

**SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE  
APPLICATION**

1. a. Name of Entity: \_\_\_\_\_
- b. Address: \_\_\_\_\_  
\_\_\_\_\_
- 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<br>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: \_\_\_\_\_

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)  Yes  No  
If Yes, when written? \_\_\_\_\_
- 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?  Yes  No  
Explain: \_\_\_\_\_
- 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 5090  
Sioux Falls, SD 57117-5090

**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: (Attach Material Safety Data Sheets)

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)

**SOUTH DAKOTA PUBLIC ASSURANCE ALLIANCE  
PROPERTY APPLICATION**

1 NAME OF MEMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PERSON TO CONTACT: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

2 EFFECTIVE: \_\_\_\_\_

<p>3 <b>COVERAGES REQUESTED:</b></p> <p>_____ CAUSE OF LOSS - SPECIAL</p> <p>_____ ACTUAL CASH VALUE</p> <p>_____ REPLACEMENT COST</p> <p>_____ FUNCTIONAL REPLACEMENT COST</p> <p>_____ AGREED AMOUNT</p> <p>_____ BLANKET LIMITS</p> <p>_____ INFLATION GUARD _____ % OF ANNUAL INCREASE</p>	<p><b>ENDORSEMENTS REQUESTED:</b></p> <p>_____ MUNICIPAL INCOME COVERAGE</p> <p>_____ EXTRA EXPENSE COVERAGE</p> <p>_____ MISCELLANEOUS PROPERTY</p> <p>_____ VALUABLE PAPERS/RECORDS</p> <p>_____ ACCOUNTS RECEIVABLE</p> <p>_____ CONTINGENT LIABILITY</p> <p>_____ DEMOLITION COST</p> <p>_____ INCR. COST OF CONSTRUCTION</p> <p>_____ FLOOD</p> <p>_____ EARTHQUAKE</p> <p>_____ LEGAL LIABILITY</p> <p>_____ EDP</p> <p>_____ RADIO/TELEVISION ANTENNAS</p> <p>_____ FINE ARTS FLOATER</p> <p>_____ COMPREHENSIVE CRIME</p>
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4. DEDUCTIBLE: \_\_\_\_\_

5. CLAIMS EXPERIENCE PAST THREE (3) YEARS:

COMPANY PREMIUM	DATE OF LOSS	TYPE	INCURRED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. CURRENT CARRIER: \_\_\_\_\_ POLICY #: \_\_\_\_\_

7. SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEMBER SIGNATURE: \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

0103-PROP(8/91) DATE: \_\_\_\_\_

## 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)

STATEMENT OF VALUES – FINE ARTS

MEMBER NAME: \_\_\_\_\_

DEDUCTIBLE: \_\_\_\_\_

NO.	ITEM DESCRIPTION	LIMIT
-----	------------------	-------

AUTHORIZED  
SIGNATURE: \_\_\_\_\_

DATE:

GPA 0626FA (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: \_\_\_\_\_