDS ARE EXCLUDED UNLESS SPECIFICALLY ACCEPTED BY THE ADMINISTRATOR. PLEASE NOTE ANY EXPOSURES THAT EXIST.

	Existing Exposure	Covered Elsewhere	Coverage Requested
h) Schools	_____	_____	_____
i) Airports	_____	_____	_____
j) Hospital	_____	_____	_____
k) Gas Utility	_____	_____	_____
l) Electric Utility	_____	_____	_____

3. Are Board members appointed? _____ If so, by whom? _____

4. Number of Licensed or Certified Positions:
 Attorneys:___ Engineers:___ Accountants:___ Architects:___ Other(s):_____
 Please specify:_____

CLAIMS INFORMATION:

- 1) Has any employee filed any suit or made any claim against the entity in any court or before any commission or public agency? _____ Yes _____ No
 (If “Yes”, give details including nature of claim and current status.)
- 2) Has any claim been made or is any claim now pending against any person in his/her capacity as an official or employee of the Public Entity? _____ Yes _____ No

- 3) Does any official or employee have any knowledge of any act, error or omission which might give rise to a claim against them? _____ Yes _____ No
- 4) Has any claim been made alleging improper zoning action? _____ Yes _____ No
- 5) Has any claim been made for improper issuance of a permit? _____ Yes _____ No



SECTION IV – POLICE PROFESSIONAL LIABILITY

IF YOU DO NOT OPERATE A POLICE DEPARTMENT, PLEASE INDICATE BELOW AND SKIP TO LAST PAGE OF APPLICATION.

We do not operate a Police Department _____

STOP.....ONLY COMPLETE THE FOLLOWING IF YOU HAVE A POLICE DEPARTMENT.

We operate a Police Department _____

PART I – EXPOSURE

1. Do you provide Law Enforcement Services to any other Entity? ____ Yes __ No

Name of Entity: _____

Explain: _____

2. Are you a party to any mutual aid, drug task force or reciprocal Law Enforcement contract? (PLEASE ATTACH A COPY OF CONTRACT) ____ Yes ____ No Explain: __

3. Do you permit moonlighting? ____ Yes ____ No

Explain: _____

(PLEASE ATTACH COPY OF MOONLIGHTING PROCEDURES)

PART II – TRAINING

1. Are electronic devices used (stun guns, cattle prods, etc.) ____ Yes ____ No. If yes, describe training and permitted use: _____

2. Describe the training required for each officer who may provide emergency medical treatment and care: _____

3. Department Training Manual: ____ Yes ____ No If yes, when written? _____ (PLEASE ATTACH COPY)

PART III – RATING CLASSIFICATION

(INDICATE NUMBER – LIST PERSONNEL ONLY ONCE UNDER PRIMARY CLASSIFICATION)

Number of Police Department Employees: Full Time _____ Part Time: _____ (less than 20 hours per week) Total Number of Employees _____

Agency Operations – Not Detention:

	<u>Full Time</u>	<u>Part Time</u>
A. Class I Employees – officers with arrest powers (Excluding those associated with Detention and Auxiliary officers.)	# _____	# _____
B. Class II Employees – officers without arrest powers, i.e. meter maids, crossing guards, civil process, bailiff.	# _____	# _____
C. Class III Employees – personnel without arrest powers, i.e., stenographers, clerical, computer, records, dispatchers, court assistance.	# _____	# _____

Agency Operations – Detention:

D. Class IV Employees – officers assigned to holding facilities, <u>72 hours or less</u>	# _____	# _____
E. Class V Employees – jail administrators, jailers, matrons, correctional officers, jail and other detention facilities <u>excess of 72 hours</u>	# _____	# _____
F. Class VI Employees – jail medical personnel, i.e. doctor, psychologist, nurse.	# _____	# _____
G. Class VII Employees – all other jail personnel, i.e. cooks, clerical, records	# _____	# _____

PIRMA

Agency Operations – All Other Classes:

H. Class VIII Exposures – Auxiliary Officers:	1) Armed	# _____
	2) Unarmed	# _____
I. Class IX Exposures	1) Police Dogs – owned or used	# _____
	2) Police Horses – owned or used	# _____
	3) Watercraft – owned or used	# _____
	Type	_____
	Horsepower	_____

PART IV – PROCEDURES

1. Do you have a department procedures manual? _____ Yes _____ No
If yes, when was it written? _____ Last Update: _____

PART V – DETENTION

Do you operate: * [] Holding facility – 72 hours or less
 * [] Jail
 * [] Prison
 * [] Other _____
 [] We do not operate any type of detention facility

* (SUPPLEMENTAL JAIL APPLICATION REQUIRED).



*****A three-year loss history is required for each line of coverage.**

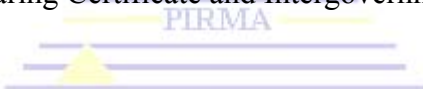
DECLARATIONS AND NOTICES

DECLARATION

No claim has been made, or is now pending against any person in his/her capacity as an official employee of the Public Entity, nor does any official or employee have any knowledge of any incident, act, error or omission, which might give rise to a claim against them unless indicated on this application or attached thereto. To the best of my knowledge and belief, the information provided in connection with this application is true and there are no material facts withheld. I understand that non-disclosure or misrepresentation of a material fact will entitle The Pennsylvania Intergovernmental Risk Management Association to void any liability protection that is issued as a result of this application. I also understand that any contribution quotation is based on the loss information contained herein and is subject to change based on any verified loss information subsequently obtained by the Pool.

NOTICE TO THE POOL

I understand that the signing of this application to join the Pool does not bind me to complete the Intergovernmental Contract, but agree that, should an Intergovernmental Contract be concluded, this application and the statements herein contained, shall form the basis of, and become a part of the Risk Sharing Certificate and Intergovernmental Contract.



AUTHORIZED SIGNATURE OF APPLICANT: _____
(Only original signature can be considered)

TITLE OF APPLICANT: _____ DATE: _____

Return completed application to: PENNSYLVANIA INTERGOVERNMENTAL
RISK MANAGEMENT ASSOCIATION
961 Pottstown Pike
Chester Springs, PA 19425-9908