

SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE APPLICATION

1. a. Name of Entity: _____
- b. Address: _____
- County:** _____
- c. Person to Contact: _____ d. Telephone #: (605) _____
 Title/Position: _____ Fax #: (605) _____
 Email: _____
- e. Population: _____ (Your Political Subdivision)
- g. Proposed Effective Date: _____
- h. No. of Full-Time Employees: _____
- i. No. of Part-Time Employees: _____
- j. No. of Elected Officials: _____

2. Current & Prior Insurance Policies:

Coverage	Current Insurer	Limits:	Expiration Date	Policy No.	Premium	Previous Year Insurer
General Liability						
Officials Liability						
Automobile						
Law Enforcement						
Umbrella						
Property						
Boiler & Machinery						

CHECKLIST: FOR EACH COVERAGE DESIRED, COMPLETE DESIGNATED PAGE NUMBERS:

- | | | | |
|------------------------------------|--------------|---------------------------|---------------|
| _____ GENERAL LIABILITY | - Pages 2-4 | _____ SWIMMING AREA/LAKES | - Page 13 |
| _____ OFFICIALS LIABILITY (E & O)- | Page 5 | _____ PROPERTY, | - Pages 14-19 |
| | | Including Inland Marine | |
| _____ AUTOS (Liab & Phys Damage)- | Page 6-8 | _____ EMPLOYEE DISHONESTY | - Page 20 |
| _____ LAW ENFORCEMENT LIAB | - Pages 9-11 | _____ BOILER & MACHINERY | - Page 21 |
| _____ PESTICIDE/HERBICIDE SPRAY | - Page 12 | | |

GOVERNMENTAL GENERAL LIABILITY COVERAGE

Entity: _____

1. **Limits:** _____ h. Deductible: _____

a. Retroactive Coverage:

(1) Coverage Requested? _____ Yes _____ No (2) If Yes, Retroactive Date: _____

3. **Financial:**

Current Year

(1) Total Operating Costs: (Including all funds) \$ _____
 (Expenditures without regard to source of revenue)

(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) Please include copy of current budget:

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

3. **Payroll** (estimated for current year):

a. Fire Department	\$ _____	d. D.P.W. (Garbage, Misc. Repair)	\$ _____
b. Sewer Department	\$ _____	e. Road Const. & Maintenance	\$ _____
c. Waterworks	\$ _____	f. Parks & Recreation	\$ _____
g. Electric Utility	\$ _____	h. Gas Utility	\$ _____

4. **Liquor Liability:** Exposure (i.e. bar, liquor store, street dance): _____

Receipts: On Sale \$ _____ Off-Sale \$ _____

Entity: _____

- n. Rebound device, tumbling device or trampoline _____
- o. Mechanically operated amusement devices _____
- p. Nuclear facilities _____

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 Protection, Street Maintenance, Weed Spraying). Show Annual Cost of each: _____

e. List all boards and commissions: _____

f. Describe your claims experience in the past three (3) years: Please include copy of loss run if available.

Date	Type of Claim	Disposition (Open, Closed)	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

GOVERNMENTAL OFFICIALS LIABILITY

Entity: _____

1. **Limits:** _____ h. Deductible: _____

b. Retroactive Coverage:
 (1) Coverage Requested? _____ Yes _____ No (2) If Yes, Retroactive Date: _____

2. Is there a separate Board for the Following:

- a. Parks and Recreation _____ Yes _____ No
- b. Library _____ Yes _____ No
- c. Zoning _____ Yes _____ No
- d. Housing _____ Yes _____ No
- e. Sewer and Water _____ Yes _____ No
- f. Other (Describe) _____

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

	Existing Exposure	Covered Elsewhere	Coverage Requested
g. Schools	_____	_____	_____
h. Airports	_____	_____	_____
i. Hospital	_____	_____	_____
j. Utility (Gas & Electric)	_____	_____	_____

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

4. Number of Licensed or Certified Positions:
 Attorneys: _____ Engineers: _____ Accountants: _____ Architects: _____ Others: _____
 Please specify: _____

5. a. Do you award Exclusive Contracts for:

Cable Television.....	_____	Yes _____	No _____
Utilities.....	_____	Yes _____	No _____
Food Services.....	_____	Yes _____	No _____
Sanitation.....	_____	Yes _____	No _____
Security.....	_____	Yes _____	No _____

b. Are these contracts Awarded by Competitive Bidding Practices? _____
 If No, Please Describe: _____

6. 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," indicate the number _____ and attach details on a separate sheet.)

7. Has your entity had any strikes or work stoppages in the last 3 years? _____ Yes _____ No. (If "yes," indicate the number _____ and attach details on a separate sheet.)

8. Has your entity been involved in any disputes related to zoning issues? _____ Yes _____ No If yes, describe: _____

9. CLAIMS: Provide details of any Officials Liability claims, which have occurred during the past five (5) years:

Date	Type of Claim	Disposition (Open, Closed)	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LAW ENFORCEMENT LIABILITY

Entity: _____

1. Name of Law Enforcement Agency: _____

What Governmental Entity or Subdivision has supervisory jurisdiction over your Law Enforcement Agency?

City/Town/Village County State Other (Describe) _____

Contact Person: _____ Telephone: (605) _____

2. **Limits:** _____ h. Deductible: _____

c. Retroactive Coverage:

(1) Coverage Requested? _____ Yes _____ No (2) If Yes, Retroactive Date: _____

2. RATING CLASSIFICATION

Number of Employees: FULL TIME: _____ PART TIME: (< 20 HRS/WK) _____

	FULL TIME	PART TIME
A. CLASS I: Officers with arrest powers (excluding those associated with Detention & Auxiliary Officers)	# _____	# _____
B. CLASS II: Officers without arrest powers (i.e. meter maids, crossing guards, civil process, bailiff)	# _____	# _____
C. CLASS III: Personnel without arrest powers (i.e. stenographers, clerical, computer, records, dispatchers)	# _____	# _____
D. CLASS IV: Officers assigned to holding facilities, (<u>72 hours or less</u>)	# _____	# _____
E. CLASS V: Jail administrators, jailers, matrons, correctional officers and other detention facilities <u>excess of 72 hours</u>	# _____	# _____
F. CLASS VI: Jail Medical Personnel (i.e. doctor, psychologist, nurse)	# _____	# _____
G. CLASS VII: All other jail personnel (i.e. cooks, clerical, records)	# _____	# _____
H. CLASS VIII: Auxiliary Officers		
1. ARMED:	# _____	
2. UNARMED:	# _____	
I. CLASS IX:		
1 Police Dogs - owned or used	# _____	
2 Police Horses - owned or used	# _____	
3 Watercraft - owned or used	# _____	
Type:		
Horsepower:		

Entity: _____

3. OPERATIONS

- a. Name of Largest City within 25 Miles: _____ Population _____
- b. Name and size of any significant exposure within 25 miles, e.g., Colleges, Resort Areas, Military Installations, Major Medical Centers, Nuclear Power Plants: _____
- c. Agency's Annual Budget for Past 3 years:
Last Year: \$ _____ Prior Year: \$ _____ 2 Years Prior: \$ _____
- d. Total Number of Full Time Employees: Last Year _____ Prior Year _____ 2 Years Prior _____
- e. Do you provide Law Enforcement Services to Any Other Entity? Yes No
Explain: _____
- f. Are you party to any mutual aid or reciprocal Law Enforcement Contract? Yes No
Explain: _____
- g. Do you automatically require that your Agency be named as an additional insured for any sub-contract work, approved special event, or other pre-approved activity, which may require specific law enforcement involvement, i.e., concerts, parades, races, rodeos?
 Yes No
Explain: _____
If No, would you be willing to adopt such a policy? Yes No
- h. Do you permit moonlighting? Yes No
- i. Are new officers required to have at least a high school diploma or equivalent? Yes No
- j. Is there an oral interview? Yes No
- k. Is a background investigation conducted? Yes No
- l. Is a medical examination required? Yes No
- m. Is psychological testing required before hiring? Yes No
- n. Do you conduct physical performance tests? Yes No
- o. Is there a written examination? Yes No

4. TRAINING

- a. Is formal academy training required of full-time street officers? Yes No
Number of academy training hours: _____
Other – Explain _____
- b. Is formal training required before armed and assigned street duty? Yes No
- c. Are officers trained and qualified before using firearms, baton and mace? Yes No
- d. Is a continuing training program required of full-time officers? Yes No
- e. Do officers who may provide emergency medical treatment and care require formal training? Yes No
- f. Do you have a Department Training Manual: (PLEASE ATTACH COPY)
If Yes, when written? _____ Yes No
- g. What training do Part Time/Auxiliary Officers receive?
Explain: _____
- h. Do Part Time/Auxiliary Officers have arrest power? Yes No
- i. Are auxiliary officers assigned duty without accompanying full time officer?
Explain: _____ Yes No
- k. Are jailers, matrons and/or correctional officers trained prior to assignment?
1. Full Time Officers Yes No
2. Part Time Officers Yes No
Explain: _____

Entity: _____

5. PROCEDURES

- a. Do you have a department procedures manual? (PLEASE ATTACH COPY) Yes No
If yes, when was it written? _____ Last update: _____
- c. Does the procedures manual have defined and written procedures regarding:
- 1. Procedures for documenting action of officers Yes No
 - 2. Grievances (i.e., inmate complaints) Yes No
 - 3. Training Yes No
 - 4. Supervision Yes No
 - 5. Hiring of employees Yes No
 - 6. Discretionary judgment policy Yes No
 - 7. Management of juveniles, arrest, detention, etc. Yes No
 - 8. Persons unconscious or identified as ill when arrested or in custody of agency Yes No
 - 9. Persons suspected of substance abuse Yes No
 - 10. Persons suspected of or with a history of suicide tendencies Yes No
 - 11. Procedures to prevent civil liberty type claims Yes No
 - 12. Procedures to identify what is an "immediate threat" and procedures for "use of deadly force" Yes No
 - 13. Prisoner management and supervision procedures for adults and juveniles Yes No
 - 14. Vehicle "hot" pursuit Yes No
 - 15. Does your training program include periodic review of the manual? Yes No

6. DETENTION

- a. Do you operate: Holding Facility – 72 hours or less Jail
 Prison Other _____

- b. Year Facility was Built: _____ Year renovated: _____

	ADULT	JUVENILE
1. How many persons was the facility built to detain for a less than 72 hours?	_____	_____
2. Persons that can be detained for more than 72 hours	_____	_____
3. Number of cells	_____	_____
4. Number of beds per cell	_____	_____
5. Type of monitors used	_____	_____
6. Average length of stay	_____	_____
7. Maximum length of stay permitted	_____	_____
8. Average daily population of detention facilities	_____	_____
9. Minimum number of qualified ON DUTY employees day and/or night	_____	_____
	_____	Day _____
	_____	Night _____

10. DO YOU PLACE JUVENILES IN ANY HOLDING FACILITY OR JAIL WITH ADULTS?
 Yes No If yes, explain: _____

- c. Is there any court order, given or pending, directing you to:
- 1. Rebuild or remodel detention facilities by a prescribed date? Yes No
 - 2. Correct any sanitary or other deficiencies as directed by the court? Yes No
- If yes to either, state when and explain: _____

Entity: _____

d. Describe any work release or halfway house programs: _____

e. In the last 5 years, have there been any:

- 1. Jail suicides? Yes No
- 2. Attempted suicides? Yes No

If yes to either, explain: _____

7. DESCRIBE YOUR CLAIMS EXPERIENCE IN THE PAST THREE (3) YEARS:

Date	Type of Claim	Disposition (Open, Closed)	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:

Hagan Benefits, Inc.
Box 903
Sioux Falls, SD 57101-0903

PESTICIDE/HERBICIDE SPRAYING SUPPLEMENT

1. Name of Entity: _____
2. Describe specific operations to be covered: _____

3. How long have you been performing these operations? _____
4. Net operating budget: _____
5. Land area to be sprayed: _____ Acres
6. Area within radius of operations is predominately: Rural Suburban Urban
7. Budget for spraying operations: \$ _____
8. Annual Rainfall: _____ Inches
9. List the major bodies of water within the radius of operations _____

10. Are there any Nature Preserves or Protected Lands within the radius of operations? _____

11. List Chemicals used during operations:

Name	Description	Concentration	Quantity Per Year

12. Has there been any change in type of chemicals used in past 5 years? Yes No If yes, why? _____

13. Do you have any environmental safety committee or employees vested with specific responsibility for environmental control? Yes No If Yes, please describe: _____

14. Are there any federal, state or local laws or regulations with which you cannot comply at any location? Yes No If Yes, please describe: _____
15. Have you ever been prosecuted for violating applicable standards or laws relating to the release of any substance into the environment? Yes No If Yes, please give details: _____

16. Provide details of any liability claims which have occurred during the past three (3) years:

DATE	TYPE OF CLAIM	OPEN/CLOSED

17. CURRENT YEAR:
 Pollution/Spraying Liability Insurer: _____ Present Premium: _____
 Policy No.: _____ Expiration Date: _____ Limits: _____

- FIRST PRIOR YEAR:
 Pollution/Spraying Liability Insurer: _____ Present Premium: _____
 Policy No.: _____ Expiration Date: _____ Limits: _____

SWIMMING AREA SUPPLEMENT

Name of Entity: _____

1. No. of: _____ Swimming Pools _____ Lakes
 _____ Quarries _____ Other (please describe): _____

2. Are there age restrictions regarding who may swim without being accompanied by an adult? _____

3. Are lifeguards on duty? _____

4. Are all rules posted? _____

5. Is an admission charge made? _____

6. Is the consumption of alcoholic beverages prohibited? _____

7. Is food dispensed? _____

8. Is water quality tested? _____ How often? _____

9. Pools:

a. Is the Pool fenced? _____

b. Is the Kiddie area fenced off from the main pool? _____

c. Are there restrictions on permitted dives? _____

d. How many diving boards are there? _____

List the height of each board and the corresponding water depth.

e. No. of Water Slides? _____ Height? _____

10. Lakes and Quarries:

a. What is the size (acres)? _____

b. Do you allow any of the following functions? (check if applicable)

_____ Swimming _____ Ice Fishing

_____ Boating _____ Fishing _____ Other Water Sports _____

c. Have you constructed any of the following at the lake?

_____ Boat Ramp _____ Docks _____ Marina

d. Do you require a boating permit to place a boat in the water? _____

11. Please describe any claims or incidents involving this part of your operation:

ARPCO 0103-SW(6/91)

HOW TO COMPLETE STATEMENT OF VALUES

- 1) Loc. No.: Location Number – Number each location in sequence.
- 2) Address: Enter complete address for each location
- 3) Building.: Building – Enter building values in this area.
- 4) Contents: Contents – Enter contents values of your personal property.
- 5) Occupancy: Enter one or two word description of what the building is used for, i.e., office, storage, fire station
- 6) Sq. Ft.: Square Footage – Multiply your building length by the width and you will have the square footage by floor. Multiply that by the number of stories and you will have the square foot area of your building.
- 7) Cons. Code: Construction Codes 1-6 – Below is a listing of the construction codes. Enter the property number per the description of your building.
- 8) NB 1-10: Your Fire Department is rated for the area where your building is located. Enter the property protection class rating of your fire department.

Construction Codes:

1. Frame: (Code 1) Buildings where the exterior walls are wood or other combustible materials including construction where the combustible materials are combined with other materials such as brick veneer, stone veneer, wood iron-clad and stucco on wood.
2. Joisted Masonry: (Code 2) Buildings where the exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials and where the floors and roof are combustible.
3. Non-Combustible: (Code 3) Buildings where the exterior walls and the floors are constructed of and supported by metal, asbestos, gypsum or other non-combustible materials.
4. Masonry Non-Combustible: (Code 4) Buildings where the exterior walls are constructed of masonry materials as described in Code 2 above, with the floor and roof of metal or other non-combustible materials.
5. Modified Fire Resistive: (Code 5) Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive materials with a fire resistance rating of one hour or more but less than two hours.
6. Fire Resistive: (Code 6) Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive materials having a fire resistance rating of not less than two hours.

STATEMENT OF VALUES – MISCELLANEOUS PROPERTY

MEMBER NAME: _____

DEDUCTIBLE:	
VALUATION:	RC or ACV

NO.	ITEM DESCRIPTION	Serial No.	LIMIT
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AUTHORIZED
SIGNATURE: _____

DATE:

GPA 0626MP (10/99)

STATEMENT OF VALUES – ELECTRONIC DATA PROCESSING

MEMBER NAME: _____

DEDUCTIBLE:

NO.	ITEM DESCRIPTION	HARDWARE LIMIT	SOFTWARE LIMIT
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AUTHORIZED
SIGNATURE: _____

DATE:

GPA 0626EDP (10/99)

DISHONESTY COVERAGE APPLICATION

Name of member: _____

Address: _____

Position: _____ Coverage Limit: _____

Position: _____ Coverage Limit: _____

Position: _____ Coverage Limit: _____

Position: _____ Coverage Limit: _____

Total Number of Employees: _____

Is there likely to be a substantial increase in the number of employees by reason of seasonal activity or other circumstances: _____

Audits:

How Frequently made: _____

Are all locations included: _____

By whom: C.P.A. _____ Staff auditor _____ Other, explain fully: _____

When was last audit: _____

Period Covered: _____

Audit Results: _____

In the last 5 years, has the member been audited by the state? _____ If so, attach copy of audit.

Internal controls:

How much cash is on premises at any one time and where is it kept: _____

Are bank accounts reconciled by someone not authorized to deposit or withdraw from them: _____

How Often: _____

Is countersignature of checks required: _____

Who is authorized to sign: _____

Where are money and checks kept: _____

Describe money and check reconciliation: _____

Number of employees that have access to money and checks: _____

Describe safeguards in place regarding handling of money and checks: _____

How often are bank deposits made: _____

Losses:

Describe any dishonesty losses last 3 years: _____

Amount: _____

Employees Position: _____

Corrective measures taken: _____

Prior Coverage:

Form of bond or policy: _____

Effective Date: _____

Amount: _____

Company: _____

Member Signature: _____

Date: _____

**SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE
BOILER & MACHINERY APPLICATION**

1 NAME OF MEMBER: _____

ADDRESS: _____

PERSON TO CONTACT: _____ TELEPHONE: _____

2 EFFECTIVE: _____

Please put an "X" by the desired coverage(s):

Section 7 – Boiler & Machinery Coverage Part

0626 Statement of Values

Limit Requested: \$ _____ Property Damage

\$ _____ Extra Expense

Deductible: \$ _____ Per Occurrence

Current Premium: \$ _____

Please specify those locations where there is an actual boiler and provide the Certificate expiration date of each:

Location # _____ Certificate Date: _____

6. CLAIMS EXPERIENCE PAST THREE (3) YEARS: Please attach recent valued loss run for last three years.

COMPANY	DATE OF LOSS	TYPE	INCURRED	PREMIUM

6. CURRENT CARRIER: _____ POLICY #: _____

MEMBER SIGNATURE: _____

AUTHORIZED REPRESENTATIVE

SDPAA B/M (6/95)

DATE: _____