



CALIFORNIA JOINT POWERS RISK MANAGEMENT AUTHORITY

APPLICATION FOR MEMBERSHIP - CITY

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

E-MAIL ADDRESS: _____

CONTACT PERSON: _____

If you have any questions, or require clarification on any item, please feel free to contact General Manager David Clovis at the CJPRMA office: (925) 290-1316

CALIFORNIA JOINT POWERS RISK MANAGEMENT AUTHORITY

MEMBERSHIP APPLICATION

All information should be provided on a fiscal year basis, unless otherwise indicated. Please provide complete answers, using additional sheets when necessary.

1. **Named Insureds:** Please list each specific entity that is to be named as an insured under this program.

2. **Additional Covered Parties:** Please list all third parties that are required, by contract, to be named as additional covered parties. Additionally, please provide the amount of coverage that is required, a description of the contract/event, and its expiration date. Please provide copies of 10% of your contracts, as samples. (Please note that no third parties will be added as additional covered parties until their agreements have been submitted to, and approved by, CJPRMA.)

3. **Effective Date:** Please indicate the desired effective date of your participation. (Although mid-year additions are discouraged, they will be considered. The normal program year commences on July 1.)

4. **Program Participation:** CJPRMA offers the choice of two retained limits. Please indicate your preference.

_____ \$500,000

_____ \$1,000,000

5. Administration: Please provide the information indicated below.

POSITION	NAME	TELEPHONE NUMBER, FAX & E-MAIL ADDRESS
City Manager/Administrator		
City Attorney		
Finance Director		
Risk Manager		
Name and title of other official responsible for risk management		

6. Growth: Please provide information on the items listed below for the last three years, the current year, and a future three-year projection.

FISCAL YEAR	POPULATION	AREA SIZE	NUMBER OF FULL TIME EMPLOYEES

7. Financial Information Please provide the information requested for three previous years, the current year, and an estimate for the next year.

FISCAL YEAR	TOTAL BUDGET	REVENUE	EXPENDITURES	DEFICIT OR SURPLUS

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8. Payroll Information: Please summarize the information on the chart below. The information should be based upon your DE-6's for the most recent 12 quarters.

FISCAL YEAR	TOTAL PAYROLL

9. Documentation: Please provide the most recent copy of the documents indicated below; if "none", so indicate.

1. Audited Financial Statements - (3 years)	
2. Audit Management Letter - (3 years)	
3. Liability Claims Audit - (3 years)	
4. Liability Actuarial Report - (3 years)	
5. Risk Management Policy Statement	
6. Safety Policies and Procedures (organizational structure, copy of safety committee minutes, sample training materials, safety inspections, equipment maintenance, police policy & procedures manual, including written pursuit policy and use of deadly force policy).	
7. Safety Inspection Reports	
8. Safety Training Programs	
9. Risk Management Program	
10. Personnel Policies	
11. Claims Management Policies and Procedures	
12. Sample Agenda and Minutes	
13. A three-year history for each self-funded program including: (1) Premium Contributions; (2) Losses; and, (3) Surplus or Deficit.	
14. Bylaws	
15. Trust Agreement	
16. Memorandum of Coverage, including endorsements	
17. Insurance Policies, including endorsements	
18. Investment Policy	

19. Record retention policy	
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10. Administrative Service Contracts: Please list your administrative service contractors and provide copies of their agreements.

NAME OF ADMINISTRATOR	TYPE	CONTRACT EXPIRATION DATE

11. Broker: Please provide the name, address and telephone number of your insurance broker/consultant.

12. Self-Funding: Do you presently self-fund any exposures? If so, please describe and indicate the level of self-funding.

What provisions have you made for funding your self-funded programs? Please describe in detail, including reserve funds.

Please provide a three year history of the self-insured retentions for your liability program. Please attach a copy of the council resolution which established your self-insured fund and indicate the funding level and the amount of reserves.

YEAR	S.I.R.	FUNDING	CURRENT RESERVES

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13. Insurance History: Please provide the insurance information indicated below. List, by year, all liability policies, including provider, policy number, limits, S.I.R./deductible and premium (or specify participation in a joint powers authority) for the current year and the four preceding years.

COVERAGE PERIOD	PROVIDER	POLICY NUMBER	COVERAGE LIMITS	S.I.R. or DEDUCTIBLE	PREMIUM OR DEPOSIT

14. Loss History: Please provide the loss information indicated below.

A. Annual Summary of liability losses for the past fifteen policy years.

FISCAL YEAR	NUMBER OF CLAIMS	LOSS and EXPENSE PAYMENTS	LOSS and EXPENSE RESERVES	TOTAL INCURRED
		(Loss)	(Loss)	
		(Expense)	(Expense)	
		(Loss)	(Loss)	
		(Expense)	(Expense)	
		(Loss)	(Loss)	
		(Expense)	(Expense)	
		(Loss)	(Loss)	
		(Expense)	(Expense)	

B. For each policy year listed in Section A, please list and describe each claim paid/reserved in excess of \$50,000 (use Exhibit #1):

- Date of Incident
- Type (trip & fall, traffic collision, police activity, etc.)
- Brief description of incident
- Nature and extent of injuries
- Short statement of current status
- Amount paid for loss
- Amount paid for expense
- Amount reserved for loss
- Amount reserved for expense.

C. Please provide detailed loss runs for the five years listed in Section A.

D. Please provide detailed claims summaries, by type of loss, for the five years listed in Section A.

15. Contracts: Please provide sample copies of the standard indemnification/hold harmless clause and the insurance requirements used in your lease agreements, public works contracts, service contracts and other contractual agreements.

- Please describe the procedure utilized to monitor compliance with insurance requirements:
- Please provide sample copies of waivers utilized for participant events.
- Please provide copies of leases (where you are lessor), indicating lessee and the uses permitted.

16. Services/Facilities: Please indicate which of the following services/facilities are provided/maintained by your organization.

DESCRIPTION	SERVICES/FACILITIES ARE PROVIDED	NUMBER OF FACILITIES
1. Airports		
2. Amusement Parks		
3. Automobile Impound Facilities		
4. Convention Center/Exhibit Halls		
5. Dams		
6. Owned/Operated Disposal Sites/Landfills		
(a) Superfund Sites		
7. Fairs		
8. Ferries		
9. Festivals, Parades, Exhibitions or Special Events (Please attach sheet and describe)		
10. Fireworks Exhibitions (Please attach sheet and describe)		
11. Firing Ranges		
(a) Are they open to the public?		
12. Golf Courses		
13. Jail Facilities:		
(a) Holding		
(b) Community Correctional Facilities		
(c) Other: (Please describe)		
14. Lakes		
15. Marina, Wharves or Waterfront Property		
16. Parks and Playgrounds		
17. Lease or use of premises owned by others (Please attach sheet and describe)		
18. Race Track		

19. Roller Skate/Roller Blade Facilities		
20. Skateboard Facilities		
21. Ski Resorts		
22. Stadiums or Grandstands		
23. Swimming Pools		
24. Toll Bridges		
25. Underground Operations (mines, tunnels, etc.)		
26. Underground Storage Tanks		
27. Zoos		
28. Asylums or Sanitariums		
29. Clinics or Health Programs		
30. Convalescent Homes		
31. Homes for the Aged		
32. Hospitals		
33. Nursing Homes		
34. Ambulance Service		
35. Blasting		
36. Bridge Construction/Repair		
37. Construction or maintenance		
38. Erection of Signs, Markers or Guard Rails		
39. Electric, Gas or Power Utilities		
40. Garbage, Ash or Refuse Collecting		
41. Grass Cutting		
42. Housing (or similar) Authority		
43. Mental Health Programs or Care of the Mentally Ill or Retarded		
44. "Ride Along" Program(s)		

45. Sewage Disposal		
46. Sewers - Sanitary (include number of miles)		
47. Sewers - Storm (indicate number of miles)		
48. Snow Removal		
49. Street or Ditch Cleaning		
50. Street Lights		
51. Street or Road Repaving, Surfacing or Repairing		
52. Traffic Signals		
53. Transit District or Authority or Dial-A-Ride Program		
54. Tree Pruning		
55. Water Department		
56. Welfare or Social Services		

17. **Watercraft:** Please provide a brief description of all watercraft and their uses. If any boats are in excess of 17 feet or 50 horsepower, state whether or not other liability coverage is in effect.
18. **Use of Employee Vehicles:** Please provide a copy of your policy regarding such usage.
19. **Other Exposures:** Are there any other programs or properties operated/controlled by you which might provide a liability exposure to the Authority? If so, please use additional sheets to describe them.
20. Applications are to be completed in full and signed by an official that is authorized to do so and is completely familiar with the existing and potential exposures of the applicant.

The applicant warrants and agrees that all answers, including attachments, are in all respects true and shall be deemed material and made to induce the Authority to accept applicant as a member entity; that the Authority will rely on the same when making such a decision; and that all relevant information has been fully disclosed. The applicant understands that submission of the information creates no obligation on the part of the Authority to accept the applicant as a member entity under any circumstances.

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

EXHIBIT #1. CLAIMS OVER \$50,000

DATE OF INCIDENT	TYPE OF INCIDENT	DESCRIPTION OF INCIDENT	NATURE & EXTENT OF INJURIES	CURRENT STATUS	LOSS PAYMENTS	EXPENSE PAYMENTS	LOSS RESERVES	EXPENSE RESERVES	TOTAL INCURRED