



STATES SELF-INSURERS RISK RETENTION GROUP, INC.
EXCESS LIABILITY INSURANCE RENEWAL APPLICATION

[THIS APPLICATION FORM IS INTENDED FOR USE IN RENEWAL PERIODS BETWEEN THE NEW BUSINESS APPLICATION (FIRST YEAR) AND THE SUBSEQUENT TWO RENEWAL YEARS. EVERY THIRD RENEWAL YEAR, AN ORIGINAL, "PRIMARY" APPLICATION FORM SHOULD BE COMPLETED, SUBJECT TO UNDERWRITING REQUIREMENTS.]

NOTICE:

This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group.

NOTICE:

This renewal application for insurance represents an affirmative warranty of the information provided by the applicant and will be utilized in the development of premium for any insurance to be issued to the applicant. Furthermore, this application will attach to and become part of any public entity liability insurance policy issued to the applicant. Failure to provide complete and accurate responses to all questions contained in this application may represent a basis for discontinuation and/or denial of coverage and/or revocation of the policy.

GENERAL INFORMATION

- 1. Date of This Application:
2. Effective Date of Coverage:
3. Name of Public Entity Applicant (to be shown on policy as the Named Insured):
4. Mailing Address: STREET / P.O. BOX CITY STATE ZIP CODE
5. Name of Person Completing This Application:
a. Title:
b. Phone No.:
c. Fax No.:
d. E-mail Address:
6. Limit of Excess Liability Coverage Desired: \$
7. Self-Insured Retention (SIR) or Excess Liability Attachment Point (Minimum of \$250,000) \$

8. Applicant Entity's Population: \_\_\_\_\_
9. Please provide details concerning any changes in operations that you feel will affect your entity's total operating expenditures by a factor of 25% or more:  NONE \_\_\_\_\_
10. **IMPORTANT: PLEASE ATTACH A COPY OF YOUR MOST RECENT COMPREHENSIVE ANNUAL FINANCIAL REPORT (CAFR).** This will be used to help determine your *ratable* operating expenditures.
11. Describe any significant changes to your internal loss control staffing or procedures from the last coverage period: *Check here if no significant changes*→ \_\_\_\_\_
12. Describe any significant changes to any internal claims adjusting staffing or procedures from the last coverage period: *Check here if no significant changes*→ \_\_\_\_\_
13. Describe any significant changes in how litigation is being handled from the last coverage period: *Check here if no significant changes*→ \_\_\_\_\_
14. Describe any significant *ADDED* or *ELIMINATED* programs or exposures from the last coverage period: *Check here if no significant changes*→ \_\_\_\_\_
15. Describe below any legislative or court decisions that have affected your governmental immunity during the last coverage period: *Check here if no significant changes*→ \_\_\_\_\_

### LOSS AND CLAIM INFORMATION

16. Are there any incidents, claims or suits that have NOT been reported to STATES which meet the following criteria?
- a. Any occurrence which may result in a claim exceeding 25% of your self-insured retention?  
 YES  NO
- b. *Any incident, claim or suit involving:*
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1) Brain injury resulting in impairment?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2) Spinal injury resulting in partial or total paralysis?                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3) Amputation or loss of use of extremities?                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4) Blindness?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5) Any injury likely to result in a permanent disability rating of 50% or more? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6) Fatality?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
- c. If a YES answer was given to any of the preceding questions, please provide detailed information: \_\_\_\_\_
17. Please complete the attached loss/claim exhibit (Page 6).

**LIABILITY UNDERWRITING INFORMATION AND EXPOSURE QUESTIONNAIRE**

18. Are Jail or Lockup Facilities Owned and/or Operated? (These questions apply only if you own and/or operate the jail or lockup facility and intend for it to be covered by STATES' policy.)

YES     NO     HAVE EXPOSURE, *BUT DO NOT INTEND TO COVER WITH STATES.*

a. Is jail or lockup currently certified by a state and/or federal authority?     YES     NO

b. Have there been any inmate suicides which have occurred *and have not been reported* during the last coverage period?     YES     NO

*If YES, please provide details: \_\_\_\_\_*

19. Are Law Enforcement Operations Conducted? (These questions apply only if you conduct law enforcement operations *and intend for them to be covered by STATES' policy.*)

YES     NO     HAVE EXPOSURE, *BUT DO NOT INTEND TO COVER WITH STATES.*

a. Within the last coverage period, have there been any significant changes in the following law enforcement policies and/or procedures?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1) Arrest Policy/Procedure                                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2) Emergency Response Vehicle Operations Policy/Procedure    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3) Off Duty Employment . . .                                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4) Use of Firearms Policy/Procedure . . .                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5) Use of Force & Use of Deadly Force Policy/Procedure . . . | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6) Vehicular Pursuit Policy/Procedure . . .                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

*If a YES answer was given to any of the preceding items, please provide detailed information:*

\_\_\_\_\_

20. Public Officials Errors and Omissions:

Have there been any of the following circumstances that have occurred within the last coverage period that may result in a claim? *(Include only information that has not already been reported to STATES in accordance with the reporting provisions noted in item 16. a.-c. of this renewal application.)*

a. Appropriation or condemnation of property for which agreed settlements have *not* been achieved?     YES     NO

b. The improper or alleged wrongful granting, or failure to provide rightful granting, of variances, building permits or similar permits, or zoning disputes?     YES     NO

c. The wrongful or alleged wrongful approval, or failure to provide rightful approval, of building plans, designs or specifications?     YES     NO

d. Wrongful or alleged wrongful approval, or failure to provide rightful approval, of building construction?     YES     NO

e. Allegation of unfair or improper treatment regarding employee hiring, remuneration, advancement or termination of employment?     YES     NO

- f. **Disputes involving integration, segregation, discrimination or violation of civil rights?**  
 YES  NO
- g. **Any grand jury indictments of any public officials for activities involving their official duties?**  
 YES  NO
- h. **Assault and battery claims made against the insured or its officials for activities involving their official duties?**  
 YES  NO
- i. **Any riot or civil commotion?**  
 YES  NO
- j. **Any losses or claims involving contractual disputes?**  YES  NO

***If a YES answer was given to any of the preceding items, please provide detailed information: \_\_\_\_\_***

***(Continued on next page)***

## 21. RATING INFORMATION

**Attachment of your most current annual financial report (CAFR) will provide the basis for development of rating information. The additional information requested below is necessary to finalize premium development. The requested information is used for rating and premium development only. By requesting this information, it is not inferred or implied that coverage is afforded for the exposure description listed. PLEASE REVIEW YOUR MOST CURRENT STATES POLICY AND ENDORSEMENTS FOR COVERAGE, COVERAGE EXTENSIONS, COVERAGE LIMITATIONS AND EXCLUSIONS.**

EXPOSURE	RATING BASIS	EXPIRING YEAR QUANTITY	RENEWAL YEAR QUANTITY
AUDITORIUMS; CONVENTION CENTERS; EXHIBIT BUILDINGS; RECREATION CENTERS	AREA IN SQ. FT.		
BOATS (DETAILED DESCRIPTION OF SIZE AND HORSEPOWER RATING: )	NUMBER		
DAMS	NUMBER		
FAIRS; CARNIVALS; FESTIVALS	SIZE IN ACRES		
FIREFIGHTERS	NO. OF <u>FULL-TIME</u>		
FIREFIGHTERS	NO. OF <u>PART-TIME</u>		
FIREFIGHTERS	NO. OF <u>VOLUNTEERS</u>		
HEALTH CLINICS; HOSPITALS	AREA IN SQ. FT.		
GOLF COURSES	REVENUE		
HOUSING PROJECTS	UNITS		
INDEPENDENT CONTRACTORS	EXPENDITURES		
JAILS; LOCKUPS	AREA IN SQ. FT.		
LAW ENFORCEMENT OFFICERS	NO. OF <u>FULL-TIME</u>		
LAW ENFORCEMENT OFFICERS	NO. OF <u>PART-TIME</u>		
LIQUOR STORES: OFF SALE	NUMBER		
LIQUOR STORES: ON SALE	NUMBER		
PARKS & RECREATION AREAS	NUMBER OF PARKS		
SCHOOLS; COLLEGES	PUPILS		
SKATEBOARD FACILITIES	NUMBER		
SKI FACILITIES	NUMBER		
STREETS; ROADS	MILES		
SWIMMING BEACHES	NUMBER		
SWIMMING POOLS: SEASONAL OPERATIONS	NUMBER		
SWIMMING POOLS: YEAR-ROUND OPERATIONS	NUMBER		
SWIMMING POOLS & BEACHES: DIVING BOARDS FOUR (4) FEET OR LESS ABOVE WATER	NUMBER		
SWIMMING POOLS & BEACHES: DIVING BOARDS MORE THAN FOUR (4) FEET ABOVE WATER	NUMBER		
TEACHERS	NUMBER		
TRANSPORTATION <i>PLEASE INCLUDE ANY CHANGES INVOLVING USE OF THIRD-PARTY CONTRACTORS PROVIDING TRANSPORTATION SERVICES, INCLUDING A CERTIFICATE OF INSURANCE EVIDENCING LIMITS AND THE PUBLIC ENTITY NAMED AS AN ADDITIONAL INSURED. PLEASE CONTACT YOUR UNDERWRITER WITH ANY QUESTIONS.</i>	NUMBER		
UTILITIES: ELECTRICAL DISTRIBUTION ONLY	PAYROLL		
UTILITIES: ELECTRICAL GENERATION	PAYROLL		
UTILITIES: NATURAL OR L.P. GAS DISTRIBUTION	PAYROLL		
UTILITIES: POTABLE WATER DISTRIBUTION	PAYROLL		
UTILITIES: POTABLE WATER PROCESSING	GALLONS		
UTILITIES: STEAM GENERATION/DISTRIBUTION	PAYROLL		
VEHICLES: AMBULANCES/RESCUE UNITS	NUMBER		
VEHICLES: FIRE TRUCKS	NUMBER		
VEHICLES: MOTORCYCLES	NUMBER		
VEHICLES: NON-SCHOOL BUSES: 25 OR LESS PASSENGERS CAP.	NUMBER		
VEHICLES: NON-SCHOOL BUSES: OVER 25 PASSENGERS CAP.	NUMBER		
VEHICLES: PASSENGER VANS: 11 OR LESS PASSENGERS CAP.	NUMBER		
VEHICLES: PASSENGER VANS: 12-15 PASSENGERS* CAP. <i>*15 Passenger Van operations require the completion of supplemental application information.</i>	NUMBER		
VEHICLES: POLICE PATROL CARS	NUMBER		
VEHICLES: PRIVATE PASSENGER	NUMBER		
VEHICLES: TRUCKS - LIGHT	NUMBER		
VEHICLES: TRUCKS - MEDIUM	NUMBER		
VEHICLES: TRUCKS - HEAVY	NUMBER		
VEHICLES: SCHOOL BUSES	NUMBER		
WHARVES; PIERS; MARINAS	NUMBER		
ZOOS	NUMBER		
COMPLETE DESCRIPTION OF EXPOSURE(S) LISTED ABOVE: OR DESCRIPTION OF EXPOSURE(S) IS ATTACHED: <input type="checkbox"/>			

**STATES SELF-INSURERS RISK RETENTION GROUP, INC.  
 LOSS / CLAIM EXHIBIT**

**22. UPDATED LOSS HISTORY INFORMATION**

Please provide Paid and Total Incurred Losses. These losses should include the self-insured retention or deductible, if applicable. (Total Incurred equals amounts paid plus outstanding reserves.)

		YEAR:	YEAR:	YEAR:	YEAR:	YEAR:
		Valuation Date:	Valuation Date:	Valuation Date:	Valuation Date:	Valuation Date:
AUTO LIABILITY	PAID					
	INCURRED					
GENERAL LIABILITY	PAID					
	INCURRED					
ERRORS & OMISSIONS	PAID					
	INCURRED					
LAW ENFORCEMENT	PAID					
	INCURRED					
OTHER: (SPECIFY)	PAID					
	INCURRED					
<b>TOTAL:</b>	PAID					
<b>TOTAL:</b>	INCURRED					

23. Are loss adjustment expenses included with incurred loss amounts?  YES  NO

**AFFIRMATION OF APPLICATION DATA**

24. Do you know of any facts or circumstances which could give rise to any payment under States' policy that has not already been disclosed in this Application and its Supplements or otherwise brought to the attention of States Self-Insurers Risk Retention Group, Inc.?  YES  NO

If yes, please explain: \_\_\_\_\_

25. Acting with the authority of and on behalf of the applicant public entity, I hereby confirm that all information provided to the States Self-Insurers Risk Retention Group, Inc. on and in conjunction with this Application and its Supplements is true and correct and no material information has been withheld.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

(\_\_\_\_\_)\_\_\_\_\_  
PHONE NO.

(\_\_\_\_\_)\_\_\_\_\_  
FAX NO.

\_\_\_\_\_  
E-MAIL ADDRESS

## COMMUNICATION POLICY

States Self-Insurers Risk Retention Group, Inc. - as the Company's name implies, is a risk retention group. As such, and pursuant to the Federal Liability Risk Retention Act of 1986, States' insureds are also the owners of the Company through States Self-Insurers Trust.

The nature of this relationship requires - and the Company is fostered by - an on-going, open and direct communication channel between States and its owner-insureds. Such communications enhance the recognition of ownership which has been cited as an issue of extreme importance by the United States Government Accountability Office (GAO).

Prospective owner-insureds of States accessing the risk retention group through representation by an agent, broker, or consultant include and involve such representative in their potential relationship with States. **States recognizes that members partner with agents, brokers, or consultants who are valuable resources in the insurance decision-making process, and it is not States' intent to interfere with this relationship.** States recognizes the agent, broker, or consultant that the prospective owner-insured of States chooses is a representative of the owner-insured, and not a representative of States Self-Insurers Risk Retention Group, Inc.

Because of the direct relationship States has with its insureds, communication with prospective members, either directly or through an agent, broker or consultant requires a representative of States be included in the process, and, where possible, at the final presentation of States program to the prospective member.

To ensure transparency in the insurance transaction, all proposals provided by States will be on a net basis. Fees related to the services rendered by an agent, broker or consultant are between the insured and their agent, broker or consultant. If the negotiated fee is to be collected as a commission and added to the net premium, States will need written authorization from the insured to do so. Such authorization shall include a designated percentage of the premium or a dollar amount to be collected.

*I have read and understand this communication policy.*

\_\_\_\_\_  
*Signed:* Representative for the Public Entity

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Signed:* Representative for the Agent/Broker/Consultant

\_\_\_\_\_  
Date

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**THANK YOU FOR COMPLETING THIS RENEWAL APPLICATION. PLEASE SUBMIT THE APPLICATION TO:**

**STATES SELF-INSURERS RISK RETENTION GROUP, INC.  
UNDERWRITING DEPARTMENT  
c/o BERKLEY RISK ADMINISTRATORS COMPANY, LLC  
222 SOUTH NINTH STREET, SUITE 1300  
MINNEAPOLIS, MN 55402-3332**

**1-800-640-0345**

**(612) 766-3315**

**FAX: (612) 766-3398**

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