

Membership Application



Instructions

Please complete the following underwriting information. You may attach additional sheets, if necessary, to augment your answers. For any section which is not applicable to your agency, please note N/A on the application. The application should be signed by the Agency Chief Executive or Administrator.

AGENCY INFORMATION		
Agency Name:		
Address:		
City:	State:	Zip:
County:		
Agency Website URL:		
Population:	Square Miles:	
Total Operating Budget:		
APPLICATION INFORMATION		
Application completed by:		
Job Title:		
Telephone:	Email:	
AGENCY STAFF		
CHIEF ADMINISTRATOR		Actual Job Title:
First Name:	Last Name:	
Telephone:	Email:	
FINANCE		Actual Job Title:
First Name:	Last Name:	
Telephone:	Email:	
HUMAN RESOURCES		Actual Job Title:
First Name:	Last Name:	
Telephone:	Email:	
AGENCY CLERK		Actual Job Title:
First Name:	Last Name:	
Telephone:	Email:	
PARKS AND RECREATION		Actual Job Title:
First Name:	Last Name:	
Telephone:	Email:	
PUBLIC WORKS		Actual Job Title:
First Name:	Last Name:	
Telephone:	Email:	
PLANNING		Actual Job Title:
First Name:	Last Name:	
Telephone:	Email:	

RISK MANAGER	Actual Job Title:
First Name:	Last Name:
Telephone:	Email:
AGENCY ATTORNEY	Actual Job Title:
First Name:	Last Name:
Telephone:	Email:
POLICE CHIEF	Actual Job Title:
First Name:	Last Name:
Telephone:	Email:
FIRE CHIEF	Actual Job Title:
First Name:	Last Name:
Telephone:	Email:
AGENCY GOVERNANCE	
MAYOR/CHAIRMAN/DIRECTOR/PRESIDENT	
First Name:	Last Name:
Date Elected:	Email:
BOARD/COUNCIL MEMBER	
First Name:	Last Name:
Date Elected:	Email:
BOARD/COUNCIL MEMBER	
First Name:	Last Name:
Date Elected:	Email:
BOARD/COUNCIL MEMBER	
First Name:	Last Name:
Date Elected:	Email:
BOARD/COUNCIL MEMBER	
First Name:	Last Name:
Date Elected:	Email:
EMPLOYEE CENSUS	
CLERICAL OFFICE	8810
FT (Positions):	PT (FTE):
Total (People):	Payroll:
MUNICIPAL NON-MANUAL	9410
FT (Positions):	PT (FTE):
Total (People):	Payroll:
ALL OTHER MUNICIPAL	9420
FT (Positions):	PT (FTE):
Total (People):	Payroll:
FIRE FIGHTERS	7706
FT (Positions):	PT (FTE):
Total (People):	Payroll:
VOLUNTEER FIRE FIGHTERS	7707
FT (Positions):	PT (FTE):
Total (People):	Payroll:

POLICE OFFICERS	7720
FT (Positions):	PT (FTE):
Total (People):	Payroll:
VOLUNTEER POLICE	7722
FT (Positions):	PT (FTE):
Total (People):	Payroll:
BUS OPERATORS	7382
FT (Positions):	PT (FTE):
Total (People):	Payroll:
PILOTS	7424
FT (Positions):	PT (FTE):
Total (People):	Payroll:
ANIMAL SERVICES	8831
FT (Positions):	PT (FTE):
Total (People):	Payroll:
ANIMAL CONTROL	8832
FT (Positions):	PT (FTE):
Total (People):	Payroll:
WATER WORKS	7520
FT (Positions):	PT (FTE):
Total (People):	Payroll:
SANITATION EMPLOYEES	7580
FT (Positions):	PT (FTE):
Total (People):	Payroll:
ALL OTHER	9999
FT (Positions):	PT (FTE):
Total (People):	Payroll:
TOTAL FT Positions (ALL):	TOTAL PT FTE (ALL):
TOTAL People (ALL):	TOTAL Payroll (ALL):
VOLUNTEER IMPUTED PAYROLL	
Number of volunteers who work less than 100 hours/year (~ 2 hours/week)	Volunteers:
Number of volunteers who work between 100 - 500 hours/year (~ 2-10 hours/week)	Volunteers:
Number of volunteers who work more than 500 hours/year (~ 10 hours/week)	Volunteers:
CURRENT INSURANCE COVERAGE	
LIABILITY COVERAGE	
Carrier:	
Policy Period:	
Claims Made:	Occurrence:
Occurrence Limit:	
Premium: \$	Deductible/Retention: \$
Claims Adjuster:	
EXCESS LIABILITY COVERAGE	

Carrier:		
Policy Period:		
Premium: \$		
\$	Excess of	\$
Carrier:		
Policy Period:		
Premium: \$		
\$	Excess of	\$
Carrier:		
Policy Period:		
Premium: \$		
\$	Excess of	\$
WORKERS' COMPENSATION COVERAGE		
Carrier:		
Policy Period:		
Premium: \$		
Deductible/Retention: \$		Employers Liability Limit: \$
Claims Adjuster:		
EXCESS WORKERS' COMPENSATION COVERAGE		
Carrier:		
Policy Period:		
Premium: \$		
\$	Excess of	\$
PROPERTY COVERAGE		
Carrier:		
Policy Period:		
Premium: \$		
Type (replacement cost or other, please specify):		
Insured Values		
Buildings:		\$
Contents:		\$
Vehicles:		\$
Other:		\$
TOTAL VALUES		\$
GENERAL EXPOSURES (owned and maintained by the agency)		
EXPOSURE	NUMBER OF	AREA
Waterfront Property:	Number of:	Area:
Cemeteries:	Number of:	Area:
Housing (number of units) :	Number of:	Area:
Libraries and Museums:	Number of:	Area:
Parks and Playgrounds:	Number of:	Area:
Skate Parks:	Number of:	Area:
- Supervised	Number of:	Area:
- Unsupervised	Number of:	Area:

Stadiums and/or Grandstands: (seat over 5000)	Number of:	Area:
Swimming Pools:	Number of:	Area:
Golf Courses:	Number of:	Area:
Auditoriums and/or Exhibition Halls:	Number of:	Area:
Community Centers:	Number of:	Area:
Buildings Leased to Others:	Number of:	Area:
Land Leased to Others:	Number of:	Area:
Buildings and/or Land Leased to Agency:	Number of:	Area:
Hospitals/Medical Care Facilities:	Number of:	Area:
Day Care Centers:	Number of:	Area:
Airports:	Number of:	Area:
Fixed-Wing Aircraft:	Number of:	Area:
Helicopters:	Number of:	Area:
Motorpools/Garages:	Number of:	Area:
Underground Storage Tanks:	Number of:	Area:
Permits:	Number of:	Area:
- Construction	Number of:	Area:
- Demolition	Number of:	Area:
Environmental Hazards:	Number of:	Area:
Special Events Sponsored by Agency:	Number of:	Area:
-	Number of:	Area:
-	Number of:	Area:
-	Number of:	Area:
Other (please specify):	Number of:	Area:
VEHICLE EXPOSURES (owned by agency)		
GENERAL VEHICLES		
TYPE	NUMBER	
Passenger Sedans (non-police)	Number:	
Pick-ups and Maintenance Vehicles	Number:	
Construction/Heavy Equipment	Number:	
Other (please describe)	Number:	
-	Number:	
EMERGENCY VEHICLES		
POLICE		
Passenger	Number:	
Motorcycles	Number:	
Pick-ups/Vans	Number:	
FIRE		
Passenger	Number:	
Motorcycles	Number:	
Pick-ups/Vans	Number:	
PUBLIC TRANSIT		
Mini- Buses/Vans:	Number:	

Buses:	Number:
WATERCRAFT	
- Please specify	
ROADWAY AND TRAFFIC EXPOSURES (owned and maintained by the agency)	
TYPE	NUMBER
Streets:	Miles:
County Roads:	Miles:
State Highways:	Miles:
Traffic Signals:	Number:
Parking Lots:	Number:
Parking Meters:	Number:
Sidewalks:	Miles:
Bridges:	Number:
LAW ENFORCEMENT SERVICES EXPOSURES (operated by the agency)	
NUMBER OF SWORN OFFICERS	
Full Time:	Part Time:
NUMBER RESERVES	
Level I:	Level II:
Number of Police Stations:	
Number of Jail Facilities:	
- Number of Cells:	
Is there a Policy and Procedures Manual?	Yes or No:
Is there a written Pursuit Policy?	Yes or No:
Is there a written policy on the use of firearms?	Yes or No:
Is there a written policy on the use of canines?	Yes or No:
Number of police horses:	Number of police canines:
FIRE SERVICES EXPOSURES (operated by the agency)	
NUMBER OF SWORN FIRE PERSONNEL	
Full Time:	Part Time:
Volunteers:	Paramedics/EMTs:
Number of Fire Stations:	Stations:
UTILITY SERVICES EXPOSURES (owned operated by the agency)	
WATER DEPARTMENT	
Number of employees:	
Annual production in acre feet:	
Source of supply:	
Dams	
Please submit an inundation map showing location and describe each dam.	
Number:	
Capacity:	
Type:	
Reservoirs	
Number:	

Capacity:
Type:
Storage Tanks
Number:
Capacity:
Type:
Sanitary Sewer Service
Number of employees:
Average treatment in millions gallons/day:
Level of treatment:
Effluent discharged to:
Service Suppliers
Electrical power:
Natural gas:
Telephone:
Cable telephone:
Water (if private):
Solid waste disposal:

ACKNOWLEDGEMENT (to be completed by the Chief Executive/Administrator)
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:

Please return the completed application (electronic signature is acceptable) to:

Olga Berdial
 Communications Director
 oberdial@cjpia.org