

Membership Application



AGENCY INFORMATION		
Agency Name:		
Address:		
City:	State:	Zip:
County:		
Total Operating Budget:		
APPLICATION INFORMATION		
Application completed by:		
Job Title:		
Telephone:	Email:	
CURRENT INSURANCE COVERAGE		
LIABILITY COVERAGE		
Current Pool/Carrier:		
Policy Period:		
Claims Made:	Occurrence:	
Occurrence Limit:		
Deductible/Retention: \$	Premium: \$	
Third Party Administrator (TPA):		
Annual TPA Fees: \$		
WORKERS' COMPENSATION COVERAGE		
Current Pool/Carrier:		
Policy Period:		
Deductible/Retention: \$	Premium: \$	
Employers Liability Limit: \$		
Third Party Administrator (TPA):		
Annual TPA Fees: \$		
PROPERTY COVERAGE		
Carrier:		
Policy Period:		
Premium: \$		
Type (replacement cost or other, please specify):		
<u>Insured Values</u>		
Buildings:	\$	
Contents:	\$	
Vehicles:	\$	
Other:	\$	
<u>Total Values</u>	\$	

ACKNOWLEDGEMENT
All of the above information, including attachments, has been fully disclosed. The California JPIA may rely on these answers, including attachments, when considering this application for membership. Please include material information not included on the application.
Name:
Date:
Signature: