



**SELF-INSURED RETENTION
APPLICATION
CHECKLIST**

- _____ **Signed Application**
- _____ Currently Valued Loss Runs – 5 year, Excel preferred
- _____ Current Budget or Website link
- _____ Expiring Policy
- _____ Vehicle schedule
- _____ Property schedule



Due Date _____ Effective Date _____

Name of Insured _____

Mailing Address _____

A. GENERAL EXPOSURE INFORMATION:

1. Types of neighborhood: Industrial Metropolitan or Urban Agricultural

2. Describe major employers or industry _____

3. Current number of officials: Elected _____ Appointed _____
If appointed, by whom? _____

4. Number of licensed/certified positions: _____ # of Attorneys _____
Of Architects/Engineers _____ Other (specify) _____

5. Population: _____

6. Current # of Employees: _____ Gross Unmodified Payroll: _____

7. Operating Budget: **Please attach current budget or budget link.**

8. Bonds

a. Total amount of outstanding bonds: _____

b. Latest Moody's and/or Standard & Poor's bond rating: _____
If not rated, please explain: _____

c. Has the Public Entity been in default on principal or interest of any bond? yes no
If yes, attach a statement of details.

d. Please include a copy of the bond offering statement or prospectus for all bonds issued in the last three (3) years.

e. Are all investments made by or on behalf of the Public Entity rated at or above Baa by Moody's or BBB by Standard & Poor's? yes no

B. STREETS, ROADS & BRIDGES:

- 1. Are they maintained by the Insured? yes no Payroll _____
- 2. Does the Insured employ a Highway Superintendent? yes no
- 3. Is there a written maintenance program? yes no
- 4. Does the Insured construct: Streets? yes no Bridges? yes no
- 5. Are there any blasting operations? yes no
 - a. Is blasting done by the Insured? yes no Payroll /Cost of Contract _____
 - b. Describe blasting operations: _____

- 6. To what extent is the Insured responsible for Federal or State Highways? _____

- 7. Streets & Road Mileage: _____
- 8. Are there any bridges? yes no # _____
If toll, please specify _____
 - a. Are there any one lane bridges? yes no If so, are warnings posted? yes no
 - b. Have all bridges passed inspection? yes no If not, explain reason and status
of each: _____
 - c. Are any bridges closed or condemned? yes no If so, give a description of each:

 - d. Are all bridges posted for size & weight limit? yes no
- 9. Are there any railroad crossings? yes no # _____
 - a. Are there any Hold Harmless Agreements with a railroad? yes no

C. PUBLIC STRUCTURES:

- 1. Are there any:
 - Stadiums? yes no Arenas? yes no
 - Auditoriums? yes no Grandstands? yes no
 - Bleachers? yes no Convention Centers? yes no
 - Sports Complex? yes no

2. List all facilities with a capacity greater than 5,000:

FACILITY	CONSTRUCTION	CAPACITY	USE	SECURITY

D. SPECIAL EVENTS:

1. Are there any fairs/carnivals? yes no Are there any parades? yes no

2. List any events which attendance is expected to exceed 5,000:

3. Are there any fireworks exhibitions? yes no # _____

a. Are the Pyro-technicians licensed? yes no

Are they employed by the Insured? yes no

b. If contracted, is the Contractor required to carry liability insurance? yes no

Minimum limit of liability: _____ Is a Certificate of Insurance obtained? yes no

c. Is there a fireworks safety program? yes no Describe: _____

E. AIRPORT/LANDING STRIP/HELIPORTS:

1. Does the Insured own or operate an airport? yes no

2. Is there scheduled airline use? yes no Description: _____

3. Does the Insured own or operate any heliports? yes no

4. Does Insured own or hire aircraft? yes no usage: _____

F. PUBLIC TRANSPORTATION:

1. Are there any: Train Stations? yes no Bus Terminals? yes no

If so, please describe:

FACILITY	OPERATOR	HOLD HARMLESS
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no

2. Is there a fixed route transit system? yes no If so, please complete a separate transit application.
3. Is any other public transportation provided? yes no

Description: _____

G. WATERFRONT EXPOSURES:

1. Are there any: Marinas? yes no Wharfs/Docks? yes no Public Beaches? yes no
- a. If there are any Marinas, Wharfs or Docks:

FACILITY	AREA	CONSTRUCTION	USE

- b. If there are any beaches:

LOCATION	FRONTAGE	SWIMMING	BOATING	LIFEGUARDS	FIRST AID STATION
		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

2. Does Insured *OWN* or *OPERATE* any watercraft? yes no # _____

Description: _____

H. RECREATIONAL FACILITIES:

1. Are there any: Parks yes no Playgrounds? yes no # _____

Described playground equipment: _____

Museums? yes no Libraries? yes no # _____

Theaters? yes no # _____ Campgrounds? yes no # _____

Skating Rinks? yes no # Roller _____ # Ice _____

If ice, is hockey allowed? yes no Gymnasiums? yes no

Golf Courses? yes no # _____ # Holes _____ # Carts _____ Receipts _____

Ski Facilities? yes no # Lifts _____ # Tow ropes _____

Athletic Centers? yes no Describe activities & teams: _____

Zoos? yes no Animal Rides? yes no
Amusement Parks? yes no # _____ Mechanical rides? yes no # _____
If so, is there an equipment maintenance program? yes no How often are rides inspected? _____
Race tracks? yes no Rifle Ranges? yes no
Swimming Pools? yes no # _____ Diving Boards? yes no # _____
Life Guards? yes no # _____ Describe pool safety: _____

I. SCHOOLS OR COLLEGES:

1. Does the Insured operate to schools? yes no Budget: _____
If so, please complete a separate school application.

J. LAND LEASED TO OTHERS? yes no

Description: _____

K. OPERATIONS:

1. Waste collection/Treatment/Disposal: yes no Payroll: _____
2. Weed Control? yes no Pest Control? yes no
3. Mowing Operations? yes no Cemeteries? yes no
4. Police Payroll: _____ # Full time _____ # Part time _____
 - a. Is your police department accredited by the Commission on Accreditation for Law Enforcement Agencies?
 yes no If NO, explain: _____

 - b. Are police personnel fully trained according to state minimum requirements and fully certified by the State Police Officer Standards in Training? yes no If no, explain: _____

 - c. Are all officers given a copy of the Policies & Procedures Manual? yes no
 - d. Do you have formalized procedures governing: Deadly Force? yes no
"Hot Pursuit"? yes no Arrest? yes no Off Duty Employment? yes no
Carrying off duty weapon? yes no
5. Fire Payroll: _____ # Volunteers _____ Central Alarm System? yes no
6. # Paramedics/EMTs: _____ Describe training program: _____

7. Is ambulance service operated by the Insured? yes no Payroll: _____

8. Any jails/correctional facilities? yes no # _____ Payroll: _____

FACILITY	SQUARE FEET	CAPACITY	SECURITY

a. Do you comply with "The American Correctional Association" Standards? yes no

b. Halfway House programs? yes no Work Release Programs? yes no

9. Day Care Centers? yes no Average Daily Attendance: _____ Payroll: _____

of Teachers _____ # of Volunteers _____ Adult to Child Ratio: _____

Describe qualification requirements for staff: _____

10. Public Housing? yes no Payroll: _____

BUILDING	HOUSING UNITS	CONSTRUCTION	FIRE PROTECTION	SECURITY

11. Animal Control? yes no Payroll: _____

12. Restaurants/Cafeterias? yes no Payroll: _____

L. CONSTRUCTION PROJECTS:

List projects with construction costs exceeding \$50,000 that are in progress or planned:

PROJECT	INSURED'S PAYROLL	SUBCONTRACT COST

Will these projects result in a substantial budget increase over the next 3 years? yes no

M. UTILITIES:

- 1. Gas? yes no Payroll: _____ If yes, submit a separate application.
- 2. Electric? yes no Payroll: _____ If yes, submit a separate application.
- 3. Waterworks? yes no Payroll: _____

If there are dams or reservoirs, submit a separate application.

a. Water Use: Manufacturing Human Consumption # of Customers: _____

TYPE STORAGE FACILITY	AGE	CONSTRUCTION	CAPACITY	ANNUAL DISTRIBUTION

b. Water Storage: _____

c. Downstream hazards: _____

d. Water pipes: Miles _____ Fabrication _____

Were pipes installed by municipal employees? yes no

e. Who monitors the chemicals used in treatment? _____

f. Sewer Lines: Miles _____ Fabrication _____

Were sewer lines installed by municipal employees? yes no

N. CARE, CUSTODY & CONTROL EXPOSURES:

Such as but not limited to leased premises, rented equipment, garagekeepers legal liability, hangerkeepers legal liability, etc.: _____

O. LANDFILLS/DUMP SITES: yes no # _____

TYPE FACILITY	ACRES	ADJACENT PROPERTY	SECURITY

1. Incinerators? yes no # _____

2. Recycling Facilities? yes no # _____

3. Wastewater Treatment Facilities yes no # _____

P. MEDICAL OPERATIONS: yes no

FACILITY	YES/NO	NUMBER	SERVICES PROVIDED
	<input type="checkbox"/> yes <input type="checkbox"/> no		
	<input type="checkbox"/> yes <input type="checkbox"/> no		
	<input type="checkbox"/> yes <input type="checkbox"/> no		
	<input type="checkbox"/> yes <input type="checkbox"/> no		
	<input type="checkbox"/> yes <input type="checkbox"/> no		

Q. AUTOMOBILE EXPOSURE INFORMATION: **Please attach vehicle schedule**

R. OTHER SERVICES NOT LISTED ABOVE: _____

S. CLAIMS EXPERIENCE: **Attach 5 years currently valued loss runs in Excel format**

1. Wrongful Acts incidents:

a. Have any of the following situations occurred within the last 5 years:

Strike, slowdown or other disruption by employees? yes no

Layoff of employees or reduction in services? yes no

Allegations of unfair or improper treatment regarding employee hiring, remuneration, advancement or termination of employment? yes no

Disputes involving integration, segregation, discrimination or violation of civil rights? yes no

Any Grand Jury investigation, recall proceedings or indictments of any public officials? yes no

If yes, please provide full details.

b. Does the Insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim? yes no

c. Attach a list that includes a description and the status of all Errors & Omissions claims made against the Insured during the past 5 years. If none

T. MISCELLANEOUS:

1. Is there a Risk Manager? yes no Is this a full time position? yes no

2. Name & address of outside claims servicing/handling organization: _____

a. Number of years which they have handled this Insured's claims: _____

b. If less than 5 years, state the name & address of the former outside claims service company: _____

3. Describe the Insured's internal claims handling procedures: _____

4. Is there an ongoing Safety Program? yes no Description: _____

U. PRIOR CARRIER INFORMATION:

POLICY	Carrier	Limit	Premium
General Liability			
Law Enforcement Liability			
Auto Liability			
Public Officials / Employment Practices Liability			
Excess Liability			
Property (Attach SOV and Acord application)			
Crime (Attach Crime Application)			
Other _____			
Total Premium			

EMPLOYMENT PRACTICES LIABILITY SECTION

1. Employees:
 - a. Total: _____ Full time: _____ Part time: _____ Volunteers _____
 - b. Percentage of total employees listed in question 2a that are union employees: _____%
 - c. Are all union employees subject to a collective bargaining agreement? yes no
2. Indicate how many directors, public officials & other employees have been terminated in the last 24 months.
 - a. Total _____ Public Officials _____ Other Employees _____
 - b. Have elected officials had recall actions during the last 24 months? yes no
3. Does the Applicant have a Human Resources Department or a full time Human Resource Director? yes no
4. a. Does the Applicant have a written Human Resources Manual or equivalent written Guidelines? yes no
 - b. If yes, indicate if the manual/guidelines contain a policy or procedure for the following:
 - 1) Written application for employment yes no
 - 2) Confidential treatment of medical examinations yes no
 - 3) Legally prohibited discrimination yes no
 - 4) Sexual harassment complaints yes no
 - 5) Compliance with American with Disabilities Act of 1992, Civil Rights Acts of 1964, 1965 and 1991, Age Discrimination in Employment Act of 1967, Family Medical Leave Act of 1993 and the Fifth and Fourteenth Amendments of the US Constitution yes no
 - 6) Employee disciplinary actions yes no
 - 7) Terminations, layoffs and early retirements yes no
 - 8) Employee outplacement services yes no
 - 9) Employee appraisals/reviews yes no
 - c. What year was this last reviewed and updated with outside counsel? _____
 - d. Describe Applicant's policy for handling calls for reference on Applicant's past employees:

5. a. Attach explanation of any Employment Practices claims over \$50,000
- c. Claims Made or Occurrence If Claims Made, what is the retroactive date?

6. a. Does the Applicant have an Employee Handbook that is distributed to all employees?
 yes no
- b. What year was the Handbook reviewed and updated with outside legal counsel? _____
- c. Does Applicant have an employment "at will" provision in the Employee Handbook and on the Employment Application? yes no
7. Does the Applicant have a detailed job description for all positions? yes no
8. Does the Applicant conduct the following background checks for new hires?
- a. Past employment reference yes no
- b. Motor Vehicle Records (for driving positions) yes no
- c. Credit Reports yes no
- d. Criminal Records yes no
- If "Yes" to any of the above, are new hires informed in writing prior to conducting the background check? yes no
- If "Yes" to any of the above, have the individuals involved in reviewing this information signed a Confidentiality Agreement? yes no
9. Are regular written performance evaluations conducted? yes no
- If "Yes", are evaluations signed by the employee and filed in the individual's personnel file?
 yes no
10. Are terminations reviewed prior to implementation by anyone other than the immediate supervisor or department head? yes no
- If "Yes", please advise by whom _____
11. Are interviews conducted when an employee exists from service? yes no
12. Has the Applicant undergone, within the last 12 months or does the Applicant contemplate undergoing during the next 12 months, any employee layoffs or early retirements, including layoffs or early retirement resulting from any type of restructuring? yes no
13. Have all first dollar losses for all employment related incidents, for the past five (5) years, been included with your insurance submission? yes no
- (If not, please provide a separate Employment Practices Liability listing)
14. None of the Organizations or person(s) applying for this insurance is aware of any fact, circumstance or situation indicating the probability of an Employment Practices Claim against which indemnification would be afforded by the proposed insurance, except as follows: (If answer is "None", so state) _____

No such fact, circumstance or situation is now known by any person(s) or organization(s) applying for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if any person(s) or organization(s) applying for this insurance has any knowledge of any such fact, circumstance, or situation, any Claim subsequently emanating there from shall be excluded from coverage under the proposed insurance.

Signature

Date

Title
