

**MRM PROPERTY & LIABILITY TRUST  
MRM WORKERS COMPENSATION POOLED TRUST**

**New Business Submission  
Checklist**

**The following information MUST be provided. Please do not consider the need for this detailed information an unnecessary burden, but rather a means to assure the BEST results for both you and your client/prospect. Complete submissions must be received 60 days in advance of your need by date - submissions without the 60 days lead time are subject to declination. Your cooperation in adhering to this request is greatly appreciated.**

\_\_\_\_\_ **MRM Property & Liability Trust Public Entity Application.** This application must be signed by an authorized official of the entity and **submitted 60 days prior** to the “need by” date and is the *only application* acceptable for submission.

\_\_\_\_\_ **Loss Runs** – 5 years of currently valued loss runs for each line of business requested. Details of any losses exceeding \$25,000 (cause, description, what has been done to prevent similar occurrences). NOTE: The Loss Experience grid on page 2 of the application *must* be fully completed. Writing “See attached loss runs” is not acceptable!

\_\_\_\_\_ **Current Budget** – Indicate whether approved or tentative

\_\_\_\_\_ **Property Information** – either a signed Statement of Values or complete ACORD application to include:

- \_\_\_ **Complete address** of each location
- \_\_\_ Building #, Building Limit, Contents Limit
- \_\_\_ Construction Class
- \_\_\_ Protection Class
- \_\_\_ Square Footage
- \_\_\_ Number of Stories
- \_\_\_ Year Built
- \_\_\_ Year & type of all updates (electrical, roof, HVAC, etc.) **if** over 25 years old
- \_\_\_ Photos of any structure over \$1,000,000 in value
- \_\_\_ Current (within 18 months) appraisal; **or** *signed* Schedule of Values if requesting Agreed Amount coverage.

\_\_\_\_\_ **Automobile** - Schedule of Vehicles or ACORD application to include for each vehicle:

\_\_\_ Year, Make, Model

\_\_\_ VIN

\_\_\_ Cost New or Agreed Value (fire and emergency vehicles only) for each vehicle that is to include physical damage coverage

\_\_\_ Loss Payees or Additional Insureds

\_\_\_ Department: Emergency or All Other

\_\_\_ Drivers List including name, date of birth & drivers license number of each driver (including volunteer fire department members who drive emergency vehicles).

\_\_\_ Location # and building # from the property schedule that has a concentration of vehicles with physical damage with a **total** value in excess of \$500,000

\_\_\_\_\_ **Inland Marine:**

\_\_\_ Actual Cash Value will be applied on blanket limits. Description of **type** of equipment to be included and the **total** value

\_\_\_ If Replacement Cost is desired, an itemized schedule (description, make, model and serial #) reflecting Replacement Cost Values should be submitted

\_\_\_ Location # & building # from the property schedule that has a concentration of equipment with **total** limits in excess of \$500,000

\_\_\_\_\_ **Workers Compensation** - Include ACORD application including payrolls and current Experience Modification accompanied by 5 years of currently valued loss runs. This coverage will be quoted in the **MRM Workers Compensation Pooled Trust** program.

\_\_\_\_\_ **Act 477**

\_\_\_\_\_ **Public Officials, Employment Practices Liability and Police Professional Liability, Pollution Liability.** The appropriate application for these lines must be completed and submitted.

### WHERE TO SEND SUBMISSIONS

#### West of Centre County

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1100 US Steel Tower  
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#### Centre County and East

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