

## Application for Management Liability Insurance

1. (a) Name of Trust: \_\_\_\_\_
  
- (b) Trust is a:
 

<input type="checkbox"/> Self-Insurance Trust/Pool	<input type="checkbox"/> Group Captive/Risk Retention Group	<input type="checkbox"/> Mutual
<input type="checkbox"/> Joint Powers Authority (JPA)	<input type="checkbox"/> Other (please specify): _____	
  
- (c) What legal authority was used to establish the Trust? \_\_\_\_\_
  
- (d) When was the Trust established? \_\_\_\_\_
  
- (e) Number of Employees? \_\_\_\_\_
  
- (f) Total number of employee terminations last three years:    voluntary \_\_\_\_\_    involuntary \_\_\_\_\_
  
- (g) Please provide details (dates(s), reason(s), and voluntary/involuntary) for all employee terminations in the last 12 months: \_\_\_\_\_
  
2. Names of Trustees/Board Members:
 

1. _____	4. _____	7. _____
2. _____	5. _____	8. _____
3. _____	6. _____	9. _____
  
3. Address of the Trust: \_\_\_\_\_
  
4. Type of Self Insured Trust:
 

<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Property Casualty	<input type="checkbox"/> Unemployment Compensation
<input type="checkbox"/> Liability	<input type="checkbox"/> Employees Benefits	<input type="checkbox"/> Other _____ (please specify)
  
5. (a) Name of Program Administrator: \_\_\_\_\_
- (b) Is the Program Administrator an employee of the Trust?    Yes     No
  
6. Address of Administrator's Office: \_\_\_\_\_

7. Name of Custodian of Securities: \_\_\_\_\_
8. Name of Accountant: \_\_\_\_\_
9. (a) Name of Auditing Firm: \_\_\_\_\_ (b) Fiscal Year: \_\_\_\_\_
10. (a) Name of Investment Counselor: \_\_\_\_\_
- (b) Does Investment Counselor have authority to make investment decisions? Yes  No
- (c) Are there State Regulations governing the investment of funds? Yes  No
- (d) If yes, do the Trust's investment guidelines comply with the State Regulation? Yes  No
11. (a) Name of Actuarial Consultant: \_\_\_\_\_
- (b) How often is the actuarial study completed? \_\_\_\_\_
12. Name of General Counsel: \_\_\_\_\_
13. (a) Who is the claims administrator? \_\_\_\_\_
- (b) Does the claims administrator handle safety engineering/loss control? Yes  No
- (c) If not, who does? \_\_\_\_\_
14. (a) Does the Program Administrator handle Marketing and Underwriting? Yes  No
- (b) If not, who does? \_\_\_\_\_
15. (a) State amount of Fidelity Bond in Force for the Program Administrator: \_\_\_\_\_
- (b) State amount of Fidelity Bond in Force for the Claim Administrator: \_\_\_\_\_
16. (a) Does state regulator require security? Yes  No
- (b) If yes, how much? \_\_\_\_\_ (c) How is security provided? \_\_\_\_\_
17. (a) Are there any loans outstanding to the Trust? Yes  No
- (b) If yes, please state amount \$ \_\_\_\_\_ and attach specifics.
18. What is the total amount of delinquent accounts receivable? \$ \_\_\_\_\_ Receivable in Excess of 60 days? \$ \_\_\_\_\_
19. Please provide a full copy of all Insurance Contracts purchased by the Trusts to include:
- Re-insurance  Specific Excess  Aggregate Excess  Stop Loss  Insurance Contracts  Other

20. (a) During the last five (5) years, has any claim been made, or is any claim pending against any of the present or past Trustees, Officers, Employees or the Trust? Yes  No

(b) If Yes, give full particulars.

21. (a) Is the Trust, any of the Trustees, or the Program Administrator aware of any circumstances that may result in a claim being made against the Trust, or any of its Trustees, Officers, Employees, or the Program Administrator?

Yes  No  (New Business Applicants must answer)

(b) If Yes, give particulars with this proposal.

22. (a) Has application for insurance by the Trust or Trustees ever been declined and/or Non-renewed? Yes  No

(b) If Yes, state reasons:

(c) Has E&O and/or D&O insurance covering the Trust, Trustees, or Program Administrator ever

been canceled? Yes  No

(d) If Yes, state reasons:

23. (a) Does the Trust have a Participation Contract or Indemnification Agreement between the member entity and the Trust? Yes  No

(b) Does the Trust issue a coverage agreement to Members? Yes  No

(c) If yes, what is the procedure for updating and communicating changes to Members and Reinsurers/Excess Insurers?

24. Membership Information (*please complete*)

<u>Employees</u>	Number of member entities that have corresponding number of <u>Employees</u>
<input type="checkbox"/> 0 – 100	_____
<input type="checkbox"/> 100 – 250	_____
<input type="checkbox"/> 250 – 400	_____
<input type="checkbox"/> 400 – 800	_____
<input type="checkbox"/> 800 – 2500	_____
<input type="checkbox"/> 2500 – over	_____

25. Estimated Annual Contributions for current plan year: \$ \_\_\_\_\_

26. Estimated Annual Contributions for next plan year: \$ \_\_\_\_\_

27. Amount of Indemnity requested:

\$1,000,000  \$2,000,000  \$5,000,000  \$10,000,000  Other \$ \_\_\_\_\_

28. Deductible Requested:

\$10,000  \$25,000  \$50,000  Other \$ \_\_\_\_\_

**This Application must be signed and dated by an Officer of the Trust, and no earlier than 60 days before the proposed effective date.**

**Warranty**

The Undersigned declare that to the best of their knowledge the statements set forth herein and any documents and information submitted in connection herewith are true, accurate and complete and that every effort has been made to obtain sufficient information from each and every person proposed for this coverage in order to verify the truthfulness, accuracy, and completeness of the representations made in the Application. The Undersigned further declare that they have not suppressed, omitted, or misstated any material facts. The Undersigned agree that if the information supplied on or in connection with this Application changes between the date of this Application and the effective date of the coverage, the Undersigned will immediately notify Brokers' Risk and Brokers' Risk, in its sole discretion, may withdraw or modify any outstanding quotations or authorization or agreement to bind coverage. The signing of this Application does not bind the applicant to purchase the coverage. **However, it is agreed that this Application and any documents or information submitted herewith shall be the basis of the contract should a Policy be issued and are to be considered as incorporated in and constituting part of the Policy.**

Signed by: \_\_\_\_\_

**(Must be an Officer of the Trust)**

Title: \_\_\_\_\_

Date: \_\_\_\_\_

*All data on this Application is considered highly confidential and is only for Underwriters' use. Signing this Application does not bind the Underwriters to provide any Insurance, but it is agreed that this Application shall be made a part of the Policy and shall be the basis of the contract should a Policy be issued.*

**Please attach the following Documents for the Application:**

- Trust Agreement(s)
- Bylaws
- Member Participation Contract/Indemnity Agreement
- Two (2) most recent Annual Audited Financial Statements  
(For new entities provide a Feasibility Study/New Business Plan)
- Most recent Actuarial Report
- Sample Employee Handbook (If there are employees)
- Contracts with all Independent Contractors (Third Party Administrators such as Program Administrators, and Claims Administrators, Loss Control, Underwriting, Marketing and other vendors.)
- If services are provided in-house, or by affiliated organizations, please provide Resumes for key employees, Internal Procedure Manuals, and general description of Computer Software used.
- Protocol for Bad Faith Claim Prevention
- E&O Certificate of Insurance for any Program Administrator and Claim Administrators (TPAs)
- All Reinsurance, Excess Insurance, Stop Loss (Specific & Aggregate) contracts
- Sample Coverage Documents issued to members (all coverages issued by the Trust)

Send Applications to:  
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