***Please complete all information. If it does NOT apply, please list N/A for the answer.***

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| **ENTITY INFORMATION** | | | |
| Date Application Submitted: | | Proposed Effective Date: | |
| Entity Name: | | | |
| Mailing / Street Address: | | | |
| City: | State: | Zip: | County: |
| Phone Number: | | Fax Number: | |
| Email Address: | | | |
| Entity Type: | City | Fire District/EMS | Special District |
| **There is now a supplement for each entity type. Please make sure to complete this application as well***.* | | | |
| Website Address (if any): | | | |
| Primary Member Contact:  Name:       Title:  Email:       Phone: | | | |
| Please provide a primary member email contact to receive a copy of coverage invoices. (i.e. Business Manager, Financial Advisor, etc.) | | | |
| **PRODUCER INFORMATION** | | | |
| Agency Name: | | | |
| Producer Name: | | | |
| Mailing / Street Address: | | | |
| City: | State: | Zip: | County: |
| Phone Number: | | Fax Number: | |
| Email Address: | | | |
| ***NOTE:*** *Schedules, confirmation, certificates, and all other information specific to the entity named above will be sent to the producer email contact and Primary Member Contact email address provided above. It is understood the email address provided may be a general email account used by the named agency or that of another individual within the named agency charged with administrative duties and not that of the above named producer.* | | | |

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| **EXPIRING INSURANCE INFORMATION** | | | | | | | |
| Expiring Carrier: | | | Expiring Date: | | | | |
| Liability Limit: | | | Expiring Premium: | | | | |
| If prior coverage was a claims-made policy, please provide retro date: | | | | | | | |
| **PROPERTY** | | | | | | | |
| What method(s) are used to value your personal property? *(ex: appraisals, inspection reports)* | | | |  | | | |
| When were the last building appraisals completed? | | | |  | | | |
| Are EDP Values contemplated in the content coverage of each scheduled location? | | | | Yes | | No | N/A |
| Are any contents stored below ground level?  **If yes,** please explain: | | | | Yes | | No | N/A |
| Is Earthquake Coverage Requested?  **If yes**, please answer the questions below. | | | | Yes | | No | N/A |
|  | Have there been any earthquake losses? | | | Yes | | No | N/A |
| **If yes,** please describe loss. | | |  | | | |
| Do you currently purchase earthquake coverage? | | | Yes | | No | N/A |
| If you do not currently purchase earthquake coverage, what has prompted obtaining coverage at this time? | | |  | | | |
| Is Flood Coverage Requested?  **If yes,** please answer the questions below.  *(Please note Flood Coverage for Zones “A,” “V,” and “SFHA” are limited to $1,000,000 per occ.)* | | | | Yes | | No | N/A |
|  | | Have there been any flood losses? | | Yes | | No | N/A |
| If yes, please describe. | |  | | | |
| Do you currently purchase FEMA flood coverage? | | Yes | | No | N/A |
| If flood coverage is not currently purchased, what has prompted obtaining coverage at this time? | |  | | | |
| Do you utilize any loss prevention sensor technologies? | | | | Yes | | No | N/A |
| If yes, what type of sensors are being used?  *If any locations contain sensor technologies, please indicate what type (heat, moisture, etc.) is used at each location on the SOV.* | | | |  | | | |
| **OPERATIONS MANAGEMENT** | | | | | | | |
| Do you employ a full-time Risk Manager? | | | | Yes | | No | N/A |
| **If not,** who is responsible for the implementation of safety procedures? | | | |  | | | |
| Do you have safety programs in place? | | | | Yes | | No | N/A |
| Do you have a Central Safety Committee or Safety Director? | | | | Yes | | No | N/A |
| Do you have a written and tested disaster recovery plan? | | | | Yes | | No | N/A |
| Do you have a Continuity of Operations Plan (COOP)? | | | | Yes | | No | N/A |
| Do you have Emergency Action Plans (EAP) for each department/building? | | | | Yes | | No | N/A |
| Do you have an electrical preventative maintenance program in place? | | | | Yes | | No | N/A |
| Are staff and volunteers required to read and comply with safe operating procedures? | | | | Yes | | No | N/A |
| Is there a written Employment/Volunteer application? | | | | Yes | | No | N/A |
| Do you verify Employee references? | | | | Yes | | No | N/A |
| Is there a written Volunteer application? | | | | Yes | | No | N/A |
| Do you verify Volunteer references? | | | | Yes | | No | N/A |
| Is there one-on-one contact with children, elderly, or disabled?  **If yes, please complete the Sexual Abuse Supplemental Application.** | | | | Yes | | No | N/A |
| Are Federal Background Checks performed on staff/volunteers who work one-on-one with children, elderly, or disabled? | | | | Yes | | No | N/A |
| **If yes**, how frequently are federal background checks performed? | | | |  | | | |
| Are you a party to any contract(s) naming you as the tenant or lessee of a building/property and/or any contract(s) naming another entity as an insured for GL coverage? **If yes,** please provide a copy of the contract(s). | | | | Yes | | No | N/A |
| Do you rent or lease any properties to third parties?  If yes, is an agreement required and obtained reflecting insurance requirements? | | | | Yes  Yes | | No  No | N/A  N/A |
| Are contracts reviewed by legal counsel at least every two years?  *(e.g., service contracts, interlocal agreements, lease agreements)* | | | | Yes | | No | N/A |
| Do you require all contractors to provide you with copies of certificates of insurance and/or hold harmless or indemnification agreements? ***Please note that members should utilize only licensed, insured contractors and subcontractors. It is your responsibility to verify each contractor’s license and insurance coverage prior to entering into any agreement(s).*** | | | | Yes | | No | N/A |
| What was your annual turnover rate for the last three years? | | | |  | | | |
| Do you have any locations or provide any services located on tribal land, or work with tribal agencies? | | | | Yes | | No | N/A |
| Are hold harmless/parental consent forms obtained for events and programs? | | | | Yes | | No | N/A |
| Does your entity perform any spraying of pesticides, herbicides, or other chemicals? | | | | Yes | | No | N/A |
| Does your entity perform roadway painting? | | | | Yes | | No | N/A |
| Are the above listed spraying/painting activities outsourced? | | | | Yes | | No | N/A |
| **If yes**, please list to whom it is outsourced: | | | | | | | |
| Do you own or operate any drones or unmanned aircraft?  **If yes, please complete Unmanned Aircraft Supplemental Application.** | | | | | | Yes | No |
| Does your entity perform maintenance on other entities’ vehicles? | | | | | | Yes | No |
| **If yes**, what is the approximate number of outside vehicles serviced per year? | | | | |  | | |
| Are contracts/agreements obtained regarding this service? | | | | | | Yes | No |
| What type of repairs are being performed on fleet and other entities’ vehicles? | | | | |  | | |
| Is your entity responsible for public notifications in the event of emergency situations? (e.g., evacuation notices or Wildfire alerts) | | | | | | Yes | No |
| **If yes**, do you have written and tested procedures in place for providing public notifications? | | | | | | Yes | No |
| Does your entity perform maintenance of high-risk landscape and vegetation management (e.g., work around power lines, heavy brush clearing, fireline construction)? | | | | | | Yes | No |
| **If yes,** please describe? | | | | | |  | |

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| **CRIME / EMPLOYEE DISHONESTY** | | | |
| Number of employees who handle money or securities: |  | | |
| Are criminal background checks performed on those handling entity funds? | Yes | No | N/A |
| Are accounts reconciled by someone not authorized to deposit or withdraw? | Yes | No | N/A |
| Is countersignature of checks required? | Yes | No | N/A |
| **If no**, who signs controls? |  | | |
| Will accounts be subject to joint control of two or more responsible employees? | Yes | No | N/A |
| Are all officers and employees handling money required to take annual vacations of at least five consecutive business days? | Yes | No | N/A |

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| **WRONGFUL ACTS / PUBLIC OFFICIALS LIABILITY** | | | |
| Does your entity have any of the following boards? *(check all that apply)*  **\*** Zoning Board  City Council  Planning Committee  Other (Specify):        N/A | | | |
| **\* If Applicable:**   * How many permits are issued annually by the Zoning Board? * How many permits are denied annually by the Zoning Board? |  | | |
| Are your board members elected or appointed? |  | | |
| Is there a lawyer present at board meetings? | Yes | No | N/A |
| If yes, how often/under what circumstances is a lawyer present? |  | | |
| Has any person within your entity become aware of any fact, circumstance, situation, event, or act that has not been previously reported to insurance that could reasonably give rise to a claim made against a person who acts on behalf of the entity or against the entity? | Yes | No | N/A |
| Has a grievance been filed against a board member in the last 5 years? | Yes | No | N/A |
| **If yes**, please explain or attach details: | | | |
| Are conflicts of interest (statutory and appearance) disclosed during all quasi-judicial hearings? | Yes | No | N/A |
| Are there any losses in the past 5 years, including Public Officials Liability, Employment Practices Liability, Wrongful Acts Liability, Fiduciary Liability, or Crime that were not reported to insurance? | Yes | No | N/A |
| **If yes**, please explain or attach details: | | | |
| Are you required to comply with any judicial or administrative agreement, order, decree, or judgment relating to Employment Practices Liability? | Yes | No | N/A |
| Have any public officials been: (**if yes**, please attach details)   * Accused, found guilty, sued, or held liable for a breach of trust or fiduciary duty? * Convicted of any criminal conduct? | Yes  Yes | No  No | N/A  N/A |
| Have you, your public officials, and/or employees been involved in or have knowledge of pending federal, state, or local legal actions or proceedings? (**If yes**, please attach details) | Yes | No | N/A |
| Is training on employment policy and reporting procedures offered to all employees and documented in employees’ personnel files? | Yes | No | N/A |
| Are all terminations of employment, if any, reviewed by the Human Resources department and/or Legal Counsel? | Yes | No | N/A |
| Does legal counsel review all employee discipline matters? | Yes | No | N/A |
| Over the past year, have any of your hiring/employment qualification requirements changed? | Yes | No | N/A |
| If yes, please explain. | | | |
| Do the Board/Council members and senior leadership participate in annual trainings on topics such as leadership and workplace culture? | Yes | No | N/A |
| **CYBER LIABILITY AND DATA BREACH**  Please complete separate Cyber Risk Insurance Application (if coverage is requested). | | | |
| **Inflatable Structures** | | | |
| Please be reminded the MOC excludes all liability coverage for use of inflatables unless approved by CIAW prior to use. If your entity intends to use any inflatable or other air supported amusements, please submit an Inflatable Structures Supplemental Application to Underwriting for review and approval at least one week prior to the event. | | | |

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| **OWNED AUTO LIABILITY** | | | | |
| Do you provide a driver safety program? | | Yes | No | N/A |
| Do you provide a driver training program? | | Yes | No | N/A |
| Does your entity obtain and review MVRs on all drivers?  If yes, how frequently? | | Yes | No | N/A |
|  | | |
| Are MVR guidelines in place? | | Yes | No | N/A |
| Have any exceptions been made in the last year for drivers who do not meet your established MVR guidelines? | | Yes | No | N/A |
| If yes, please explain: | |  | | |
| Do you obtain a copy of drivers’ licenses and confirm they are valid for those driving on behalf of your entity? | | Yes | No | N/A |
| Do you obtain copies of drivers’ special certificates and/or medical cards for those driving on behalf of your entity? (ex. CDL, HAZMAT) | | Yes | No | N/A |
| Is there an accident/incident review process with a written discipline policy for driving? | | Yes | No | N/A |
| Do you perform post-accident / incident drug and/or alcohol testing? | | Yes | No | N/A |
| Is annual drug testing done on all authorized drivers? | | Yes | No | N/A |
| What is the average number of clients transported annually? | |  | | |
| Do you enter into any contracts to transport people or property for hire? | | Yes | No | N/A |
| Are vehicles regularly serviced and inspected? | | Yes | No | N/A |
| Are there policies and procedures in place regarding personal use of the insured’s vehicles? | | Yes | No | N/A |
| How many locations store vehicles? | |  | | |
| Of the above locations that store vehicles, how many of them have a total value greater than $500,000? | |  | | |
| (Please provide the following information for any locations that store vehicles with a total value greater than $500,000) | | | | |
| **Location** | **Total Vehicle Value ($)** | | | |
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|  |  | | | |
| When not in use, how are the vehicles protected or safeguarded? | | | | |
| Do you own or operate any vehicles designed exclusively for hauling explosives, flammables, or hazardous materials? | | Yes | No | N/A |
| **If yes**, please provide details: | | | | |
| **TELEMATICS** | | | | |
| Do you use any Telematic services or tools for your vehicles fleet?  ***If yes****, please answer the questions below:* | | Yes | No | N/A |
| Do you use telematics on Law Enforcement Vehicles? | | Yes | No | N/A |
| What telematic services do you use? | | Yes | No | N/A |
| What data do you collect? | | Yes | No | N/A |
| How do you use this data? | | Yes | No | N/A |

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| **NON OWNED AUTO** | |
| How many people use their personal vehicles for company business, including work related errands? | Staff:  Volunteers: |
| How many drivers transport clients in their personal vehicle for company business? | Staff:  Volunteers: |
| Do you obtain copies of proof of insurance for those who use their personal autos? | Staff: |
| Yes  No  N/A |
| Volunteers: |
| Yes  No  N/A |
| Are these records updated yearly? | Staff: |
| Yes  No  N/A |
| Volunteers: |
| Yes  No  N/A |

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| **EXPOSURE INFORMATION** | | | | | | | |
| ***Please indicate if your entity has any of the following exposures:*** | | | | | | | |
| OPERATION / EXPOSURE | DOES THE ENTITY HAVE THIS EXPOSURE | IS IT OPERATED BY THE PUBLIC ENTITY OR CONTRACTED OUT? | | | CERTIFICATE OF INSURANCE ON FILE FROM CONTRACTOR | DOES THE APPLICANT HAVE THIS OPERATION INSURED ELSEWHERE? **IF YES**, PLEASE ATTACH DETAILS. | EXPOSURE INFORMATION **(PLEASE COMPLETE SUPPLEMENT APPLICATION**  **IF APPLICABLE)** |
| OPERATED | | CONTRACT OUT |
| **\*** Aircraft | Yes  No |  | |  | Yes No | Yes No | Number: |
| \*Airports | Yes  No |  | |  | Yes No | Yes No | Number: |
| \*Port Operations | Yes  No |  | |  | Yes No | Yes No | Number: |
| Transit Operations | Yes  No |  | |  | Yes No | Yes No |  |
| Camps and/or Programs | Yes  No |  | |  | Yes No | Yes No | # Attendees:  Sexual Abuse Supplement |
| **If yes**, please give a brief description: | | | | | | |
| Carnivals / Festivals / Rodeos | Yes  No |  |  | | Yes No | Yes No | # Of Events: |
| Special Events and / or Liquor | Yes  No |  |  | | Yes No | Yes No | Special Event and / or Liquor Supplement |
| Youth Organizations (Recreation Programs) | Yes  No |  |  | | Yes No | Yes No | # Of Participants:  Sexual Abuse Supplement |
| Adult Group Homes | Yes  No |  |  | | Yes  No | Yes  No | # Of Clients Served: |
| Shelter | Yes  No |  |  | | Yes  No | Yes  No | # Of Clients Served: |
| Children, Elderly, and Disability | Yes  No | N/A | N/A | | N/A | N/A | What Capacity?  Sexual Abuse Supplement |
| Zoo | Yes  No |  |  | | Yes No | Yes No | Number: |
| **\*** Bridges | Yes  No |  |  | | Yes No | Yes No | # Of Bridges: |
| ***(Please provide copy of most recent inspection report)*** | | | | | | | |
| **\*** Dams / Dikes / Levees / Reservoirs | Yes  No |  |  | | Yes No | Yes No | # of Reservoirs  Dams / Dikes / Levees Supplement |
| ***(Please provide copy of most recent inspection report)*** | | | | | | | |
| Marinas / Wharves | Yes  No |  |  | | Yes No | Yes No | Number: |
| Watercraft | Yes  No |  |  | | Yes No | Yes No | Number: |
| Waterslides / Lakes / Beaches | Yes  No |  | |  | Yes  No | Yes  No | Number:  Swimming Pool Supplement |
| Swimming Pool | Yes  No |  | |  | Yes No | Yes No | Number:  Swimming  Pool Supplement |
| Parks | Yes  No |  | |  | Yes No | Yes No | Number: |
| Play Structures | Yes  No |  | |  | Yes No | Yes No | Number: |
| Skate Park Facilities | Yes  No |  | |  | Yes  No | Yes  No | Number: |
| Skating Rinks | Yes  No |  | |  | Yes  No | Yes  No | Number: |
| Ski Facilities | Yes  No |  | |  | Yes No | Yes No | Number: |
| Stadiums/Grand Stands / Bleachers > 10,000 Capacity | Yes  No |  | |  | Yes No | Yes No | Seating Capacity: |
| Arenas / Convention Centers > 10,000 Persons Capacity | Yes  No |  | |  | Yes No | Yes No | Capacity: |
| Electric Power Distribution | Yes  No |  | |  | Yes No | Yes No | Utilities Supplement |
| Electric Power Generation | Yes  No |  | |  | Yes No | Yes No |  |
| Gas Utility | Yes  No |  | |  | Yes No | Yes No | Utilities Supplement |
| Sewer Utility | Yes  No |  | |  | Yes No | Yes No |  |
| Water Utility | Yes  No |  | |  | Yes No | Yes No |  |
| Short-Term Holding Facility? (Max 30 Days) | Yes  No |  | |  | Yes No | Yes No | Correctional  Facilities Supplement |
| Detention Facility? (Max 90 Days) | Yes  No |  | |  | Yes No | Yes No | Correctional Facilities & Sexual Abuse  Supplements |
| Long-Term Jail/Corrections Facility (Max 1 Year) | Yes  No |  | |  | Yes  No | Yes  No |  |
| Juvenile Detention Center | Yes  No |  | |  | Yes No | Yes No |  |
| Landfills | Yes  No |  | |  | Yes No | Yes No | Number: |
| Describe any additional operations/exposures significant to the entity’s operations that are not included above: | | | | | | | |

**\*Please note some coverages for this exposure are excluded from the CIAW Memorandum of Coverage. However, this information is needed for our files.**

**Uninsured / Underinsured Motorists Coverage**

I have been offered Uninsured / Underinsured Motorists Coverage with a limit of $1,000,000.

I want to purchase Uninsured / Underinsured Motorists Coverage with the limit of $1,000,000 being offered to me.

I reject all Uninsured / Underinsured Motorists Coverage.

**Please complete and attach the following Underwriting information (if applicable) with your submission:**

ACORD applications:

GL, Auto, Property, Equipment, Umbrella, Statement of Values

Photographs of properties

5-year currently valued loss history for all lines of submitted coverage

Current year budget

**Quotes cannot be provided without complete Underwriting information, including**

**Five-year currently valued loss history.**

The above and any supplemental information is prepared and submitted on behalf of the covered member or applicant for coverage consideration. The receipt of application information does not constitute an obligation or commitment on the part of the Cities Insurance Association of Washington program or its representatives to provide coverage protection. I certify that the information within this application and the attached SOV is true and accurate.

By signing below, the member and broker agrees to accept all coverage documents and correspondence electronically. The member should be diligent in updating the electronic mail address provided to us in the event of a change.

Authorized Signature Print Name Title Date