

**MUNICIPAL GENERAL LIABILITY 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: \_\_\_\_\_
- j. Retroactive Coverage:  
(1) Coverage Requested? \_\_\_\_\_ yes \_\_\_\_\_ no (2) If Yes, Retroactive Date: \_\_\_\_\_
- k. Financial:

**Current Year**

- (1) Total Operating Costs \$ \_\_\_\_\_
- (2) Deductions:
- a. Capital improvements (bondable items including interest on new construction, major improvements and purchase of major items) \$ \_\_\_\_\_
- b. Expenditures for independent contractor operations \$ \_\_\_\_\_
- c. Welfare benefits (not administrative costs) \$ \_\_\_\_\_
- d. Debt service fund \$ \_\_\_\_\_
- e. Police Expenditures \$ \_\_\_\_\_
- f. Total deductions: a), b), c), d), e) \$ \_\_\_\_\_
- (3) Operating Expenditures: [1 – 2(f)] \$ \_\_\_\_\_

**Budget (for the past 3 years):**

Year	Revenues	Expenditures	Surplus (+) or Deficit (-)
19/20 _____	\$ _____	\$ _____	\$ _____
19/20 _____	\$ _____	\$ _____	\$ _____
19/20 _____	\$ _____	\$ _____	\$ _____

2. Payroll (estimated for current year):
- a. Fire Department \$ \_\_\_\_\_
- b. Sewer Department \$ \_\_\_\_\_
- c. Waterworks \$ \_\_\_\_\_
- d. D.P.W. (garbage, misc. repair) \$ \_\_\_\_\_
- e. Road Const. & Maintenance \$ \_\_\_\_\_
- f. Parks and Recreation \$ \_\_\_\_\_



5. a. Do you have a Safety Director? \_\_\_\_\_
- b. What is your loss control program? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- c. Describe any contractual Agreements assuming liability of others: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- d. Describe any contract which you have made with another Public Entity or Private Corporation (i.e., Fire, Protection, Garbage Collection, Street Maintenance). Show Annual cost of each:  
 \_\_\_\_\_  
 \_\_\_\_\_
- e. List all boards and commissions: \_\_\_\_\_  
 \_\_\_\_\_
- f. Describe your claims experience in the past three (3) years:

Date	Type of Claim	Disposition (open, closed)
_____	_____	_____
_____	_____	_____
_____	_____	_____

(ATTACH DETAILS ON ANY CLAIM PARENTS/RESERVES IN EXCESS OF \$10,000.)

- g. Current and Prior Insurance Policies:

**CURRENT YEAR:**

General Liability Insurer: \_\_\_\_\_ Present Premium\*: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Limits: \_\_\_\_\_

\*Excluding Property and Automobile

Public Officials Liability Insurer: \_\_\_\_\_ Present Premium\*: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Limits: \_\_\_\_\_

Police Professional Liability Insurer: \_\_\_\_\_ Present Premium\*: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Limits: \_\_\_\_\_

Umbrella/Excess Liability Insurer: \_\_\_\_\_ Present Premium\*: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Limits: \_\_\_\_\_

**First Prior Year:**

General Liability Insurer: \_\_\_\_\_ Premium\*: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Limits: \_\_\_\_\_

Public Officials Liability Insurer: \_\_\_\_\_ Premium\*: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Limits: \_\_\_\_\_

Police Professional Liability Insurer: \_\_\_\_\_ Premium\*: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Limits: \_\_\_\_\_

Umbrella/Excess Liability Insurer: \_\_\_\_\_ Premium\*: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Limits: \_\_\_\_\_

**Second Year:**

General Liability Insurer: \_\_\_\_\_ Premium\*: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Limits: \_\_\_\_\_

Public Officials Liability Insurer: \_\_\_\_\_ Premium\*: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Limits: \_\_\_\_\_

Police Professional Liability Insurer: \_\_\_\_\_ Premium\*: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Limits: \_\_\_\_\_

Umbrella/Excess Liability 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 a 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: \_\_\_\_\_

\_\_\_\_\_