

**MUNICIPAL AUTOMOBILE COVERAGE
APPLICATION**

1. a. Name of Entity: _____
- b. Address: _____

- c. Person to Contact: _____ d. Telephone: (____) _____
- e. Number of Full-Time Employees: _____ f. Population: _____
(Your Political Subdivision)
- g. Limits: _____ h. Deductible: _____
- i. Proposed Effective Date: _____

2. GENERAL INFORMATION

- a. Do you have a specific driver training program?: _____
If yes, explain: _____
- b. Do you obtain MVR verification?: _____

3. AUTOMOBILE LIABILITY INFORMATION (Fill in only the number of vehicles)

	TYPE	NUMBER OF UNITS	RATE	CONTRIBUTION
1. a.	Vans/Pick-Ups/Passenger Cars (other than Police)	_____	_____	_____
b.	Police cars	_____	_____	_____
c.	Dump Trucks	_____	_____	_____
d.	Ambulances	_____	_____	_____
e.	Fire Trucks	_____	_____	_____
f.	Refuse Trucks	_____	_____	_____
g.	Trucks (miscellaneous)	_____	_____	_____
	(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.	Road Maintenance (Including Street Sweepers)	_____	_____	_____
k.	Trailers	_____	_____	_____
2.	Non-owned and Hired Auto	_____	_____	_____
3.	Total (a through j)	_____	_____	_____

	Total	\$ _____
<u>Anniversary Information</u>	Limits Multiplier	\$ _____
Loss Experience _____	State Multiplier	\$ _____
Exposures _____	Deductible Credit	\$ _____
Limits/Ded _____	Individual Risk Modification Plan	\$ _____
Expiring Charge _____	Annual Contribution	\$ _____
Expiring IRMP Mod _____	Divide By	_____
	Basis Rate	\$ _____

5. **CLAIMS EXPERIENCE – Describe your claims experience for the past three (3) years:**

Date	Type of Claim	Disposition Open/Closed	Amount Paid or Reserved
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PLEASE ATTACH DETAILS ON ANY CLAIM PAYMENTS/RESERVES IN EXCESS OF \$10,000

6. **CURRENT AND PRIOR INSURANCE POLICIES:**

Current Year:

Insurer: _____ Premium: _____
 Policy No.: _____ Expiration Date: _____ Limits: _____

First Prior Year:

Insurer: _____ Premium: _____
 Policy No.: _____ Expiration Date: _____ Limits: _____

Second Prior Year:

Insurer: _____ Premium: _____
 Policy No.: _____ Expiration Date: _____ Limits: _____

Declarations and Notices

Declaration

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 material fact will entitle the coverage provider 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 coverage provider.

Notice

I understand that the signing of this application does not bind me to complete the Intergovernmental Contract or Subscription Agreement, but agree that, should an Intergovernmental Contract or Subscription Agreement be concluded, this application and the statements herein contained, shall form the basis of, and become a part of the coverage document and Intergovernmental Contract or Subscription Agreement.

Authorized Signature of Applicant* _____

Title of Applicant: _____ Date: _____

*Only original signature can be considered.

Return completed application to:

U/W APPROVAL	
Initial	Date
Initial	Date