CIRA
CALIFORNIA INTERGOVERNMENTAL RISK AUTHORITY

UNDERWRITING APPLICATION

Application Entity:

Mailing Address:

City/Town Manager:

Primary Contact:

Telephone:

Email:

APPLICATION FEE:

The required fee must accompany this application in order for it to be considered. The fee is *determined by the entity's budget* as *outlined below and* is *non-refundable. Please make checks payable to "CIRA" Once the Applicant Entity is approved for membership, the application fee shall be applied toward the initial deposit premium.*

Entity Budget:	*Application Fee:*
Under $2,500,000	*$1,000*
$2,500,001 - $7,500,000	*$1,500*
$7,500,001 +	*$3,000*

A. CIRA MEMBERSHIP PROGRAMS

Please indicate which program(s) the Entity is applying to, as well as the requested Self-Insured Retained Limit(s). If applying for Workers' Compensation Coverage, please complete the attached Workers' Compensation Questionnaire **(Appendix A)** in addition to this application.

Liability Program Only ☐

Both Programs ☐

Workers' Compensation Only ☐

Available Self-Insured Retained Limits

	Liability		W/C
$0	**N/A**		**N/A**
$5,000	☐		☐
$10,000	☐		☐
$25,000	☐		☐
$50,000	☐		☐
$100,000	☐		☐
$150,000	**N/A**		☐
$250,000	☐		☐
$350,000	**N/A**		☐
$500,000	☐		**N/A**

Please provide a 5-year Loss Report for <u>each Program</u> applied to. Loss Reports should reflect the total incurred expenses and reserves for all opened and closed claims.

B. GENERAL INFORMATION

General Fund Operating Budget (Fiscal Year) $

Population:

Area of Entity in square miles:

% of Build Out

Miles of street/roads maintained:

Total Number of Entity-owned vehicles: Total Watercraft:

Number of Employees: Full-Time

Part-Time

All Volunteers (FTE - Full Time Equivalent)

Total Estimated Payroll (Fiscal Year) $

Please* a/so *provide the* most *current Financial Statements available.

C. EXISTING COVERAGE PROGRAM

1. Is the Entity currently insured or participating in a self-insurance pool? If yes, please complete the following: Yes ☐ No ☐

Liability: Provider:

Coverage Period:

Policy Limit $

Self-Insured Retention $ - **OR-** Deductible Amount $

Workers' Compensation: Provider:

Coverage Period:

Policy Limit $

Self-Insured Retention $ **-OR-** Deductible Amount $

Other Coverage(s): Provider:

Description:

Coverage Period:

Policy Limit $

Self-Insured Retention $ **-OR-** Deductible Amount $

Additional Information/Comments regarding existing program(s):

D. LAW ENFORCEMENT

1. Does your Entity operate a police department Yes ☐ No ☐
   ff no, please submit a copy of the contract for these services. *Skip to Section E.*

2. Please provide the Department's Annual Operating Budget (FY) $

3. Please Indicate the number of Officers and Employees in each category:

Sworn Officers	Dispatchers:
Full Time:	Administration:
Part Time:	Volunteers (FTE):
Non-Sworn Officers:	
Full Time:	
Part Time:	

4. Reserves:
   Class I Class II Class III

5. Please indicate the number of facilities and equipment:

Police Stations:	Patrol Units:
K-9 Units:	Motorcycles:
Other (include description):	

6. Is a written Policy and Procedures Manual* in place? Yes ☐ No ☐
   If yes, please provide the date of the last manual update:
   Please indicate who completed the last review/update (employee or firm name):

   The Policy and Procedure Manual* is *subject to review during the underwriting process.

7. Please indicate the training methods being utilized for Officers:

Policy & Procedure Manual Review	Yes ☐	No ☐
Certification and Training (incl. POST)	Yes ☐	No ☐
Physical Fitness/Injury Prevention	Yes ☐	No ☐
Other (describe):		

8. Does your Entity provide contract police services or operate jointly with other Agencies? Yes ☐ No ☐
9. If yes, please list the agencies below:
   a. Joint Op ☐ Contract ☐
   b. Joint Op ☐ Contract ☐
   c. Joint Op ☐ Contract ☐

E. DETENTION FACILITIES

1. Does your Entity operate a jail, holding or correctional facility? Yes ☐ No ☐
   If yes, please provide the following:

   Annual Operating Budget (Fiscal Year) $
   Number of Cells:
   Maximum Occupancy:
   Maximum Length of Detention:

   Accredited: Yes ☐ No ☐ Date of Last Audit:

2. Please provide the number of employees in each category:

   Full Time: Volunteer (FTE):
   Part Time: Other (include description):

F. FIRE PROTECTION

1. Does the Entity operate a fire department? Yes ☐ No ☐
   If no, please submit a copy of the contract for these services. Skip to Section G.

2. Please provide the Department's Annual Operating Budget (FY) $

3. Please provide the number of Fire Personnel in each category:

Firefighters	Paramedics
Full Time:	Full Time:
Part Time:	Part Time:
Volunteer (FTE):	Volunteer (FTE):
Administration:	

4. Please provide the number of facilities and equipment:

Fire Stations Engines:	Trucks:
Wildland Unit:	Ambulance:
Other (include description):	Swift Water Rescue:

5. Please indicate the training methods being utilized for Fire Personnel:

Policy & Procedure Manual Review	Yes ☐	No ☐
Certification and Training (incl. State Standards)	Yes ☐	No ☐
Physical Fitness/Injury Prevention	Yes ☐	No ☐
Other (include description):		

6. Does your Entity provide contract fire protection or operate jointly with other Agencies? Yes ☐ No ☐

7. If yes, please list the agencies below and indicate method:

   a. Joint Op ☐ Contract ☐
   b. Joint Op ☐ Contract ☐
   c. Joint Op ☐ Contract ☐

G. FACILITIES & RECREATION

1. Please indicate the total number of each type of facility and specify whether the Entity owns, operates, and/or maintains the facility. Please include facilities the Entity operates but does not own (for example: a county-owned library that is maintained or operated by the Entity).

	Quantity	*[Check all that apply]* Owns	Operates	Maintains
Exhibition Halls or Auditoriums:		☐	☐	☐
Libraries & Museums:		☐	☐	☐
Convention Centers:		☐	☐	☐
Golf Courses:		☐	☐	☐
Swimming Pools:		☐	☐	☐
Senior Centers:		☐	☐	☐
Youth Centers:		☐	☐	☐
Parks with Playgrounds:		☐	☐	☐
Skateboard Parks:		☐	☐	☐
Roller Hockey Rinks:		☐	☐	☐
Ice Rinks:		☐	☐	☐
Sports Stadiums:		☐	☐	☐
Other (describe below):		☐	☐	☐
Description:				

2. Please indicate the number of Facilities/Recreation Employees in each category:
   Full Time: Volunteer
   (FTE): Part Time:

H. DAY CARE CENTERS

1. Does your Entity own, operate, and/or maintain Day Care Centers? Yes ☐ No ☐
   If yes, please complete the following:

	Quantity	*[Check all that apply]* Owns	Operates	Maintains
Day Care Centers:		☐	☐	☐
After School Programs:		☐	☐	☐

2. Please provide the following information for each facility identified above (if more than four, please attach a separate sheet): 1 2 3 4
   a. Total number of children cared for at any given time:
   b. Age range(s) of the children in care:
   c. Caregiver-to-Child Ratio:
   d. Number of Licensed Caregivers per facility:

I. AIRPORTS

1. Does the Entity own an airport? Yes ☐ No ☐

2. If the Entity owns an airport, does the Entity also operate and/or maintain the airport? Yes ☐ No ☐

   If yes, please skip to Question 5.

   If no, please provide information on the Airport Operator:

   If the Airport Operator* is *under contract with the Entity, please provide a copy of the contract.

3. Is an indemnification and hold harmless agreement in place (or is specific language included in the contract) to protect the Entity? Yes ☐ No ☐

4. Does the Entity's Council act as the Airport Board or participate in decision making? Yes ☐ No ☐

5. Please indicate the current insurance coverage(s) and policyholders in effect related to the Airport:

Entity's Policy (Own/Operate)	☐	Entity's Policy (Ownership)	☐
Limit $1,000,000 or less	☐	Limit $1,000,000 or less	☐
Limit $1,000,001 - $5,000,000	☐	Limit $1,000,001 - $5,000,000	☐
Limit Over $5,000,001	☐	Limit Over $5,000,001	☐
Operator's Policy (non-owner)*	☐		
Limit$1,000,000 or less	☐		
Limit $1,000,001 - $5,000,000	☐		
Limit Over $5,000,001	☐		

*If selected, has the Entity obtained an Additional Insured Endorsement on this policy? Yes ☐ No ☐

J. WATER RESOURCES

1. Does your Entity distribute water for sale? Yes ☐ No ☐

   If yes, please provide the annual distribution in acre feet:

   Please indicate the source(s) of the water supply:

2. Please provide the number of each of the following:

   Dams: Reservoirs:

   Tanks:

3. Please provide the number of Certified Operators:

4. Please indicate if the following policies and procedures are in place:

   a. Facility Security Plan Yes ☐ No ☐
      Date of the last review/update:

   b. Treatment/Handling Procedures Yes ☐ No ☐
      Date of the last review/update:

5. Have any of these facilities had a regulatory issue in the past 5 years? Yes ☐ No ☐
If so, please indicate type and status:

a. Notice of Violation: Yes ☐ No ☐ Result:
b. Consent Order: Yes ☐ No ☐ Result
c. Corrective Action: Yes ☐ No ☐ Result:
d. Other (describe):

K. WASTE WATER FACILITIES

1. Does your Entity own and/or operate a sewage treatment facility? Yes ☐ No ☐

If no, skip to Question 4. If yes, please complete the following:

[Check all that apply]

Quantity	Owns	Operates	Maintains
	☐	☐	☐

2. Please provide the following information for each facility identified above (if more than four, please attach a separate sheet):

	1	2	3	4
e. Total Capacity (MGD):				
f. Number of Certified Operators:				
g. Treatment Method(s)	1			
	2			
	3			
	4			

3. Have any of these facilities had a regulatory issue in the past 5 years? If so, please indicate type and status: Yes ☐ No ☐

h. Notice of Violation: Yes ☐ No ☐ Result:
i. Consent Order: Yes ☐ No ☐ Result:
j. Corrective Action: Yes ☐ No ☐ Result:
k. Other (describe):

4. If the Entity does not own or operate a waste water facility, does it have a contract for these services?
If yes, please submit a copy of the contract. Yes ☐ No ☐

L. SEWER MAINTENANCE

1. Is an ordinance in place requiring backflow devices on all properties, transferring responsibility to property owners for the operation and maintenance of those devices, laterals and clean-outs? Yes ☐ No ☐

2. Is there a public education program in place about minimizing sewer backups? Yes ☐ No ☐

3. Is there a written procedure in place for timely mitigation of sewer backups? Yes ☐ No ☐

4. Do employees receive training on properly responding to sewer backup reports? Yes ☐ No ☐

M. SOLID WASTE FACILITIES

1. Does your Entity own, operate and/or maintain solid waste facilities? Yes ☐ No ☐
   If no, skip to Question 4. If yes, please complete the following:

	Quantity	Owns *[Check all that apply]*	Operates	Maintains
Transfer Station:		☐	☐	☐
Land Fill:		☐	☐	☐
Recycling Program:		☐	☐	☐

2. Please provide the following information for each facility identified above (if more than four, please attach a separate sheet):

	1	2	3	4
a. Facilities Operated by Entity Personnel:				
b. Number of Certified Operators per Facility:				

   c. Entity vehicles/equipment used for operations? Yes ☐ No ☐

3. Have any of these facilities had a regulatory issue in the past 5 years? Yes ☐ No ☐

   If so, please indicate type and status:

a. Notice of Violation:	Yes	☐	No	☐	Result:
b. Consent Order:	Yes	☐	No	☐	Result:
c. Corrective Action:	Yes	☐	No	☐	Result:
d. Other (describe):	Yes	☐	No	☐	Result:

4. If the Entity does not own or operate a solid waste facility, does it have a contract for these services?

   If* yes, *please submit a copy* of *the contract. Yes ☐ No ☐

N. PUBLIC TRANSIT

Does your Entity provide public transit services?
If no, skip to Question 5. If yes, please indicate the number of Transit Employees in each category:

Full Time: Volunteer (FTE):
Part Time: Other (describe):
Entity-Owns Transit Vehicles: Yes ☐ No ☐

2. Does the Entity own or lease the vehicles used for Public Transit Services? If yes, please provide the quantity and type of vehicles (i.e. bus, van, etc.): Yes ☐ No ☐

Quantity: Type:
Quantity: Type:
Quantity: Type:

3. What level of insurance is maintained by the Entity specifically for transit services?
   $1,000,000 or under:
   $1,000,000 - $5,000,000:
   Over $5,000,000
4. Does the Entity also provide "On Demand" Transportation? Yes ☐ No ☐

5. Does the Entity contract for Public Transit Services? Yes ☐ No ☐

***If* yes, *please submit a copy of contract for these* services.**

1. MEDICAL FACILITIES

1. Does your Entity own, operate or maintain a Medical Facility? Yes ☐ No ☐

If no, please skip to Question 2. If yes, please indicate the number of Medical Personnel:

City Personnel	Contract Employees
Full Time	Full Time
Part Time	Part Time

2. Does the Entity contract for Medical Services? Yes ☐ No ☐

If* yes, *please submit a copy of contract for these services.

3. Is an indemnification and hold harmless agreement in place (or is specific language included in the contract) to protect the Entity? Yes ☐ No ☐

4. Please indicate the liability coverage required by the Entity from medical contractors:

$1,000,000 or under: ☐

$1,000,000 - $5,000,000: ☐

Over $5,000,000: ☐

Has the Entity obtained an Additional Insured Endorsement on the contract policy? Yes ☐ No ☐

P. LEASES AND LAND

1. Does the Entity own vacant land? Yes ☐ No ☐

   If yes, please provide number of locations and total acreage:

2. Does the Entity have parking lots, garages, etc. on your properties (owned or leased) that are used by the public? Yes ☐ No ☐

3. Does the Entity occupy real property of others? Yes ☐ No ☐

4. Does the Entity lease any real property to others? Yes ☐ No ☐

5. Does the Entity lease any personal property (i.e. equipment) to others? Yes ☐ No ☐

6. Are any structural alterations, construction projects or annexations currently underway or planned for the next 12 months? Yes ☐ No ☐

Q. RISK MANAGEMENT

1. Does your Entity employ Risk Management Personnel? Yes ☐ No ☐

   If yes, please list name(s) and title(s)**:**

   A. B.

   C. D.

2. Please indicate the Entity's method for claims administration within its self-insured retention: Liability Claims

   Third Party Administrator: ☐ In-house: ☐ Insurance Carrier: ☐

   Contact Information:

   Workers' Compensation

   Third Party Administrator: ☐ In-house: ☐ Insurance Carrier: ☐

   Contact Information:

3. Does your Entity conduct annual safety audits of all facilities? Yes ☐ No ☐

4. Is there a community crisis management and/or disaster recovery plan in place? Yes ☐ No ☐

5. Is there a records management protection system including electronic data? Yes ☐ No ☐

   If yes, please describe briefly:

6. Is there a cash management policy and procedure in place? Yes ☐ No ☐

   If yes, please answer the following:

   a. Please provide the date of last policy review:

   b. Are Fidelity/Surety Bonds utilized: Yes ☐ No ☐

7. Is there a maintenance program in place for entity owned sidewalks/streets? Yes ☐ No ☐

   If yes, please answer the following:

   a. Are semi-annual inspections conducted and documented? Yes ☐ No ☐

   b. Does the program include a pavement marking, repair and replacement plan? Yes ☐ No ☐

   c. Does the program include a traffic signal maintenance plan? Yes ☐ No ☐

   d. Is there an ordinance in place to transfer liability and maintenance responsibilities to adjacent property owners? Yes ☐ No ☐

8. Regarding contracts involving the Entity, please answer the following:

   a. Is a procedure in place for contract administration and review? Yes ☐ No ☐

   b. Are all contracts approved by the City Attorney prior to execution? Yes ☐ No ☐

   c. Are individual departments authorized to enter contracts? Yes ☐ No ☐

   d. Is risk transfer/indemnification language included in every contract? Yes ☐ No ☐

9. Are there any partnerships between the Entity and private enterprise that could have an impact on risk management? Yes ☐ No ☐

10. Regarding employment practices, please answer the following:
    a. Is there a non-discrimination policy in place regarding employment practices and provisions of benefits? Yes ☐ No ☐
    b. Is there an employee handbook with written rules and regulations? Yes ☐ No ☐
    c. Does the handbook include disciplinary proceedings/penalties? Yes ☐ No ☐
    d. Is there a written procedure for evaluating employee performance? Yes ☐ No ☐
    e. Is sexual harassment training provided to all employees? Yes ☐ No ☐

11. Regarding employee use of Entity-owned vehicles, please answer the following:
    a. Are DMV records obtained and reviewed for employees operating vehicles? Yes ☐ No ☐
    b. Are tests for alcohol/drugs conducted on all employees holding commercial drivers licenses per Federal DOT regulations? Yes ☐ No ☐
    c. Is defensive driver training provided to employees? Yes ☐ No ☐

12. Regarding ADA compliance, please answer the following:
    a. Is a policy and procedure for reasonable accommodation of employees and the public to allow access to facilities, programs and services? Yes ☐ No ☐
    b. Is an ADA transition plan in place? Yes ☐ No ☐

13. Does the Entity operate a website or provide any services on-line? Yes ☐ No ☐
    If yes, are cyber-security audits performed? Yes ☐ No ☐

14. Please briefly describe any other programs in place to prevent losses (attach separate sheet or additional information if necessary):
    a.
    b.
    c.
    d.

14. Please indicate additional coverages the Entity may require:

    Property

    Special Events

    Fidelity Bonds

    Employee Benefits

No application may be considered unless all questions have been answered. Please submit the original, executed application, any necessary supporting documentation (i.e. loss runs, contracts) and the appropriate application to:

Amy Conley, General Manager
CIRA
2330 E. Bidwell Street, Suite 150
Folsom, CA 95630

By signing below, the representative for the Applicant Entity agrees that all answers and attachments provided herein are deemed material and that all information has been fully and accurately disclosed. It is also understood that the application fee is non-refundable but will be applied toward the Entity's initial deposit premium if approved for membership.

Signature:_____

Name/Title:

Date Signed:

Application Submittal Checklist

		Refer to Page
Application Fee	☐	1
Appendix A	☐	1
Five Year Loss Reports		
Liability	☐	1
Workers' Compensation	☐	1
Financial Statements	☐	2
Public Service Contracts		
Law Enforcement Fire	☐	2
Protection Service	☐	3
Airport Operation	☐	5
Waste Water Treatment	☐	6
Solid Waste Treatment	☐	6
Public Transit Service	☐	7
Medical Facility	☐	7

Optional Information

Loss Control Program	☐
Exceptional Policies	☐
Awards or Recognition	☐

APPENDIX A - Workers' Compensation Program Questionnaire

Regarding the Applicant Entity's workplace practices and procedures, please answer the following:

1. Is there a written Injury & Illness Prevention Program (IIPP)? Yes ☐ No ☐

2. Please identify the following programs that are applicable to your operations and for which you have written policies and procedures: :

Confined Space	☐	Respiratory Protection	☐	Hearing Conservation	☐
Blood Borne Pathogens	☐	Lock-out/Tag-out	☐	Violence in the Workplace	☐
Hazard Communication	☐	Excavation/Trenching	☐	Ergonomics	☐
Heat Stress	☐	Fall Protection	☐	Drug/Alcohol Testing *Per Drug Free Workplace Act*	☐

Other (describe briefly)

3. Is there an active Safety Committee? Yes ☐ No ☐
   If so, please list the Committee Chair and meeting schedule:
   Committee Chair (name):
   Title
   Committee Meeting Schedule:

4. Is ongoing training provided to ensure employee knowledge of safe work practices and practices and procedures? If so, please describe below: Yes ☐ No ☐
   Type and Frequency of training:

5. Is there a method for enforcing safety rules and regulations? Yes ☐ No ☐

6. Are accident investigations conducted to determine root causes of injuries, illnesses, and "near miss" accidents? Yes ☐ No ☐

7. Are routine safety inspections conducted? Yes ☐ No ☐
   If so, how often?
   Who performs the inspections?
   How are the results of the inspection handled?

8. Have there been any OSHA violations in the past five years? Yes ☐ No ☐
   If so, please explain and describe each action taken:

EMPLOYEES AND VOLUNTEERS

9. Are there written job descriptions for all positions that identify the essential function of the job? Yes ☐ No ☐

10. Are-employment physicals included in the hiring process? Yes ☐ No ☐
    If so, please answer the following:
    Are measurable, objective criteria for job performance included? Yes ☐ No ☐
    Is drug screening or testing included? Yes ☐ No ☐

11. Are orientations conducted for all new employees? Yes ☐ No ☐
When is it provided (first week, month, etc.)?
Who facilitates (supervisor, HR, etc.)?

12. Has a resolution been adopted by the Council to provide workers' Compensation coverage to volunteers? Yes ☐ No ☐

13. Is there a written policy or program for volunteers and their use of City facilities vehicles and/or equipment? Yes ☐ No ☐

INJURED WORKERS

14. Is there an Alternative/Transitional Duty, Return to Work Program used? Yes ☐ No ☐

15. Is a pre-designated treating facility identified for work-related injuries and illnesses? Yes ☐ No ☐

16. Do any employees receive supplemental salary replacement benefits in addition to Workers' Compensation Benefits (*i.e.*, 4850 benefits)? Yes ☐ No ☐

17. If using a Third Party Administrator for Workers' Compensation claims, please answer the following:
    a. How often are reviews on open claims conducted?
    b. Who participates in the files reviews? Please provide job title(s).