



PUBLIC ENTITY APPLICATION

for

**Montana Association of Counties
Property & Casualty Trust**
2715 Skyway Drive
Helena, MT 59602

**MACo Property & Casualty Trust
PUBLIC ENTITY APPLICATION**

APPLICATION CHECKLIST

	All questions are answered- Please use "N/A" where Not Applicable.
	Application is signed (by Chairman, Commissioner or Clerk) and dated.
	Application is legible and capable of being photocopied.
	Full details regarding previous carrier information is completed (Ex. Premium, Deductible, Limits).
	Premium level needed to write account (reasonable): <input style="width: 150px; height: 20px;" type="text"/>

ATTACHED DOCUMENTS

	Claims history for the past five (5) years.
	Copy of the Entities' most recent budget. <input type="checkbox"/> Adopted <input type="checkbox"/> Tentative
	Statement of Values (SOV) for Property, Vehicles and Contractor's Equipment.

SUBMIT APPLICATION

When completed, please return this form with the required attachments to:

Montana Association of Counties
2715 Skyway Drive
Helena, MT 59602

For questions regarding coverage or this application, please contact:

Shannon Shanholtzer, Trust Administrator
Phone (406) 449-4370
Fax (406) 442-5238
Email smsr@mtcounties.org

**MACo Property & Casualty Trust
PUBLIC ENTITY APPLICATION**

SECTION I: ENTITY INFORMATION

A. Submitting Entity

Named Insured _____

Address _____

City _____ **State** MT **Zip Code** _____

County _____

Designated Risk Manager _____ **Phone #** _____

B. Submitting Agency

Named Agency _____

Address _____

City _____ **State** MT **Zip Code** _____

Producer's Name _____ **Phone #** _____

C. Effective Date: _____

SECTION II: SIGNATURES

The information contained herein this application is true and correct to the best of my knowledge.

Presiding Official

Date

Agent or Broker
(as named in Section I.B.)

Date

**SECTION III: PROPERTY / PHYSICAL DAMAGE
INLAND MARINE / CRIME / BOILER & MACHINERY**

A. Coverage Form

- a. Blanket Replacement

B. Limits of Coverage

- a. Real & Personal Property
 - i. \$100,000,000/Occurrence for buildings and contents at Blanket Replacement
 - ii. \$15,000,000/Occurrence for machinery and equipment, contractor's equipment, vehicles and watercraft.
 - iii. \$50,000,000 for Earth Movements (per occurrence and in the aggregate)
 - iv. Floods (per occurrence and in the aggregate) at:
 - 1. \$1,000,000 for Zone A
 - 2. \$10,000,000 for Zone B
 - 3. \$20,000,000 for All Other Zones
- b. Boiler & Machinery
 - i. \$100,000,000/Occurrence at Blanket Replacement for all property in which a covered entity has an ownership interest
- c. Fidelity & Crime
 - i. \$500,000/Occurrence

C. Maintenance Deductible

- a. \$ _____

D. Rating Information

- a. Crime Coverage: Number of Employees: _____
- b. Boiler & Machinery Coverage needed: _____ No _____ Yes
- c. Is EDP Equipment covered under contents? _____ No _____ Yes
 - i. If "No," please attach the most recent schedule.

E. Please attach the Entities' most recent Statement of Values (SOV).

- a. Total value shown on the SOV: \$ _____

F. Please attach the Entities' claims history for the past five (5) years.

SECTION IV: GENERAL LIABILITY

A. Coverage Form

- a. Per Occurrence

B. Limits of Liability

- a. \$750,000/Claim; \$1,500,000/Occurrence
- b. \$1,000,000 Annual Aggregate with respect to products and completed operations per member
- c. \$3,000,000 Annual Aggregate with respect to all Section IV coverages per member per year for all claims made and occurrences.
- d. \$10,000,000 Annual Aggregate with respect to Cyber Liability coverage per year for all claims.

C. Maintenance Deductible

- a. \$ _____

D. Rating Information

- a. Population: _____
- b. Miles of Roads: _____
- c. Number of EMTs, Paramedics and First Responders
 - i. Employees: _____
 - ii. Volunteers: _____
- d. Dams
 - i. Purpose of Dam: _____
 - ii. Date of Last Inspection: _____
 - iii. Passed Inspection: _____
- e. Number of Nurses
 - i. Full Time: _____
 - ii. Part Time: _____
- f. Estimated Number of Volunteers: _____
 - i. Include volunteers for services such as County Fair, Senior Citizen program, Board Members, etc. (Do not include S&R volunteers listed below.)
- g. Estimated Number of Search & Rescue Volunteers: _____
 - i. Do NOT include Public Safety volunteers, such as Sheriff Reserves, etc.

SECTION V: ERRORS & OMISSIONS FOR PUBLIC OFFICIALS

A. Coverage Form

a. Claims Made

B. Limits of Liability

a. \$750,000/Claim; \$1,500,000/Occurrence

C. Maintenance Deductible

a. \$ _____

D. Rating Information

a. General Financial Information

i. Fiscal Year	Total Revenue	Total Expenditures
<input style="width: 100%; height: 20px;" type="text"/>	\$ <input style="width: 90%; height: 20px;" type="text"/>	\$ <input style="width: 90%; height: 20px;" type="text"/>

b. Questionnaire (If Yes, please give details on separate page.)

- i. Has any person, former employee or job applicant, made claim alleging unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment? _____ No _____ Yes
- ii. Have you had any disputes involving integration, segregation, discrimination or violations of Civil Rights? _____ No _____ Yes
- iii. Do you follow a formal written grievance procedure for employee disputes and complaints? _____ No _____ Yes
- iv. Do you have knowledge or information of any incident or occurrence, which might give rise to any claim being made? _____ No _____ Yes

c. Please mark which Appointed Boards the County has:

<input type="checkbox"/> Airport	<input type="checkbox"/> Mosquito	<input type="checkbox"/> Planning	<input type="checkbox"/> Transit
<input type="checkbox"/> Cemetery	<input type="checkbox"/> Museum	<input type="checkbox"/> Refuse	<input type="checkbox"/> T.V.
<input type="checkbox"/> Fair	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Rodent	<input type="checkbox"/> Weed
<input type="checkbox"/> Health	<input type="checkbox"/> Park	<input type="checkbox"/> Other: _____	

*Please list any Joint Boards, if required to be named as additional insureds on the MACo PCT policy.

d. Prior Acts Coverage is subject to confirmation of continuous claims-made coverage, in force for the retroactive period at \$1,000,000 + limit, with all incidents likely to result in a claim having been reported to the prior carrier.

i. Retroactive Date: _____

E. Please attach a copy of the entity's most recent budget.

SECTION VI: AUTOMOBILE LIABILITY

A. Coverage Form

a. Per Occurrence

B. Limits of Liability

a. \$750,000/Claim; \$1,500,000/Occurrence

C. Maintenance Deductible

a. \$ _____

D. Summary of Vehicles

a. Total Vehicle Count: _____

Vehicle Type (See Definitions in Section b. below)	# of Units	Vehicle Type	# of Units
Private Passenger (PP)	<input type="text"/>	Ambulance	<input type="text"/>
Light/ Medium Trucks (LMT)	<input type="text"/>	ATVs	<input type="text"/>
Heavy Trucks (HVY)	<input type="text"/>	Jet Skis	<input type="text"/>
X-Heavy Trucks (XVBY)	<input type="text"/>	Snowmobiles	<input type="text"/>
Other Buses	<input type="text"/>	Tugboats/ Ferries	<input type="text"/>
Police/ Sheriff	<input type="text"/>	Other	<input type="text"/>

b. Definitions

- i. All Private Passenger vehicles, excluding police and sheriff vehicles and 4-wheel drive vehicles, such as Jeeps, Broncos, Blazers, etc.
- ii. GVW <20,000, including vans, pick-ups, and the aforementioned 4-wheel drive vehicles.
- iii. GVW 20,001-45,000, including dump trucks.
- iv. GVW >45,000, including fire trucks, garbage trucks and tractor-trailers.
- v. Seating capacity >8, including shuttle busses.
- vi. All off-road vehicles, either 3 or 4 wheels.

E. Please attach a vehicle schedule to this application, complete with a description of the vehicle and Actual Cash Value (ACV).

SECTION VII: LAW ENFORCEMENT LIABILITY

A. Coverage Form

- a. Per Occurrence

B. Limits of Liability

- a. \$750,000/Claim; \$1,500,000/Occurrence
- b. \$3,000,000 Annual Aggregate

C. Rating Information

- a. Number of Officers:
 - i. Full Time: _____
 - ii. Part Time: _____
- b. Jail Cell Square Footage: _____
- c. Average Daily Number of Inmates: _____

SECTION VIII: ENDORSED COVERAGE OPTIONS

These are optional endorsed coverages that are for defense only. The coverage offered by these endorsements is offered as a buy back endorsement for an additional and separate premium per endorsement.

Quote Coverage	Decline Coverage
<input type="checkbox"/>	<input type="checkbox"/>

A. Zoning Commission Liability

This endorsement is limited to Zoning Actions taken under authority granted by Parts 1 and 2 of Title 76, Chapter 2 of the Montana Code Annotated. This endorsement does not extend coverage to claims based on, involving or arising out of the adoption, amendment or repeal of zoning rules, regulations or ordinances or to claims based on, involving or arising out of any legislative act.

B. Ethical Violation Liability

This coverage is extended for defense only to proceedings involving assessment of sanctions for claimed ethical violation or professional misconduct for an Insured appearing before a state organized or recognized licensing or professional regulatory body when the conduct or claim alleged would otherwise be covered under the MACo PCT Policy.

C. Floodplain Regulation Enforcement Liability

This coverage is extended to judicial review of claims or appeals concerning the Insured actions related to the enforcement of Floodplain Regulations affecting specific individuals or entities for the cost of defense only for such judicial review of claims and appeals.