



# Preliminary Application

Name of Entity: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_ Current Premium: \_\_\_\_\_

Need By Date: \_\_\_\_\_

## Liability Information

Limit of Liability: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Total Payroll: \_\_\_\_\_

Gross Operating Expenditures: \_\_\_\_\_

### Please advise if your entity is responsible for the following:

Fire Department:  Yes  No

Law Enforcement:  Yes  No

# Part-time officers: \_\_\_\_\_ /# Full-time Officers: \_\_\_\_\_

Water Department - # connections: \_\_\_\_\_

Sewer Department - # connections: \_\_\_\_\_

Street/Road - # miles: \_\_\_\_\_

Property Information

Total Building Limit: \$ \_\_\_\_\_

Total Contents Limit: \$ \_\_\_\_\_

Please attach a property statement of values if available.

Total Inland Marine Limit: \$ \_\_\_\_\_

Total Computer Limit: \$ \_\_\_\_\_

Automobile Information

Number of Automobiles: \_\_\_\_\_

Approximate Value of All Vehicles: \$ \_\_\_\_\_

Desired Deductibles: Comprehensive: \$ \_\_\_\_\_

Collision: \$ \_\_\_\_\_

Auto Med Pay Limits: None      \$1,000      \$2,500      \$5,000      \$10,000

Uninsured/Underinsured Motorists: None      \$50,000      \$250,000  
\$500,000      \$1,000,000

Current Carrier Information

Name of Current Carrier: \_\_\_\_\_

Number of Years with your Current Carrier: \_\_\_\_\_

Claim Information

Please provide details regarding all losses over the past 4 years, including the amount paid for each loss. If possible, please provide loss runs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any pending or open claims? If so, please provide details.

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Notes

Please advise if there are any unique or additional exposures that should be noted (ponds, watercraft, special events, fireworks, swimming pools, etc.)

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**Entity's Attestation-** The authorized signatory of this application attests to the best of his/her knowledge that statements made in the application and any attachments to the application are true: that no fact, circumstances or situation indicating the probability of a claim or action now known to any public official or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim. Signing of this application does not bind the signatory to purchase the coverage but it is agreed this application and its attachments, shall be the basis of a policy quotation if one is offered.

Any person who knowingly and with intent to defraud, any insurance company, Plan, Pool, or other person, files an application for coverage or statement of claim containing any materially false information or conceals information concerning any material fact, for the purpose of misleading, commits a fraudulent act, which is a crime and subjects such person to criminal penalties.

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Authorized signatory for entity

Date

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Title

Phone Number