

Entity Name:

Address:

County:

Contact Name & Title:

Email:

Phone Number:

Desired Effective Date:

FEIN:

Total Population of Municipality:

Total # of Employees:

Total Estimated Annual Payroll:

Special Exposures

Check the appropriate box that reflects the actual and/or anticipated (in the coming year) exposures associated with your operations.

- A. Own, lease or operate an electrical system or utility: Yes No
- B. Storage, generation or distribution of electrical power: Yes No
- C. Own, lease, or charter any aircraft: Yes No
- D. Own, lease, or charter any watercraft: Yes No
- E. Own, operate or maintain a railroad or own, lease, operate or repair railroad equipment? Yes No
- F. Foreign operations or employees who travel to foreign countries: Yes No
- G. Leased Employees: Yes No
- H. Any policy or coverage cancelled or non-renewed during the current or prior three (3) years: Yes No

If "Yes" to any of the above, additional information may be required. Please request an Exposure Supplemental Application from the Trust.

Rating Exposures

Please advise the estimated exposures that the Trust should use in calculating the estimated premium contribution. As usual with workers compensation coverage, these exposures are subject to audit after expiration of the coverage term and premium contribution will be adjusted based on actual exposures.

Classification	Class Code	Exposure (Payroll)
Waterworks (for separate water and/or sewer authorities only; does not apply to municipalities)	753	
Library – Public (separately staffed and located)	890	
Clubs – Country or Golf (separately staffed)	944	
Inspectors (Outside Sales)	951	
Clerical Office	953	
Township or Boroughs – All Other Employees	980	
Police	985A	
Paid Fire (Salaried, Not Volunteer)	985B	
Volunteer Ambulance Corps (Number of locations)	993	
Volunteer Fire Companies (VFCs) (population served)	994	No coverage for VFCs only. Trust can help place coverage elsewhere for VFC exposure
Other Classification: *		

*Use of another classification must be reviewed and approved by the Trust

Safety Committee

- A. Do you have a safety committee in place that is certified by the PA Department of Labor and Industry? *If "Yes," please provide the written certification letter.* Yes No

Please attach the following information to your application

- Most recent financial statement available, preferable for the last complete fiscal year.
- Loss runs for current (within 90 days of desired effective date of coverage) and five (5) prior years. Include list of all claims, open and closed, showing paid, reserve and total incurred amounts for each as well as brief descriptions of the loss.
- Copies of rating exposure audits for three (3) prior years or exhibit showing total annual payroll for each of the three (3) prior years.
- Description of any special loss prevention programs or safety committee programs currently in place (if applicable).
- Current volunteer fire policy, if separate.



Signature

The undersigned Authorized Representative represents that to the best of his or her knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and may be relied upon by Delaware Valley Property and Liability Trust and its underwriting consultants, Insurance Buyers' Council, as the basis for offering membership in the Trust and providing coverage. The Applicant will notify the Trust of any material changes to the information provided.

Signature: _____

Date: _____

