

PUBLIC ENTITY RENEWAL APPLICATION AND SURVEY

MRM PROPERTY & LIABILITY TRUST

The HDH Group, Inc.
U. S. Steel Tower, Suite 1100
Pittsburgh, PA 15219
Phone: (412) 391-7300
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I. ENTITY

Entity: _____

Entity Mailing Address: _____

Entity Physical Address: _____

Indicate if Entity is a Member of: PSATS _____ PMAA _____

Entity Population: _____ Current Number of Employees: _____

Date Submitted: _____ Effective Date: _____

Bid Meeting Date: _____ Date Quote is Needed: _____

II. SUBMITTING AGENCY – Is this account co-brokered? ___Yes ___No

Agency: _____

Mailing Address: _____

Producer: _____ E-Mail Address: _____

Phone #: _____ Fax #: _____

III. INDICATE THE LINES OF COVERAGE CURRENTLY INSURED UNDER THIS PROGRAM:

- | | | |
|--|--|--|
| <input type="checkbox"/> General Liability | <input type="checkbox"/> Property | <input type="checkbox"/> Business Auto |
| <input type="checkbox"/> Excess | <input type="checkbox"/> Inland Marine | <input type="checkbox"/> Crime |

IV. ATTACH A COPY OF AN ACTUAL FISCAL YEAR END BUDGET FOR THIS YEAR OR A PROPOSED FISCAL YEAR BUDGET FOR THE UPCOMING YEAR.

The undersigned declares that to the best of his/her knowledge, the information set forth in this application is true and complete.

SIGNATURE OF AUTHORIZED OFFICER TITLE DATE

SIGNATURE OF AGENT OR BROKER TITLE DATE

V. OTHER GENERAL LIABILITY EXPOSURES

Supplemental Questionnaires may be required

Exposure/Operation	Exposure		Subcontracted to Others?	If there are any changes from expiring, please indicate.
	Yes	No		
Airport or Related Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excluded under our program
Animal Pound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blasting Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cemetery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dam/ Lake/ Reservoir (Provide inspection reports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Habitational (apartment, dwellings, housing auth.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Landfill/Dump/Refuse Site/Incinerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limited Pollution				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Herbicide/Pesticide Spraying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Paint spraying (including street/road/curb)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical & Ancillary Care Facilities				
a. Health Clinic/Hospital/Nursing Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excluded under our program
Public Facilities				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Convention/Civic Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Library	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Museum	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Stadium/Bleacher/ Grandstands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recreational Activities				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Campground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Day Camp, Day Nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Ice or Roller Rink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Golf Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Park and Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Port/Harbor/ Terminal District/Marina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Racetrack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excluded under our program
h. Skateboard Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Ski Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excluded under our program
j. Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Water Slide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rifle Ranges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Services				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. County/Group Home, Halfway House, Woman Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Events				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Carnival, Fair, Parade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Concession Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Fireworks and other Pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Mechanical Amusement Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excluded under our program
Utilities				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Company Operations –Does entity provide coverage for the VFD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Services – Does entity provide General Liability coverage for VFD and/or EMS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exposure/Operation	Yes	No	Subcontracted to	If there are any changes from expiring,

			Others?	please indicate.
Professional Services: Please indicate if any of the following are employed by the entity: ____ Architect, ____ Engineer, ____ Lawyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Law 477, PA Heart & Lung Act 477	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

VI. COMMERCIAL AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE

(Attach a copy of Expiring Schedule with any noted additions or deletions)

I. LIMITS

Limit of Liability: \$	UM Limit \$35,000./UIM Limit \$35,000. (Maximum limit is \$100,000 for each)
PIP/No Fault: <input type="checkbox"/> Basic (\$5,000 Medical)	
Added First Party Benefits:	
Medical Expense Benefits: <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000	
Work Loss Benefits: <input type="checkbox"/> \$1,000/\$5,000 <input type="checkbox"/> \$1,000/\$15,000 <input type="checkbox"/> \$2,500/\$25,000 <input type="checkbox"/> \$2,500/\$50,000	
Funeral Expense Benefits: <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500	
Accidental Death Benefits: <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	
Extraordinary Medical Expense Benefits: <input type="checkbox"/> \$1,000,000	

II. UNDERWRITING INFORMATION

A. Are all owned or leased vehicles covered under this program? Yes No **If no, provide details.**

B. Any location with a concentration of stored vehicles where total values exceed \$2,000,000? Yes No

LOCATION	UNIT NUMBER(S) FROM VEHICLE SCHEDULE	TOTAL VALUE(S)
		\$
		\$

C. Advise if the Entity has the following:

Mutual aid agreements Yes No Accident investigation program Yes No
 Driver training program Yes No Autos hired by Entity Yes No

D. How are vehicles stored overnight?

Garaged Fenced Lot Lighted lot Other _____

E. Does the Entity own or operate any vehicles designed exclusively for hauling explosives, flammables or hazardous materials? Yes No If yes, provide details _____

F. Do any employees drive their own vehicles in the Entity's business? Yes No

If yes, list employee and Occupation: _____

Are COIs obtained from these employees? Yes No

G. Are employees allowed to take vehicles home? Yes No

Is personal use permitted? Yes No

List employees and occupation: _____

H. Does the entity provide any type of transportation services? Yes No

Indicate type: Elderly transportation Other _____

I. Does the entity conduct periodic MVR checks? Yes No Frequency: Annually Bi-annually Other

What action is taken on drivers with adverse driving records? _____

J. Describe Driver selection currently in place _____

K. Are regular inspections conducted? Yes No By whom? _____

L. Is there a scheduled preventive vehicle maintenance program in place? Yes No

VII. PROPERTY AND ALLIED LINES

Provide a current Property or Inland Marine Schedule with updated values. If a Property Appraisal has been completed, please forward most recent copy.

VIII. EMERGENCY SERVICES – (NOTE: Complete this section only if the Municipality provides General Liability coverage for the Fire Department and/or EMS.)

1. Fire Department Personnel Regular # _____ Volunteer # _____

A. Do the training/certification procedures in place comply with state regulation requirements?
 Yes No

If No, provide details of why not: _____

B. Radius of Operation: _____

C. Are mutual aid agreements in place with neighboring communities? Yes No

2. EMTs/Paramedics/EMTAs Paid # _____ Volunteer # _____ Subcontracted # _____

A. Do the training/certification procedures in place comply with state regulation requirements?
 Yes No

If No, provide details of why not: _____

B. Radius of Operation: _____

3. Dispatch

A. Does your department handle your own dispatch? Yes No

B. Are incoming calls to dispatch recorded? Yes No

C. How long are tapes retained? _____

D. Are training/certification procedures in place? Yes No

IX. CRIME SECTION

I. COVERAGE DESIRED:

- | | Limit | Deductible |
|---|--------------|-------------------|
| A. Forgery or Alteration (Form B) | \$ _____ | \$ _____ |
| B. Theft, Disappearance & Destruction | | |
| Inside the Premises | \$ _____ | \$ _____ |
| Outside the Premises | \$ _____ | \$ _____ |
| Increased Limits for Specific Period | | |
| From: _____ To: _____ | | |
| C. Public Employee Dishonesty: | \$ _____ | \$ _____ |
| <input type="checkbox"/> Coverage Form O-Per Loss | | |
| <input type="checkbox"/> Include Faithful Performance of Duty | | |
| D. Robbery & Safe Burglary | | |
| Loss Inside the Premises | \$ _____ | \$ _____ |
| Outside the Premises | \$ _____ | \$ _____ |
| E. Computer Fraud | \$ _____ | \$ _____ |
| F. Excess Indemnity: | | |

Name/Position/Title	Number of Employees in Position

Number of Employees: Class A (handles money): _____ Class B (all other): _____

II. SECURITY PROVISIONS

- A. Is Countersignature required on all checks \$1,000 and greater? Yes No # of Signatures _____
- B. Is an annual audit conducted by a CPA or equivalent independent of the insured? Yes No
- C. Are bank statements reconciled at least monthly? Yes No
- D. Are bank statements reconciled by someone other than the person authorized to deposit and/or withdraw funds? Yes No
- E. Are the employee(s) responsible for handling cash/securities/checks required to take annual vacations of at least 5 consecutive business days? Yes No
- F. Are employee Background Checks conducted? Yes No
- G. Employee references checked? Yes No