



Liability Insurance Questionnaire

1. NAME OF CITY: _____
2. EFFECTIVE DATE: _____
3. CURRENT SIR: _____
4. LIMITS REQUESTED: _____
5. POPULATION: _____
6. ACTUAL PAYROLL: \$ _____
7. **AUTOMOBILE / VEHICLE EXPOSURE INFORMATION:**

SUMMARIZE BELOW YOUR VEHICLES, BY TOTAL COUNT, BY EACH TYPE & BY CLASS:

VEHICLE TYPE	NUMBER	VEHICLE TYPE	NUMBER
POLICE/FIRE PRIVATE PASSENGER		A/O PRIVATE PASSENGER	
FIRE PUMPER		LIGHT SERVICE VEHICLES	
FIRE OTHER		MEDIUM SERVICE VEHICLES	
AMBULANCE/RESCUE		HEAVY SERVICE VEHICLES	
BUSES*		REFUSE TRUCKS	
A/O TRANSIT		OTHER (PLEASE DESCRIBE)	
		Total - all units	

*IF THERE ARE BUSES, PROVIDE A BREAKDOWN BY # OF PASSENGERS AND A BRIEF DESCRIPTION OF USE:

# PASSENGERS	# BUSES	USE

8. NAME OF CLAIMS ADMINISTRATION COMPANY: _____
9. DO YOU HAVE A FULL TIME RISK MANAGER? YES ☐ NO ☐
IF NO, STAFF ASSIGNED TO RM FUNCTION? YES ☐ NO ☐
10. DO YOU HAVE A FORMAL SAFETY PROGRAM? YES ☐ NO ☐
11. DO YOU HAVE A BUDGET FOR LOSS CONTROL? YES ☐ NO ☐
12. DO YOU HAVE A BUDGET FOR ON-GOING TRAINING? YES ☐ NO ☐
13. ARE YOU CURRENTLY IN A POOL? YES ☐ NO ☐
IF YES, PLEASE PROVIDE NAME OF POOL AND WITHDRAWAL PROVISIONS:

14. BY YOUR SIGNATURE BELOW, YOU REPRESENT THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. COMPLETION OF THIS APPLICATION DOES NOT OBLIGATE THIS COMPANY TO PROVIDE INSURANCE ON THE BASIS REQUESTED OR ON ANY OTHER BASIS.

DATE: _____ SIGNED BY: _____

TITLE: _____



PROPERTY INSURANCE QUESTIONNAIRE

Name of City: _____

Effective Date: _____

Location of Risk: Per the attached Statement of Property Values dated _____

Perils/Amounts/Limits

Total Insured Values:

Buildings: \$ _____

Contents: \$ _____

EDP: \$ _____

Loss of Rents/Business Income: \$ _____

Extra Expense: \$ _____

Mobile Equipment/Vehicles: \$ _____
(Comprehensive Only)

Valuable Papers/Accounts Recvbl \$ _____

Total Insurable Values: \$ _____

Total Quake & Flood Values: \$ _____

Deductibles:

Property: \$ _____

Earthquake/Flood: 5%

BY YOUR SIGNATURE BELOW, YOU REPRESENT THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. COMPLETION OF THIS APPLICATION DOES NOT OBLIGATE THIS COMPANY TO PROVIDE INSURANCE ON THE BASIS REQUESTED OR ON ANY OTHER BASIS.

Date: _____ Signed by: _____

Title: _____



EXCESS WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY QUESTIONNAIRE

1. NAME OF CITY: _____
2. EFFECTIVE DATE: _____
3. CURRENT SIR: _____
4. LIMITS REQUESTED: _____
5. RATING CLASSIFICATION and CODE SUMMARY:

STATE	CLASSIFICATION	CODE	ESTIMATED GROSS PAYROLL	NUMBER FULL-TIME EE's	NUMBER PART-TIME EE's
CA	Airport Operation	7429			
CA	Fire Fighters – Regular	7706			
CA	Housing Authorities	9033			
CA	Libraries	8810 (4)			
CA	Municipal – Non-Manual Labor	9410			
CA	Municipal – Manual Labor	9420			
CA	Paramedics	7706			
CA	Police Officers	7720			
CA	Waterworks	7520			
CA	Other: _____				
CA	Other: _____				
CA	Other: _____				
CA	Other: _____				
CA	Other: _____				
CA	Other: _____				

TOTALS: \$ _____

6. NAME OF CLAIMS ADMINISTRATION COMPANY: _____

7. DO YOU HAVE A FULL TIME RISK MANAGER? YES ☐ NO ☐

IF NO, STAFF ASSIGNED TO RM FUNCTION? YES ☐ NO ☐

8. DO YOU HAVE A FORMAL SAFETY PROGRAM? YES ☐ NO ☐

9. DO YOU HAVE A BUDGET FOR LOSS CONTROL? YES ☐ NO ☐

10. DO YOU HAVE A BUDGET FOR ON-GOING TRAINING? YES ☐ NO ☐

11. ARE YOU CURRENTLY IN A POOL? YES ☐ NO ☐

IF YES, PLEASE PROVIDE NAME OF POOL AND WITHDRAWAL PROVISIONS:

12. BY YOUR SIGNATURE BELOW, YOU REPRESENT THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. YOUR COMPLETION OF THIS APPLICATION DOES NOT OBLIGATE THIS COMPANY TO PROVIDE INSURANCE ON THE BASIS REQUESTED OR ON ANY OTHER BASIS.

DATE: _____ SIGNED BY: _____

TITLE: _____