



Municipality/Authority: _____

Address: _____

Date Municipal Entity was Incorporated or Created: _____

Phone Number: _____
(include area code)

Fax Number: _____
(include area code)

Email Address: _____

Federal ID #: _____

Name of Chief Administrative Officer: (name & title)

Name: _____

Title: _____

Year Appointed to Current Position: _____

Previous Position (if in current position less than 5 years):

Do you use a Broker?, if so, please complete:

Name of Firm: _____

Contact Person: _____

Address: _____

Phone #: _____

Number of Employees:

_____ Full Time
_____ Regular Part Time
_____ Seasonal

Number of Volunteer Fire Companies: _____ Population Served: _____

Total Number of Paid Firemen: _____ Full Time
_____ Part Time

Total Number of Volunteer Firemen: _____ Active
_____ Non-Active

Number of Volunteer Ambulance Associations: _____

Total Number of Volunteer Attendants: _____ Active _____ Non-Active

Current Workers' Compensation Insurance Carrier Information:

Name: _____
 Effective Date of Current Policy: _____
 Current Policy Number: _____

Are there any other Emergency Services or Volunteer Organizations that you intend to have covered for Workers' Compensation through the Trust?

(example: Rescue Service, Senior Center Volunteers, etc.) _____ Yes
 _____ No

If yes, please describe in detail:

Payroll Information: (please provide _____ projections)
(insert year)

<u>Code</u>	<u>Category</u>	<u>Annual Payroll</u>
753	Waterworks	_____
944	Golf Courses	_____
951	Inspectors	_____
953	Office	_____
980	Public Works	_____
985	Paid Fire, Police & Amb.	_____
993	Volunteer Amb. Corps (# of Corps)	_____
994	Volunteer Fire Companies (population served)	_____

Effective Date: _____ Experience Modification: _____

Current/Prior Carrier Information:

Please submit copies of the declaration pages which show the premium computations for the current as well as the *PRIOR* two years.

Prior Loss Experience:

- ~ Please provide three (3) years of detailed company loss runs
- ~ Please describe any claims which were in excess of \$25,000 over the past three (3) years:

Current/Prior Carrier Information continued:

Experience Mod. History for the PRIOR three (3) year period:
 (ex. 2001-2002 .085)

_____	-	_____	mod.	_____
_____	-	_____	mod.	_____
_____	-	_____	mod.	_____

General Information:

Please identify all services provided by municipal/authority employees:

	<u>Yes</u>	<u>No</u>
~ General Government Administration	_____	_____
~ Building Inspection/Code Compliance	_____	_____
~ Police	_____	_____
~ Fire (paid)	_____	_____
~ Fire (volunteer)	_____	_____
~ Waste Water Treatment Plant	_____	_____
~ Waste Water Collection System (including pump stations)	_____	_____
~ Water Treatment Plant	_____	_____
~ Water Distribution System	_____	_____
~ Parks Maintenance	_____	_____
~ Recreation Programming	_____	_____
~ Swimming Pool/Snack Bar	_____	_____
~ Golf Course	_____	_____
~ Streets/Highway Maintenance	_____	_____
~ Refuse Collection	_____	_____
~ Others: (please describe)	_____	_____

Does the municipality contract any services to/from adjoining municipalities? _____ Yes
 _____ No

If yes, please identify the municipality and the services contracted:

Does the municipality have a formalized risk management or safety program in place? _____ Yes
 _____ No

If yes, please provide a copy of the program with this application

Does the municipality own, operate or lease any aircraft or watercraft?

_____ Yes
_____ No

If yes, please describe in detail.

Financial Information:

Please submit a copy of the independent auditors report for the most recent fiscal year, along with a summary copy of the budget for the current fiscal year.

SIGNATURE AND OTHER INFORMATION

The signer of this application attests to the best of his/her knowledge that the information set forth herein is true.

Applicant's Signature: _____
Applicant's Title: _____
Date Signed: _____