

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.

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| 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: | |

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| 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: |

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| 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 | |

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| 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: |

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| 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: | |

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| 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: | |

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| 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: |

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| 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: |