



Liability & Property Pool

APPLICATION

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. How many officers with arrest authority have more than five years' experience as a certified law enforcement officer? _____
8. Are any law enforcement activities provided under contract by an outside organization? _____
If yes, provide name of outside organization. _____

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? _____
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 anticipated improvements 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

1. Certified EMT's: _____ Certified Paramedics: _____

SERVICES

1. Do you provide these services to other communities? _____
If yes, list communities: _____
2. Annual number of emergency medical runs: _____

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

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

CONTRACTORS

1. Number of Contractors: _____
2. Personnel cost of contract: _____

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

1. Do you have a formal fleet maintenance program? _____
2. Do you have a "dial-a-ride" or other public transit exposure? _____

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

1. Do you use a uniform employment application for all employees? _____
2. Do you perform background checks for new employees? _____
3. Are there any special criteria used in hiring bus or van drivers? _____
4. Do you have an employee manual? _____
5. How many employees have voluntarily resigned in the past 24 months? _____
6. How many employees have been terminated in the past 24 months? _____

SECTION VI.**PROPERTY**

Please update the attached schedule of locations and values.

1. When not in use, are your owned vehicles garaged at a location where the combined value of your vehicles exceeds \$100,000? _____
2. Do you own any cemeteries? _____
 - a. Number of Headstones: _____
 - b. Number of Plots: _____
3. Do you have any vacant or unoccupied buildings? _____
4. If yes, please describe and list building address: _____

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

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

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

1. **Electric Utility Department**
 - a. Payroll, including linemen and plant operators, *not including clerical*: _____
 - b. Annual receipts: _____
 - c. Annual megawatts sold: _____
 - d. Annual megawatts purchased: _____
 - e. Annual megawatts produced: _____
2. **Sewer or Wastewater Treatment**
 - a. Approximate number of miles of sewer lines: _____
 - b. Do you inspect sewer lines? _____ If yes, how often? _____
If yes, what inspection method is used? _____
3. **Water Department**
 - a. Annual metered water sales: _____

SECTION VIII. CRIME

1. Number of employees handling money or accessing accounts. _____

SECTION IX. LAND USE

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

1. Does your community have a master plan? _____

2. When was the plan last reviewed and/or updated? _____

SECTION X. OTHER

1. Do you anticipate any changes in services provided to your residents during the coming year? _____

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

