



Workers' Compensation Fund

michigan municipal league

26255 American Drive Southfield MI 48034 248-204-8530

APPLICATION FOR MEMBERSHIP

Please complete the following form to apply for membership in the Michigan Municipal League Workers' Compensation Fund. Completing the application is not a commitment on your part until the approval process is completed and coverage is bound. The Workers' Compensation Agency, which regulates workers' compensation coverage, requires that the Agreement Form on page 4 be completed.

Eligibility: Any city, village, township, county or other public agency that is considered by the Workers' Compensation Agency as a public employer is eligible for consideration as a Fund Member. Cities and villages must maintain membership in the Michigan Municipal League; other Members must maintain limited associate status in the League to maintain their eligibility for Fund membership.

Send completed application to:

MML Workers' Compensation Fund

Attn: Underwriter

26255 American Drive, Southfield, MI 48034

Fax: 248-648-7751

Email: mml-fund@meadowbrook.com

Please complete the following information so that we may accurately process your application. Upon receipt and acceptance of the completed application, we will send the Fund By-Laws, Operating Procedures, Coverage Documents and Invoice to the address indicated below.

1. Applicant Information

Applicant's Legal Name

as filed with the MI Dept. of Treasury: _____

Federal Tax ID #: _____ County: _____ Phone: _____

Applicant is a: City Township Village County Other (define): _____

Mailing Address: _____

Email address: _____ Fax: _____

Contact: _____

| Name | Title | Address |
|------|-------|---------|
|------|-------|---------|

| <i>Workplace Address</i> | <i>Workplace Description</i> | <i># Employees at Location</i> |
|---------------------------------|-------------------------------------|---------------------------------------|
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Attach a separate sheet if necessary to indicate additional workplace locations, and # of Employees at each location.

2. Financial Statement

Include a copy of the applicant's most recent CPA-audited financial statement with this application.

3. Prior Experience Modification Information:

In order to process your application, we need to review the information on file with the Compensation Advisory Organization of Michigan (CAOM). This information must be requested by the applicant.

On the applicant's letterhead, type the following, and email, fax or mail to:

CAOM
PO Box 3337
Livonia, MI
48151-3337
LOA@CAOM.COM

Fax: 734-462-9721

RE: [Letter of Authority]
[Applicant name]
[Applicant Federal ID #]

To Whom It May Concern:

Please send our current and prior experience modification worksheets (including modifier) to the email address below.

mml-fund@meadowbrook.com

We understand that this data will be used for self-insured fund eligibility and evaluation, not for quoting purposes.

Thank you.

Authorized Official

Date

4. Claims

Request currently valued loss history reports for the past 5 years from your current and/or prior workers' compensation insurer(s).

List Workers' Compensation claims \$50,000 and over, during past five years (attach separate sheet if necessary):

| Date of Injury | Nature of Injury | Incurred Cost of Claim | Claim Open or Closed ? |
|----------------|------------------|------------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Michigan Municipal League Workers' Compensation Fund

Payroll Estimate Form

| Classification of Operations | Number of Employees FTE** | Estimated Annual Payroll (Round to nearest \$100) | Classification of Operations | Number of Employees FTE** | Estimated Annual Payroll (Round to nearest \$100) |
|--|---------------------------|---|--|---------------------------|---|
| 0042 Landscaping (new installation) | | | 8810-1 Clerical/Office | | |
| 0106 Tree Pruning | | | 8810-2 Elected Officials* | | |
| 5192 Parking Meters | | | 8810-3 Libraries/ Museums: Prof/Clerical | | |
| 5221 Concrete Work | | | 8820 Attorneys/Judges* | | |
| 5403 Carpentry | | | 8829 Extended Care Facility | | |
| 5476 Painting | | | 8831 Animal Shelters | | |
| 5509 Street Operations | | | 8832 Physicians | | |
| 6217 Landfill | | | 8833 Hospital-Professionals | | |
| 6834 Marina Operations | | | 8835 Public Health Activities | | |
| 7333 Dredging – Inland Waterways | | | 8868 Schools-Professionals | | |
| 7380 Drivers & Ambulance Drivers/Attendants | | | 9015 Building Operations | | |
| 7382 Transit Authority Drivers/Dial-A-Ride | | | 9016 Ice Rinks | | |
| 7423 Airport Operations | | | 9033 Housing Authorities | | |
| 7520 Water Operations | | | 9040 Hospital - Non-Professionals | | |
| 7539 Electric Distribution | | | 9060 Municipal Golf Course | | |
| 7580 Sewer Operations | | | 9063 YMCA | | |
| 7590 Incineration/Recycling Operations | | | 9079 Restaurant Operations | | |
| 7610 Radio/TV | | | 9102 Parks and Recreation | | |
| 7704-1 Firefighters | | | 9103 Crossing Guards | | |
| 7704-2 On Call/Volunteer Firefighters / On Call Underwater Divers* | | | 9104 Lifeguards | | |
| 7704-3 Public Safety | | | 9156 Theater Operations | | |
| 7720-1 Police Officers | | | 9180 Snow Making Operator | | |
| 7720-2 Volunteer/PT/Reserve/ Auxiliary Police* | | | 9220 Cemetery Operations | | |
| 8395 Garage Operations | | | 9402 Street Cleaning | | |
| 8601 Architects | | | 9403 Garbage Collection | | |
| 8742 Salespersons-Outside | | | 9410 Municipal Employees | | |
| | | | TOTALS: | | |

The job classifications listed are common to most public agencies. **Please report a one year estimate of payroll in each classification, rounded to the nearest \$100.** This estimate is the basis for calculating the premium and will be adjusted during the audit period at the end of the Fund year based on the actual payroll of the Fund member.

* NOTE: For rating purposes, the yearly minimum payroll for On Call/Volunteer Firefighters, Divers is \$500 each and Volunteer Police/PT Officers is \$1,000 each. Elected officials are subject to a yearly minimum of \$5,200 and a yearly maximum of \$30,000 each. Be sure to include these in your estimates.

** FTE – Reflects full-time equivalent

Workers' Compensation Agency
Agreement for Membership in the
MICHIGAN MUNICIPAL LEAGUE WORKERS' COMPENSATION FUND

Applicant's Legal Name: _____

Principal Address: _____ County: _____

Applicant is a: City Township Village County Other (define): _____

Present Workers' Comp carrier: _____ Years with present carrier: _____

List experience mod for previous three years (most recent year first): _____

We hereby apply for continuing membership for workers' compensation self-insurance coverage in the above-named Fund, to be effective 12:01 A.M., _____, _____ and, if accepted by its duly authorized representative, do hereby constitute and appoint the Michigan Municipal League Workers' Compensation Fund or any other service company selected by the Trustees, to act as our agents-in-fact in all matters relating to the Workers' Compensation Law and/or Employers' Liability Act. We agree jointly with all other members of the Fund, as follows:

- (a) To accept and be bound by the provisions of the Michigan Worker's Disability Compensation Act;
- (b) To pay lawful awards entered by the Workers' Compensation Agency against any member of the Fund, which awards shall have been sustained by the courts where an appeal by either party is taken;
- (c) To pay premiums and assessments when due, based upon appropriate classifications and rates, into a designated cash reserve fund out of which lawful and proper claims and awards are to be paid; and
- (d) That there will be no disbursements from the Fund by way of dividends or distribution of accumulated reserves to the members, except at the direction of the Trustees and approval by the Agency;
- (e) To abide by the Fund Bylaws and the Operating Procedures of the Fund and to conform to the terms of the agreements they may enter into with any authorized service company as long as we remain a member of the Fund;
- (f) That, in the event of any changes in legal entity, or if any locations are to be added to or deleted from this coverage, we agree to notify the Fund, or any successor service company, immediately;
- (g) That should we desire to cancel our coverage, we will give written notice at least 60 days prior to cancellation;
- (h) That coverage under this membership shall be for Michigan operations only;
- (i) That the Payroll Estimate Form and/or Renewal Certificates, when completed and returned to us by the Fund, become a part of this Agreement;
- (j) That in the event of any payment under this Agreement, the Fund shall be subrogated to all the participant's rights of recovery therefore against any person or organization, and the Participant shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The participant shall do nothing after loss to prejudice such rights.

Name and title of Authorized Administrative Officer: _____

Signature: _____ Date: _____

The above applicant is a member or Associate Member of the Michigan Municipal League and is hereby approved for membership in this Fund. Coverage is effective the _____ day of _____

Signed this _____ day of _____ by _____

Fund Administrator