



Application for Trustees' Liability Insurance

1. (a) Name of Trust: _____
- (b) Trust is a:
- Self-Insurance Trust Self-Insurance Pool Mutual
- Joint Powers Authority (JPA) Other (please specify): _____
- (c) What legal authority was used to establish the Trust? _____
- (d) When was the Trust established? _____
- (e) Number of Employees? _____
- (f) Total number of employee terminations last three years: voluntary _____ involuntary _____
- (g) Please provide details (dates(s), reason(s), and voluntary/involuntary) for all employee terminations in the last 12 months:
2. Names of Trustees/Board Members:
- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |
3. Address of the Trust:
4. Type of Self Insured Trust:
- Workers' Compensation Property Casualty Unemployment Compensation
- Liability Employees Benefits Other _____
(please specify)
5. (a) Name of Program Administrator: _____
- (b) Is the Program Administrator an employee of the Trust? Yes No
6. Address of Administrator's Office:

7. Name of Custodian of Securities: _____
8. Name of Accountant: _____
9. (a) Name of Auditing Firm: _____ (b) Fiscal Year: _____
10. (a) Name of Investment Counselor: _____
- (b) Does Investment Counselor have authority to make investment decisions? Yes No
- (c) Are there State Regulations governing the investment of funds? Yes No
- (d) If yes, do the Trust's investment guidelines comply with the State Regulation? Yes No
11. (a) Name of Actuarial Consultant: _____
- (b) How often is the actuarial study completed? _____
12. Name of General Counsel: _____
13. (a) Who is the claims administrator? _____
- (b) Does the claims administrator handle safety engineering/loss control? Yes No
- (c) If not, who does? _____
14. (a) Does the Program Administrator handle Marketing and Underwriting? Yes No
- (b) If not, who does? _____
15. (a) State amount of Fidelity Bond in Force for the Program Administrator: _____
- (b) State amount of Fidelity Bond in Force for the Claim Administrator: _____
16. (a) Does state regulator require security? Yes No
- (b) If yes, how much? _____ (c) How is security provided? _____
17. (a) Are there any loans outstanding to the Trust? Yes No
- (b) If yes, please state amount \$ _____ and attach specifics.
18. What is the total amount of delinquent accounts receivable? \$ _____ Receivable in Excess of 60 days? \$ _____
19. Please provide a full copy of all Insurance Contracts purchased by the Trusts to include:
- Re-insurance Specific Excess Aggregate Excess Stop Loss Insurance Contracts Other

20. (a) During the last five (5) years, has any claim been made, or is any claim pending against any of the present or past Trustees, Officers, Employees or the Trust? Yes No

(b) If Yes, give full particulars.

21. (a) Is the Trust, any of the Trustees, or the Program Administrator aware of any circumstances that may result in a claim being made against the Trust, or any of its Trustees, Officers, Employees, or the Program Administrator?

Yes No (New Business Applicants must answer)

(b) If Yes, give particulars with this proposal.

22. (a) Has application for insurance by the Trust or Trustees ever been declined and/or Non-renewed? Yes No

(b) If Yes, state reasons:

(c) Has E&O and/or D&O insurance covering the Trust, Trustees, or Program Administrator ever

been canceled? Yes No

(d) If Yes, state reasons:

23. (a) Does the Trust have a Participation Contract or Indemnification Agreement between the member entity and the Trust? Yes No

(b) Does the Trust issue a coverage agreement to Members? Yes No

(c) If yes, what is the procedure for updating and communicating changes to Members and Reinsurers/Excess Insurers?

24. Membership Information (*please complete*)

<u>Employees</u>	Number of member entities that have corresponding number of <u>Employees</u>
<input type="checkbox"/> 0 – 100	_____
<input type="checkbox"/> 100 – 250	_____
<input type="checkbox"/> 250 – 400	_____
<input type="checkbox"/> 400 – 800	_____
<input type="checkbox"/> 800 – 2500	_____
<input type="checkbox"/> 2500 – over	_____

25. Estimated Annual Contributions for current plan year: \$ _____

26. Estimated Annual Contributions for next plan year: \$ _____

27. Amount of Indemnity requested:

\$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000 Other \$ _____

28. Deductible Requested:

\$10,000 \$25,000 \$50,000 Other \$ _____

This Application must be signed and dated by an Officer of the Trust, and no earlier than 60 days before the proposed effective date.

Warranty

The Undersigned declare that to the best of their knowledge the statements set forth herein and any documents and information submitted in connection herewith are true, accurate and complete and that every effort has been made to obtain sufficient information from each and every person proposed for this coverage in order to verify the truthfulness, accuracy, and completeness of the representations made in the Application. The Undersigned further declare that they have not suppressed, omitted, or misstated any material facts. The Undersigned agree that if the information supplied on or in connection with this Application changes between the date of this Application and the effective date of the coverage, the Undersigned will immediately notify Brokers' Risk and Brokers' Risk, in its sole discretion, may withdraw or modify any outstanding quotations or authorization or agreement to bind coverage. The signing of this Application does not bind the applicant to purchase the coverage. **However, it is agreed that this Application and any documents or information submitted herewith shall be the basis of the contract should a Policy be issued and are to be considered as incorporated in and constituting part of the Policy.**

Signed by: _____

(Must be an Officer of the Trust)

Title: _____

Date: _____

All data on this Application is considered highly confidential and is only for Underwriters' use. Signing this Application does not bind the Underwriters to provide any Insurance, but it is agreed that this Application shall be made a part of the Policy and shall be the basis of the contract should a Policy be issued.

Please attach the following Documents for the Application:

- Trust Agreement(s)
- Bylaws
- Member Participation Contract/Indemnity Agreement
- Two (2) most recent Annual Audited Financial Statements
(For new entities provide a Feasibility Study/New Business Plan)
- Most recent Actuarial Report
- Sample Employee Handbook (If there are employees)
- Contracts with all Independent Contractors (Third Party Administrators such as Program Administrators, and Claims Administrators, Loss Control, Underwriting, Marketing and other vendors.)
- If services are provided in-house, or by affiliated organizations, please provide Resumes for key employees, Internal Procedure Manuals, and general description of Computer Software used.
- Protocol for Bad Faith Claim Prevention
- E&O Certificate of Insurance for any Program Administrator and Claim Administrators (TPAs)
- All Reinsurance, Excess Insurance, Stop Loss (Specific & Aggregate) contracts
- Sample Coverage Documents issued to members (all coverages issued by the Trust)