

LOUISIANA MUNICIPAL RISK MANAGEMENT AGENCY
GENERAL LIABILITY APPLICATION

1) NAME OF MUNICIPALITY _____
ADDRESS (PHYSICAL) _____
ADDRESS (MAILING) _____

2) CONTACT PERSON _____
TITLE _____ PHONE _____

3) CURRENT CARRIER _____ EXPIRATION DATE _____
COVERAGE CURRENTLY OCCURANCE () YES () NO CLAIMS MADE () YES () NO

4) *LOSS DATA 3 YEAR LOSS DATA REQUIRED

20__ TO 20__	PREMIUM PAID \$ _____	INCURRED CLAIMS \$ _____
20__ TO 20__	PREMIUM PAID \$ _____	INCURRED CLAIMS \$ _____
20__ TO 20__	PREMIUM PAID \$ _____	INCURRED CLAIMS \$ _____

*PLEASE ATTACH ANY AVAILABLE LOSS REPORTS

5) POPULATION OF MUNICIPLITY _____ 20__ CENSUS

RATING INFORMATION

*TOTAL OPERATING EXPENDITURES _____
CAPITAL IMPROVEMENTS _____
WELFARE BENEFITS _____
EXPENDITURES FOR INDEPENDENT CONTRACTORS _____
SEPARATELY RATED EXPOSURES _____

*Total operating expenditures include (grants, entitlements, and shared revenue) without regard to source, accounts payable, CETA funds and excludes the following:

- A) Capital improvements- Any purchase or improvement which is bonded or Financed (including interest) or exceeds 5% of total operating expenditures. Work performed by the Municipality connected with such purchase or improvement.
- B) Expenditures for independent contractor operations provided the contractor furnishes a Certificate of Insurance to the municipality.
- C) Welfare Benefits includes expenditures for activities designed to provide public assistance and/or institutional care (excluding administrative cost).

6) SEPARATELY RATED EXPOSURES

Check the appropriate boxes and provide the applicable information.
Expenditures include payroll.

<u>Exposures</u> (owned or operated by Municipalities)	<u>Yes</u>	<u>No</u>	<u>Information Needed</u>
Amusement Parks	()	()	Expenditures _____ Receipts _____
Exhibition or Convention Buildings	()	()	Expenditures _____ Area _____ sq. Ft. Receipts _____
Dams	()	()	Expenditures _____ Number _____ Size _____
Golf Courses	()	()	Expenditures _____ Receipts _____ Number of Golf mobiles- Owned or rented _____
Housing Projects	()	()	Expenditures _____ Apartment Houses-Number ____ Area _____ Number of Dwellings: 4 family _____ 3 family _____ 2 family _____ Private Residence _____
Medical Facilities	()	()	Expenditures _____ Area _____
Penal Institutions	()	()	Expenditures _____ Area _____
Schools or Colleges	()	()	Expenditures _____ Number of Students in School _____ Area of College _____

Ski Facilities	()	()	Expenditures: _____ Receipts: _____
Stadiums, Bleachers, Grandstands with Seating Capacity more than 5,000	()	()	Expenditures: _____ Admissions: _____ (excluding admission) _____
Bus Stations or Mass transit System	()	()	Expenditures: _____ Number: _____
Water Department	()	()	Expenditures: _____ Payroll _____ Gallons Distributed _____
Gas Department *Attach DOT Report	()	()	Expenditures: _____ Payroll _____ Unaccounted for gas % _____
Electric Department	()	()	Expenditures: _____ Payroll _____
Street and Road Department	()	()	Expenditures: _____ Miles _____
Police Department	()	()	Expenditures: _____
Wharves, Piers, Docks	()	()	Expenditures: _____ Area _____

<u>Exposures</u>	<u>Yes</u>	<u>No</u>	<u>Information Needed</u>
(owner or operated by Municipalities)			
Watercraft	()	()	Expenditures: _____ Outboard number: Under 25 HP _____ 25-49 HP _____ over 50 HP _____ Inboard number: Length _____ HP _____
Zoos	()	()	Expenditures: _____ Number _____ Receipts _____
Parks	()	()	Expenditures: _____ Acres _____
Construction Operations Performed by Municipality	()	()	Cost _____
Construction Operations Performed by Contractor	()	()	Cost _____
Permits for Demolition	()	()	Number _____
Permits for Construction	()	()	Number _____
Firefighters	()	()	Expenditures: _____ Numbers of regular _____ Payroll _____ Number of Volunteer _____
Licensed EMTs, EMTAs Paramedics	()	()	Expenditures: _____ Number _____ Please supply list of names

7) Special Exposures-Provide description if applicable.

a. Athletic Activities _____

b. Solid Waste Collection of Landfills _____

c. Fireworks _____

d. Any Unusual Exposure _____

8) I hereby certify the above information is correct to the best of his/her knowledge:

SIGNATURE

DATE

LOUISIANA MUNICIPAL RISK MANAGEMENT AGENCY

AUTOMOBILITY LIABILITY APPLICATION

1. NAME OF INSURED: _____

Address (physical): _____

Address (mailing) : _____

2. CONTACT: _____

Title: _____

Phone: _____

3. PRIOR CARRIER: _____

Expiration Date: _____

4. *LOSS DATA: Full 3 years loss data is required. Please full details.

20____ to 20____ Premium Paid: _____
Claims Incurred: _____
Claims Paid: _____

20____ to 20____ Premium Paid: _____
Claims Incurred: _____
Claims Paid: _____

20____ to 20____ Claims Incurred: _____
Premium Paid: _____
Claims Paid _____

*Please attach any available loss reports.

5. Do you require a motor Vehicle Report on all employees who drive city owned vehicles or those employees who use their personal vehicles for city business?

YES ()

NO ()

If yes, how often do you validate the employees driving records? _____

6. Are there any city employees who drive city vehicles and have restricted drivers license?

YES _____

NO _____

7. Number of Employees: _____

8. Do you wish to have Uninsured Motorist Coverage for each automobile?

YES _____

NO _____

9. Do you currently have comprehensive/collision (physical damage) coverage?

YES _____

NO _____

If yes, who is the carrier? _____

Do you want a quote on physical damage?

YES _____

NO _____

If yes, furnish the actual cash value of each vehicle.

10. Include year, make model, identification number of each vehicle and use (or department) of each vehicle. For trucks, included the Gross Vehicle Weight. For trailers include load capacity.

11. I hereby certify the above information is correct to the best of my knowledge.

SIGNATURE

DATE

LMRMA PUBLIC OFFICIALS ERRORS & OMISSIONS
LIABILITY APPLICATION

NAME OF INSURED: _____

Address (physical): _____

Address (mailing): _____

Contact: _____ Title _____

Phone: _____

I. Prior Carrier: _____

Expiration Date: _____

Coverage Form: _____

Has any coverage been cancelled or declined within the past 3 years?

If so, why? _____

II. Is your Municipality currently on a claim made form () or a claims occurrence?
Form ().

III. * Loss Data: Full 3 years loss data is required> Please provide full details.

20 ____ to 20 ____

Premium Paid: _____

Claims Incurred: _____

Claims Paid: _____

20 ____ to 20 ____

Premium Paid: _____

Claims Incurred: _____

Claims Paid: _____

20 ____ to 20 ____

Premium Paid: _____

Claims Incurred: _____

Claims Paid: _____

*Please attach any available loss reports.

V. I hereby certify the above information is correct to the best of my knowledge.

SIGNATURE

DATE

LOUISIANA MUNICIPAL RISK AGENCY APPLICATION FOR
LAW ENFORCEMENT PROFESSIONAL LIABILITY INDEMNIFICATION

NAME OF MUNICIPALITY _____ CHIEF'S NAME _____
ADDRESS _____ TELEPHONE NUMBER _____
CITY _____ IS DEPARTMENT ACCREDITED YES () NO ()
STATE _____ ZIP _____
CURRENT POPULATION _____
SEASONAL POPULATION _____ IF SIGNIFICANT DIFFERENCE

JAIL OPERATION: SKIP THIS SECTION IF YOU DO NOT OPERATE ANY OF THE FOLLOWING:

DO YOU OPERATE JAIL: YES ()	NO ()	ANY SUICIDES IN THE PAST 3 YEARS YES () NO ()
HOLDING CELL: YES ()	NO ()	POLICY/PROCEDURES MANUAL: YES () NO ()
YEAR FACILITY BUILT _____		IS FACILITY REGULARLY INSPECTED BY: _____
AVG. DAILY POPULATION _____		FIRE INSPECTOR: YES () NO ()
CERTIFIED CAPACITY _____		HEALTH OFFICIAL: YES () NO ()
FULL TIME JAILER: YES () NO ()		SMOKE DETECTORS: YES () NO ()
PART TIME JAILER: YES () NO ()		VIDEO SYSTEM:
TRAINING REQUIREMENTS _____	BOOKING AREA: YES () NO ()	
_____	CELL AREA: YES () NO ()	
_____	SALLY PORT YES () NO ()	

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POLICY AND PROCEDURE MANUALS:

DO YOU HAVE POLICY/PROCEDURE MANUAL: YES () NO ()
DATE OF LAST REVISION _____
IS MANUAL REVIEWED BY LEGAL COUNCEL: YES () NO ()
APPROVED BY MAYOR/COUNCIL: YES () NO ()
DISTRIBUTED TO ALL PERSONNEL: YES () NO ()
DOCUMENTED RECEIOT AND UNDERSTANDING: YES () NO ()

EDUCATION/TRANING

MINIMAL EDUCATION FOR PROSPECTIVE OFFICERS: HIGH SCHOOL () ASSOCIATE DEGREE ()
COLLEGE GRADUATE () OTHER () EXPLAIN _____
PSYCHOLOGICAL TESTING REQUIRED: YES () NO () P.O.S.T. REQUIRED: YES () NO ()
CONTINUING EDUCATION REQUIRED: YES () NO ()
IS ALL TRANING DOCUMENTED: YES () NO ()
NUMBER OF ARMED OFFICERS: FULL TIME _____ PART TIME _____ RESERVE/AUXILIARY _____
JAILERS _____ CORRECTION OFFICERS _____ DISPATCHES _____

