



City: Effective Date:

Programs Requested

Liability Workers' Compensation Property

Liability/Workers' Compensation Request for Indication

SIR Options Requested

Liability: Workers' Compensation:

Population: Actual Payroll (most recent calendar year):

Any significant changes to payroll in the last ten years?

Name of Claims Administration Company

Liability: Workers' Compensation:

Do you have a full-time risk manager?

If no, is staff assigned to the risk management function?

Do you have a formal safety program?

Do you have a budget for loss control?

Please attach loss data for the last ten years. To attach a file, select Comment > Annotations > Attach File.

Property Request for Indication

All Risk Only: All Risk, Earthquake and Flood:

Please attach your city's current statement of values, including property descriptions. SOV should indicate separate total insured values for buildings, contents, electronic data processing, loss of rents/business income, extra expense, mobile equipment/vehicles, and valuable papers/accounts receivable.

Are you currently in a pool? Pool name:

Current GL SIR/ deductible: GL Coverage/policy limit:

Current WC SIR/deductible: WC Coverage/policy limit:

Current Property SIR/deductible: Property Coverage/policy limit:

Contact name: Email: Phone: