



michigan municipal league

MICHIGAN MUNICIPAL LEAGUE LIABILITY & PROPERTY POOL APPLICATION

Policy Term: _____ to _____

INSTRUCTIONS: Please review and update previously supplied information. Please complete all blank spaces with correct information or N/A if not applicable.

MUNICIPALITY NAME: _____
ADDRESS: _____ CITY/STATE/ZIP: _____
COUNTY: _____ TYPE: _____
TELEPHONE: _____ FAX: _____
E-MAIL ADDRESS: _____
INSURANCE CONTACT NAME: _____ TITLE: _____ PHONE: _____
CURRENT GROSS OPERATING BUDGET OF ALL FUNDS: _____
TOTAL PAYROLL LAST FISCAL YEAR: _____

SECTION I. POLICE DEPARTMENT

Check here if this section is not applicable and proceed to next section.

PERSONNEL

Indicate current number by classification:

- 1. Class A - Full-time officers, including chief, with arrest authority
2. Class B - Part-time with arrest authority
3. Class C - Part-time, auxiliary, or reserve with no arrest authority
4. Class D - Clerical/Dispatchers, Civil Process, Jailers/Matrons, Court Security
5. Class F - Dogs/Horses
6. How many of these officers are certified by the Michigan Commission on Law Enforcement (MCOLES)?
7. Has your Police Department been certified by an outside agency (e.g., CALEA)? Yes No Name of Agency:
8. How many officers with arrest authority have more than five years' experience as a licensed law enforcement officer?
9. Are any law enforcement activities provided under contract by an outside organization? Yes No
If yes, provide name(s) of outside organization(s).

PROCEDURE MANUALS

- 1. Date of last revision of Police Policies and Procedure Manual: _____

JAIL OR PRISONER HOLDING FACILITIES

- 1. Do you detain prisoners in a jail or holding cell? Yes No
2. Indicate the number of cells in your lock-up/holding facility as follows: a. With Bars: b. Without Bars:
3. Average annual number of arrests for the last three years:
4. Describe any planned /completed advancements in your facilities:
5. Maximum length of time anyone is held in your lock-up facility:

SECTION II. AMBULANCE OR EMERGENCY MEDICAL SERVICE

Check here if this section is not applicable and proceed to next section.

PERSONNEL SERVICES

- 1. Do you provide these services to other communities? Yes No If yes, list communities:
2. Annual number of emergency medical runs:

SECTION III.**PUBLIC OFFICIALS****PERSONNEL** (Indicate current number by classification).

- Full-time employees (all departments): _____
- Part-time/ seasonal employees *not included in question 1.* (all departments): _____

CONTRACTORS

- Number of Contractors: _____
- Personnel cost of contract: _____

SECTION IV.**AUTOMOBILE LIABILITY** **Check here if this section is not applicable and proceed to next section.**

- Do you have a formal fleet maintenance program? Yes No
- Do you have a "dial-a-ride" or other public transit exposure? Yes No
- Do you participate in the Secretary of State Driver Record Subscription Service? Yes No

SECTION V.**EMPLOYMENT INFORMATION (for all employees, including police)**

- Do you use a uniform employment application for all employees? Yes No
- Do you perform background checks for new employees? Yes No
- Are bus and/ or van drivers required to have a CDL or Chauffers license? Yes No N/A
- Do you have an employee manual? Yes No
- How many employees have voluntarily resigned in the past 24 months? _____
- How many employees have been terminated in the past 24 months? _____

SECTION VI.**PROPERTY****Please update the attached schedule of locations and values.**

- When not in use, are your owned vehicles garaged at a location where the combined value of your vehicles exceeds \$100,000? Yes No
- Do you own any cemeteries? Yes No
 - Number of Headstones: _____
 - Number of Plots: _____
- Do you have any vacant or unoccupied buildings? Yes No
- If yes, please describe and list building address: _____

SECTION VII.**MUNICIPAL GENERAL LIABILITY****STREETS/ROADS**

- How many miles of streets and roads do you maintain? _____

UTILITIES (For each applicable operation, please indicate payroll amount, excluding clerical).

- Electric Utility Department**
 - Payroll, including linemen and plant operators, *not including clerical*: _____
 - Annual receipts: _____
 - Annual megawatts sold: _____
 - Annual megawatts purchased: _____
 - Annual megawatts produced: _____
- Sewer or Wastewater Treatment**
 - Approximate number of miles of sewer lines maintained: _____
 - Do you inspect sewer lines? Yes No If yes, how often? _____
If yes, what inspection method is used? _____
 - Is Sewer Back-Up requested for this policy term? Yes No Attach claims history if coverage not previously provided by the Pool.
- Water Department**
 - Annual metered water sales: _____
- Marinas**
 - Annual Receipts: _____
- Do you operate a municipal ski hill? Yes No
- Do you own or operate any drones (unmanned aerial vehicle systems)? Yes No If "Yes", please complete supplemental application.

SECTION VIII.**CRIME**

1. Number of employees handling money or accessing accounts. _____
2. Are payments issued only to authorized vendors? Yes No Is a valid W-9 required before adding a vendor? Yes No
3. Are bank accounts reconciled at least monthly? Yes No
4. Does someone other than the person responsible for reconciling bank accounts:
Make deposits? Yes No Make withdrawals? Yes No Sign checks? Yes No
5. Are check signers instructed to require that all checks be accompanied by properly approved vouchers/ invoices? Yes No
6. Over what dollar amount is countersignature required? _____
7. Is segregation of duties practiced in the following areas:
Purchase order approval and payment? Yes No Oversight of blank check stock? Yes No
8. Is dual authorization required for all wire transfers? Yes No
9. Are all incoming checks stamped "for deposit only?" Yes No
10. Is any employee responsible for the investment of public monies? Yes No
If "Yes", is an investment policy in place that sets forth specified types of approved investments? Yes No

SECTION IX.**LAND USE / ZONING**

Check here if this section is not applicable and proceed to next section.

Does your community have a master plan? Yes No When was the plan last reviewed and/ or updated? _____

SECTION X.**SPECIAL EXPOSURES**

The Pool's coverage document excludes liability for losses from failure to supply utilities, amusement rides, underground storage tanks, and the operation of airports or aircraft . (Please note: *this is for information only; it is not intended to be a complete list of exclusions.* We can help you place appropriate insurance outside of the Pool if you have any of these exposures.)

1. Describe any community-sponsored special events or exposures where liability coverage is needed outside coverage provided by the Pool:

2. Are aircraft or watercraft not owned by _____ used for municipal operations? Yes No
3. Are there any events on municipal property at which beer, wine or liquor are sold? Yes No
4. Do you own or operate any dams? Yes No Describe: _____
5. Do you sponsor fireworks displays? Yes No Describe: _____

The Pool can provide coverage for failure of dams and for fireworks displays under certain circumstances. If you have any of these exposures, please describe them, and your account executive will ask for the relevant underwriting information

SECTION XI.**OTHER**

Do you anticipate any changes in services provided to your residents during the coming year? Yes No If "Yes", describe:

➤ **Please complete/update the attached list of locations requiring state boiler certification inspections including the expiration dates of all certificates.**

➤ **Return form and additional information to:**

Program Manager
Michigan Municipal League Liability and Property Pool
P.O. Box 2054
Southfield, MI 48037-2054

The information contained in this application has been reviewed and is true to the best of my knowledge.

Date Completed:

X

Prior to binding, this application must be signed by an official with authority to make insurance decisions on behalf of the insured entity.

