

**LOCAL GOVERNMENT INSURANCE TRUST
PRIMARY AND EXCESS LIABILITY PROGRAM
New Member Application**

NAME OF ENTITY (Named Insured): _____

(Includes boards, councils, commissions and units exclusively operated by, under exclusive jurisdiction of and directly controlled by Named Insured while acting within the scope of their authority).

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

COUNTY: _____

CONTACT: _____

TITLE: _____

PHONE NUMBER: _____

Completion of this application does not bind the Trust to provide, nor the entity to purchase, coverage. Coverage can only be bound by LGIT's offer of, and the entity's acceptance of, renewal in accordance with the terms of LGIT's most recent Trust Agreement and By-Laws.

AVAILABLE COVERAGES AND DEDUCTIBLES:

Your current coverage and deductibles are reflected below. The Trust offers liability deductibles from \$1,000 to \$10,000 and auto physical damage deductibles from \$250 to \$1,000. If you wish to receive quotes for deductibles other than those you currently carry, please indicate below.

	Current Deductible Level	Alternate Deductible Level
General Liability	_____	_____
Public Officials Liability	_____	_____
Police Legal Liability	_____	_____
Automobile Liability	_____	_____
Automobile Physical Damage	_____	_____
Comprehensive Collision	_____	_____
Excess Coverage (limits: \$1,000,000-\$5,000,000)	Current _____	Desired _____

PART 1 - GENERAL LIABILITY: Please complete Part 1, Part 2, Part 3 & Part 4 in detail.

Operations Information:	Current	Projected
Official Population:	_____	_____
Number of Employees (excluding law enforcement)	_____	_____

PART 2 - PUBLIC OFFICIALS LIABILITY:

Total number of board members: Elected? _____ Appointed? _____

Employment Practices and Procedures

1. Do you have a written employment manual including all personnel policies and procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do all your management and supervisory employees maintain a copy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do these supervisors receive training in the proper implementation of your policies and procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. When was this manual last updated?	Date ____/____/____	
5. Is this manual reviewed by counsel experienced and qualified in employment law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do you follow a formal written grievance procedure for employee disputes/complaints?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Land Use and Zoning

1. Do you have formally approved land use ordinances that have been reviewed by legal counsel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you have a formal procedure to file for variance to land development statutes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do officials receive training with respect to "open meetings" and hearing regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Loss History

1. Does any official or employee have any knowledge of any fact, circumstance or situation which might reasonably be expected to give rise to a claim? If yes, please attach.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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PART 3 - LAW ENFORCEMENT LIABILITY:

Policies and Procedures

Last Updated

1. Do you have formal written policies and procedures pertaining to the following subjects?

Use of deadly force.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Use of non-deadly force.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Vehicle high-speed pursuit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Communicable diseases.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Employee moonlighting/secondary employment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Dispatching	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
CALEA Membership (10% premium credit) (attach proof of accreditation-member)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Indicate the number of Full Time and Part Time Positions for each category within your Law Enforcement Department:

Class	Description	Current	Projected		
		Full Time	Part Time	Full Time	Part Time
Class A	Officers on front line with arrest powers who are actively engaged in law enforcement and armed detention center personnel.				
Class B	Correction officers and unarmed detention center personnel.				
Class C	Officers such as auxiliary reserves, school crossing Guards, traffic directors and dispatchers, who are not armed.				
Class D	Law Enforcement personnel involved only in clerical or other office work, including volunteers.				
Class E	Dogs K-9 and drug dogs (number of dogs)				

LOSS HISTORY

1. Does any official or employee have any knowledge of any fact, circumstance or situation which might reasonably be expected to give rise to a claim?
If yes, please attach a narrative summary with details.

Yes No

PART 4 - AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE

Please indicate in the spaces provided the number you wish to have covered. If you do not make an entry in the Comprehensive or Collision columns, we will assume you wish to cover all the vehicles for both Comp and Collision in addition to Liability. If you should wish to cover some vehicles for Liability only, or Liability and Comprehensive only, please contact our office for additional information.

Vehicle Description	LGIT Code	Current	Liability	Comp	Collision
Passenger Vehicles					
Police Passenger Vehicles	PP				
Fire Passenger Vehicles	PF				
Other Passenger Vehicles	PO				
Light Trucks (Under 10,000 pounds)					
Pickup Trucks	LTPU				
Vans and Mini-Vans	LTV				
Ambulances	LTA				
Fire and Rescue	LTF				
Other Light Trucks	LTO				
Heavy Trucks (Over 10,000 pounds)					
Refuse Collection	HTR				

Dump Trucks	HTD	_____	_____	_____	_____
Fire Trucks	HTF	_____	_____	_____	_____
Other Heavy Trucks	HTO	_____	_____	_____	_____
Tractor Trailers					
Tractors	HTT	_____	_____	_____	_____
Trailers	HTTT	_____	_____	_____	_____
Mobile Equipment (liability only) (Road use and meets definition of auto)	ME	_____	_____	_____	_____
Motorcycles and Motor Scooters	MS	_____	_____	_____	_____
Buses					
15 seats or less	BU	_____	_____	_____	_____
16 seats or more	BO	_____	_____	_____	_____
Trailers					
Under 2,000 pound capacity	T0	_____	_____	_____	_____
Over 2,000 pound capacity under Tractor Trailers) Attach schedule.	T2	_____	_____	_____	_____

PART 5 - OPTIONAL ENDORSEMENTS:

Liability Endorsement	Current	Yes	No	Projected Exposure
1. Court Ordered Community Service Workers Endorsement (number of workers per year)	_____	_____	_____	_____
2. Prisoners Endorsement (number of prisoners per year)	_____	_____	_____	_____
3. Sewer Backup Endorsement (number of miles)				
i. Miles of sewer line	_____	_____	_____	_____
ii. Deductible (A\$2,500 min.)	_____	_____	_____	_____
4. Punitive Damages Endorsement	_____	_____	_____	N/A
5. Volunteer Fire Company Endorsement				
i. Annual fire department expenses	_____	_____	_____	_____
6. Skateboard Endorsement (number of ramps 2 ft. and above)				
i. Number of ramps	_____	_____	_____	_____
ii. Deductible	_____	_____	_____	_____
7. Defense Costs in Civil Cases Seeking Equitable Relief Endorsement	_____	_____	_____	N/A
8. Occurrence Endorsement (Public Officials and Law Enforcement)	_____	_____	_____	_____
9. Secondary Employment & Off Duty (Law Enforcement) Endorsement	_____	_____	_____	_____

Automobile Endorsements

Indicate Number of Vehicles to be Covered:	Current	Yes	No	Projected Exposure
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1. Personal Injury Protection Endorsement	_____	_____	_____	_____	N/A
2. Uninsured Motorist Coverage Endorsement	_____	_____	_____	_____	N/A
3. Uninsured Motorist Optional \$1M Limits	_____	_____	_____	_____	_____
4. Stated Value (Available for High Valued Vehicles)	_____	_____	_____	_____	_____
(attach list of vehicles and value)					
5. Physical Damage to Borrowed Cars Used in Police Surveillance					
i. Indicate Number of Vehicles to be	_____	_____	_____	_____	_____
Covered	_____	_____	_____	_____	_____
ii. Deductible	_____	_____	_____	_____	_____

The undersigned authorized representative of the applicant warrants that to be best of his/her knowledge the statements and facts set forth in this application are true and complete. This application shall be the basis of and shall be part of any future coverage agreement should the applicant be accepted into the Local Government Insurance Trust.

AUTHORIZED REPRESENTATIVE: _____

TITLE: _____

SIGNATURE: _____ DATE: _____