MOPERM

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MISSOURI PUBLIC ENTITY RISK MANAGEMENT FUND
EXPOSURE QUESTIONNAIRE - GENERAL INFORMATION

PLEASE ATTACH SEPARATE PAGE TO EXPLAIN ANSWERS, IF NECESSARY

AGENT'S NAME (IF APPLICABLE)	AGENCY NAME		PHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE

1. NAME OF ENTITY			
2. MAILING ADDRESS	CITY	STATE	ZIP CODE
3. NAME AND TITLE OF CONTACT PERSON		4. PHONE NUMBER	5. PROPOSED EFFECTIVE DATE
6. TYPE OF ENTITY	7. COUNTY	8. POPULATION OF AREA SERVICED	
9. AUTHORIZED SIGNATURE	10. NUMBER OF OFFICIALS ON YOUR GOVERNING BOARD		

	ACTUAL (PREVIOUS FISCAL YEAR)	BUDGET (CURRENT FISCAL YEAR)
11. GROSS REVENUES/INCOME	$	$
12. EXPENDITURES*	$	$
13. TOTAL PAYROLL	$	$
14. NUMBER OF EMPLOYEES		

* EXPENDITURES IS DEFINED AS TOTAL OPERATING COSTS (EXPENDITURES WITHOUT REGARD TO THE SOURCE OF REVENUE) DURING THE FISAL YEAR PERIOD, EXCLUDING:

a. CAPITAL IMPROVEMENTS (BONDABLE ITEMS, INCLUDING THE INTEREST THEREON, NEW CONSTRUCTION, MAJOR IMPROVEMENTS AND PURCHASE OF MAJOR ITEMS).
b. EXPENDITURES FOR INDEPENDENT CONTRACTORS' OPERATIONS.
c. WELFARE BENEFITS (NOT ADMINISTRATIVE COSTS).
d. PAYROLL.

15. DO YOU OWN OR OPERATE ANY WATERCRAFT OR AIRCRAFT? ☐ YES ☐ NO IF YES, LIST AND EXPLAIN PURPOSE: ____________________

____

16. NUMBER OF ADMINISTRATIVE BUILDINGS ____________________

17. NUMBER OF WAREHOUSES, GARAGES, EQUIPMENT YARDS ____________________

____

18. DESCRIBE EXHIBITIONS OR OTHER SPECIAL EVENTS THAT YOU SPONSOR ____________________

____

19. INCLUDE EMPLOYEE BENEFIT LIABILITY ? ☐ YES ☐ NO (IF ENTITY DOES NOT PROVIDE BENEFITS TO ITS EMPLOYEES, CHECK NO.)

20. CURRENT CARRIER INFORMATION	LIMITS	PREMIUM	DEDUCTIBLE	TYPE OF COVERAGE**
GENERAL LIABILITY				
AUTOMOBILE COVERAGES				
PUBLIC OFFICIALS ERRORS & OMISSIONS				
LAW ENFORCEMENT				

** CLAIMS - MADE OR OCCURRENCE FORM. IF CURRENT COVERAGE IS WRITTEN ON A CLAIMS-MADE BASIS, PLEASE SPECIFY RETROACTIVE DATE: ____________________

GENERAL EXPOSURES: DO YOU OWN OR OPERATE?

	YES	NO		YES	NO
RCRAFT			LEVEES/DRAINAGE DISTRICTS * (J)		
RPORT			MEDICAL FACILITIES * (K)		
MBULANCE SERVICE * (A)			MUSEUM OR LIBRARY		
MUSEMENT PARKS			RECREATIONAL FACILITIES		
ACH OR LAKES			PARKS & PLAYGROUNDS * (D)		
ASTING OPERATIONS * (B)			SWIMMING POOLS * (D)		
IDGES * (B)			GOLF COURSES * (D)		
METERIES			REFUSE REMOVAL * (I)		
HEMICAL SPRAYING			SCHOOLS		
AMS/RESERVOIRS			SEWER DEPARTMENT * (E)		
IRS, CARNIVALS, FESTIVALS			STADIUMS OR GRANDSTANDS		
RE DEPARTMENT * (A)			STREET OR ROAD MAINTENANCE * (B)		
REWORKS EXHIBITIONS			TRANSPORTATION SERVICES		
EALTH DEPARTMENT * (K)			UTILITIES		
OUSING AUTHORITY			ELECTRICAL * (H)		
E, ROLLER, OR OTHER RINKS			GAS * (G)		
AILS/HOLDING CELLS *(C)			WATER * (F)		
NDFILL *(I)			PLANNING & ZONING BOARD		
W ENFORCEMENT * (C)			OTHER		

*** (A-K) IF YES, PLEASE COMPLETE APPROPRIATE SECTIONS THAT FOLLOW**

CHOOLS REQUIRE A SEPARATE QUESTIONNAIRE. PLEASE CONTACT OUR OFFICE AT (800) 566-7376 FOR THE CORRECT

(A) FIRE AND/OR AMBULANCE SERVICE QUESTIONNAIRE

RADIUS OF OPERATIONS: ____________________

PERSONNEL (NUMBER)

	PAID		VOLUNTEER	
EMT'S	________	F.T.E.	________	F.T.E.
PARAMEDICS	________	F.T.E.	________	F.T.E.
FIREFIGHTERS	________	F.T.E.	________	F.T.E.
OTHER-	________	F.T.E.	________	F.T.E.

DESCRIBE: ____________________

(F.T.E. - FULL TIME EQUIVALENCY BASED ON 40 HOURS PER WEEK)

. NUMBER OF CALLS RESPONDED TO LAST YEAR ____________________

IF YOUR RECORDS SHOW CALLS BY CATEGORY, SHOW THAT INFORMATION ____________________

____

____

____

. DESCRIBE THE SCOPE OF YOUR SERVICES (E.G. FIRE FIGHTING, BUILDING INSPECTION, FIRE PREVENTION AND SAFETY TRAINING, SEARCH AND RESCUE OPERATIONS, AMBULANCES AND PARAMEDIC OPERATIONS, ETC.) ____________________

____

____

. ARE YOU UNDER CONTRACT TO OTHERS OR ARE THEY UNDER CONTRACT TO YOU (E.G. HOSPITALS, DOCTORS)?

☐ YES ☐ NO IF YES, DESCRIBE ____________________

____

(B) ROAD, BRIDGE AND BLASTING OPERATIONS QUESTIONNAIRE

1. MILEAGE OF ROADS/STREETS OWNED, CONTROLLED OR SERVICED BY YOU ____________
2. DO YOU BUILD ROADS? ☐ YES ☐ NO IF YES, DESCRIBE OPERATIONS ____________
3. DO YOU BUILD, MAINTAIN, OR REPAIR BRIDGES? ☐ YES ☐ NO IF YES, DESCRIBE TYPE OF CONSTRUCTION (STEEL, CONCRETE, ETC.) ____________
4. DESCRIBE ANY UNDERGROUND OPERATION EXPOSURES (MINES, TUNNELS, ETC.) ____________
5. DESCRIBE IN DETAIL ANY BLASTING ACTIVITIES ____________

(C) LAW ENFORCEMENT QUESTIONNAIRE

1. PERSONNEL (NUMBER)

DISPATCHERS	______	F.T.E.
JAILERS	______	F.T.E.
OFFICERS	______	F.T.E. (WITH ARREST POWERS)
RESERVES	______	F.T.E.
K-9 UNIT	______	F.T.E.

(F.T.E. - FULL TIME EQUIVALENCY BASED ON 40 HOURS PER WEEK)

2. DO ALL OFFICERS MEET THE MINIMUM TRAINING REQUIREMENTS ESTABLISHED BY THE STATE? ☐ YES ☐ NO
3. ARE ALL OFFICERS P.O.S.T-CERTIFIED (PEACE OFFICERS STANDARD & TRAINING COMM. RSMo 590)? ☐ YES ☐ NO
4. DO YOU OWN OR OPERATE A FIRING RANGE? ☐ YES ☐ NO IF YES, DESCRIBE ____________
5. ARE JAIL FACILITIES MAINTAINED? ☐ YES ☐ NO TOTAL SQUARE FEET ____________

   NUMBER OF CELLS ____________ AREA OF EACH CELL (SQ. FT.) ____________

   TOTAL NUMBER OF BEDS ____________ BEDS PER CELL ____________

   AVERAGE NUMBER OF INMATES INCARCERATED ____________

   ARE JUVENILES HOUSED SEPARATELY? ☐ YES ☐ NO

   NUMBER OF JAILERS ON DUTY EACH SHIFT ____________

   DOES DISPATCHER SERVE AS JAILER? ☐ YES ☐ NO

   WHAT METHOD IS USED FOR INMATE SURVEILLANCE? ____________

   ARE STRIP SEARCHES PERFORMED? ☐ YES ☐ NO

   LIST AND BRIEFLY DESCRIBE ANY CLAIMS/SUITS WHICH HAVE ARISEN FROM OPERATION OF THE JAIL:

(D) RECREATIONAL FACILITIES QUESTIONNAIRE

1. HOW MANY PARKS ARE OWNED BY THE ENTITY? ______ APPROXIMATE NO. OF ACRES ______

   IS PLAYGROUND EQUIPMENT INSPECTED ANNUALLY? ☐ YES ☐ NO

2. ATTACH A LIST OF ATHLETIC EVENTS SPONSORED BY THE ENTITY AND THE APPROXIMATE NUMBER OF PARTICIPANTS IN EACH EVENT.

3. NUMBER OF GOLF COURSES ______ ANNUAL RECEIPTS $ ______

   NUMBER OF GOLFMOBILES ______ ANNUAL RECEIPTS $ ______

4. NUMBER OF SWIMMING POOLS ______ NUMBER OF DIVING BOARDS ______

   IS THE AREA SURROUNDING THE POOL(S) FENCED? ☐ YES ☐ NO

   ARE CERTIFIED LIFEGUARDS ON DUTY AT ALL TIMES WHEN THE POOL IS OPEN? ☐ YES ☐ NO

   ARE POOL(S) DRAINED IN THE OFF SEASON? ☐ YES ☐ NO ARE POOL REGULATIONS POSTED? ☐ YES ☐ NO

(E) SEWER OPERATIONS QUESTIONNAIRE

1. IS A SEWAGE DISPOSAL PLANT MAINTAINED? ☐ YES ☐ NO

   IF NO, WHAT DISPOSAL METHODS ARE USED? ______

   IF YES, BY YOU OR INDEPENDENT CONTRACTOR? ______

2. WHAT PERCENTAGE OF SEWAGE TREATMENT IS PERFORMED BY YOU? ______

   BY INDEPENDENT CONTRACTORS? ______

3. WHAT PERCENTAGE OF CONSTRUCTION IS PERFORMED BY YOU? ______

   BY INDEPENDENT CONTRACTORS? ______

4. NUMBER OF MILES OF SEWER LINES MAINTAINED? ______

5. IS THERE A PREVENTIVE MAINTENANCE SCHEDULE? ☐ YES ☐ NO

   IF YES, DESCRIBE ______

6. HOW OLD IS THE SYSTEM, INCLUDING LINES? ______

7. ARE LIFT STATIONS IN OPERATION? ☐ YES ☐ NO

8. ARE BACK FLOW VALVES REQUIRED? ☐ YES ☐ NO

9. LIST AND BRIEFLY DESCRIBE ANY CLAIMS/SUITS WHICH HAVE ARISEN FROM OPERATION OF THE SEWER SYSTEM

10. IF WORK IS BEING PERFORMED BY YOUR EMPLOYEES, WHAT TRAINING IS REQUIRED OF THEM?

(F) WATER UTILITY QUESTIONNAIRE

. NUMBER OF EMPLOYEES ______________ 2. ANNUAL DISTRIBUTION (GALLONS) ______________

. SOURCE OF WATER SUPPLY ______________

. IS PIPE INSTALLATION PERFORMED BY ☐ DISTRICT OR ☐ INDEPENDENT CONTRACTORS?

. WHAT TYPE OF PIPE IS USED? ______________

. HOW OLD IS SYSTEM? ______________

. HOW OFTEN IS DRINKING WATER TESTED? ______________

IS A FLUORINE COMPOUND USED IN THE WATER? ☐ YES ☐ NO

HOW IS IT CONTROLLED? ______________

WATER SUPPLY TANKS (ATTACH SEPARATE PAGE IF NECESSARY)

CONSTRUCTION	TYPE	CAPACITY (GALLONS)	AGE

). IS TANK BASE FENCED? ☐ YES ☐ NO IS AREA LIGHTED? ☐ YES ☐ NO

. HOW OFTEN ARE TANKS INSPECTED? ______________ BY WHOM? ______________

:. ARE THERE ANY DAMS, LEVEES, DIKES OR RESERVOIRS? ☐ YES ☐ NO

(G) GAS UTILITY QUESTIONNAIRE

GROSS REVENUE ______________ ANNUAL PAYROLL ______________

NUMBER OF EMPLOYEES ______________

DO YOU DRILL WELLS? ☐ YES ☐ NO DO YOU OPERATE ANY WELLS? ☐ YES ☐ NO

DO YOU CONSTRUCT PIPELINES? ☐ YES ☐ NO DO YOU MAINTAIN ANY PIPELINES ☐ YES ☐ NO

NUMBER OF CUSTOMERS BY CLASSIFICATION

RESIDENTIAL ______________ COMMERCIAL ______________ INDUSTRIAL ______________ OTHER ______________

TOTAL AMOUNT OF GAS SOLD IN THE LATEST FISCAL YEAR (GALLONS) ______________

UNACCOUNTED-FOR GAS AMOUNTED TO ______________ % OF THE TOTAL AMOUNT OF GAS PURCHASED BY THE GAS UTILITY IN THE LATEST FISCAL YEAR.

DESCRIBE YOUR OPERATIONS, INCLUDING INFORMATION ON GAS SUPPLIERS, PIPELINES, ODORIZING STATIONS, PROPANE SALES, REPAIR OR SERVICE OF CUSTOMERS' APPLIANCES OR ANY OTHER WORK BEYOND THE CUSTOMERS' METERS

____

____

____

____

ATTACH COPY OF YOUR MOST RECENT ANNUAL REPORT TO THE UNITED STATES DEPARTMENT OF TRANSPORTATION.

(H) ELECTRIC UTILITY QUESTIONNAIRE

1. GROSS REVENUE ____________ ANNUAL PAYROLL ____________
   NUMBER OF EMPLOYEES ____________ NUMBER OF CUSTOMERS ____________
2. DO YOU PERFORM: POLE INSTALLATION? ☐ YES ☐ NO SERVICE CONNECTION? ☐ YES ☐ NO
   TRANSFORMER INSTALLATION? ☐ YES ☐ NO WIRE STRINGING? ☐ YES ☐ NO METER READING? ☐ YES ☐ NO
3. NUMBER OF POWER SOURCES ____________ PERCENTAGE OF POWER GENERATED BY ENTITY ____________ %
   LOCATION OF POWER PLANT ____________
4. DO YOU DISTRIBUTE POWER PURCHASED FROM ANOTHER SOURCE? ____________
   IF PURCHASED, ANNUAL COST ____________

IF YOUR ENTITY GENERATES POWER, PLEASE COMPLETE THE FOLLOWING

5. POWER GENERATION

LOCATION	TYPE OF FUEL	GENERATING CAPACITY IN KILOWATTS	% OF TOTAL GENERATING CAPACITY

HIGH VOLTAGE TRANSMISSION: NUMBER OF TOWERS ____________ NUMBER OF LINE MILES ____________

IS YOUR ENTITY PART OF A REGIONAL GRID OR POWER POOL? ☐ YES ☐ NO IF YES, DESCRIBE ____________

NUMBER OF CUSTOMERS BY CLASSIFICATION

RESIDENTIAL ____________ COMMERCIAL ____________ INDUSTRIAL ____________ OTHER ____________

LIST ANY CUSTOMERS ACCOUNTING FOR MORE THAN 5% OF TOTAL OUTPUT ____________

(I) REFUSE REMOVAL OPERATIONS QUESTIONNAIRE

DESCRIBE REFUSE REMOVAL PROCEDURES, IF ANY ____________

OWNED OR OPERATED REFUSE/DUMP/LANDFILL SITES

A. TOTAL NUMBER IN OPERATION ____________ CLOSED ____________
B. TOTAL AREA IN ACRES - OPEN ____________ CLOSED ____________
C. EPA RATINGS IF APPLICABLE - OPEN SITES ____________ CLOSED SITES ____________

DO YOU HANDLE CHEMICALS OR TOXIC WASTE DISPOSAL? ☐ YES ☐ NO IF YES, DESCRIBE PROCEDURES EMPLOYED BY YOU OR YOUR INDEPENDENT CONTRACTORS ____________

DESCRIBE ANY CHEMICAL OR TOXIC WASTE DISPOSAL FACILITY OWNED OR OPERATED BY YOU. INCLUDE EPA RATINGS ____________

(J) LEVEE AND DRAINAGE DISTRICTS QUESTIONNAIRE

1. TOTAL MILES OF LEVEES MAINTAINED ______________________________

2. LIST FLOOD CONTROL LEVEES

NAME OF CHANNEL	CAPACITY	NUMBER OF MILES	FENCED?
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO

3. LIST DRAINAGE CHANNELS

NAME OF CHANNEL	FEET			FENCED?
	WIDTH	DEPTH	LENGTH	
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO

4. OPEN CANALS OR WATERWAYS: FENCED ____________ MILES NOT FENCED ____________ MILES

5. DO YOU USE EXPLOSIVES OR DO ANY BLASTING? ☐ YES ☐ NO IF YES, DESCRIBE ACTIVITIES

6. PROVIDE A BRIEF DESCRIPTION OF YOUR OPERATIONS

(K) MEDICAL FACILITIES/HEALTH CENTERS

1. DO YOU OWN OR OPERATE ANY CLINICS OR HEALTH CENTERS? ☐ YES ☐ NO IF YES,

NUMBER OF OUTPATIENT VISITS ANNUALLY________________ (PLEASE ATTACH LIST SHOWING BREAKDOWN BY TYPE OF VISIT.)

LIST SATELLITE LOCATIONS ________________

HOME HEALTH CARE: NUMBER OF VISITS ANNUALLY ________________

OUTSIDE IMMUNIZATION PROGRAMS: NUMBER ADMINISTERED ________________

BRIEFLY DESCRIBE FACILITIES OR PROGRAMS OR ATTACH DESCRIPTIVE MATERIAL

2. DO YOU OPERATE ANY OF THE FOLLOWING PROGRAMS OR FACILITIES?

	LOCATION
NURSING HOMES	
CONVALESCENT HOMES	
HOMES FOR THE AGED	
FOSTER HOME PROGRAMS	
ORPHANAGES	
DRUG AND ALCOHOL REHABILITATION PROGRAMS	
SANITARIUMS/ASYLUMS	
HOMES FOR RETARDED CITIZENS	
SHELTERED WORKSHOPS	

OTHER - DESCRIBE ________________

ATTACH A PAGE WHICH DESCRIBES THE PROGRAM(S) AND/OR FACILITY(IES) OPERATED.

FACILITY/PROGRAM DETAILS. PROVIDE THE FOLLOWING INFORMATION AS APPLICABLE.

TYPE OF FACILITY/PROGRAM	NUMBER OF AVAILABLE BEDS	NUMBER OF INPATIENT DAYS	NUMBER OF OUTPATIENTS

3. NON-PHYSICIAN PERSONNEL (EMPLOYED AND CONTRACTED). SHOW NUMBER OF PERSONS IN FULL TIME EQUIVALENTS (FTE) BASED ON 40 HOUR WEEK.

	EMPLOYED # PERSONS	CONTRACTED #PERSONS
PHYSICIAN ASSISTANT		
PSYCHOLOGIST		
REGISTERED NURSE		
LICENSED PRACTICAL NURSE		
NURSE PRACTITIONER		
CERTIFIED NURSE AID		
LAB TECHNICIANS		
X-RAY TECHNICIANS		
X-RAY THERAPISTS		
NUCLEAR MEDICINE TECHNICIANS		
PHYSICIAL THERAPISTS		
PHARMACISTS		
RESPIRATORY THERAPISTS		
EMERGENCY MEDICAL TECHNICIANS		
SOCIAL WORKERS		
DIETICIANS		
OTHER - DESCRIBE		

PHYSICIANS, DENTISTS, AND PSYCHIATRISTS ARE EXCLUDED FROM COVERAGE.

AUTOMOBILE COVERAGES

PLEASE PROVIDE INFORMATION FOR ALL AUTOMOBILES (INCLUDING TRAILERS, IF PHYSICAL DAMAGE COVERAGE IS DESIRED). ATTACH ADDITIONAL PAGES IF NECESSARY.

ALL AUTOMOBILES AND TRAILERS WILL BE INCLUDED FOR LIABILITY COVERAGE. COMPLETE THE PHYSICAL DAMAGE AND OTHER COVERAGE SECTIONS AS DESIRED. PHYSICAL DAMAGE DEDUCTIBLES ARE AVAILABLE AT INCREMENTS OF $100, $250, $500, AND $1,000. CONTACT UNDERWRITER FOR OTHER DEDUCTIBLES.

DESCRIPTION			COVERAGE AND DEDUCTIBLE			
COVERED VEHICLE NUMBER	YEAR, MODEL, TRADE NAME, BODY TYPE, VEHICLE I.D. NUMBER (VIN) (BUSES AND VANS, SHOW PASSENGER SIZE)	COST NEW	COMPREHENSIVE	COLLISION	UNINSURED MOTORISTS	AUTO MED. PAY $5,000
			IF COVERED, SHOW DEDUCTIBLE AMOUNT IF NOT COVERED, SHOW "NC"		SHOW "C" FOR COVERED "NC" FOR NOT COVERED	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

LIABILITY LOSS EXPERIENCE

1. SUMMARIZE YOUR PAST FIVE (5) YEARS' LIABILITY LOSS EXPERIENCE. INCLUDE ALL TYPES OF LIABILITY CLAIMS (e.g., GENERAL, AUTOMOBILE, ERRORS AND OMISSIONS).

ACCIDENT PERIOD	NUMBER OF CLAIMS	TOTAL PAID	TOTAL "RESERVES" OUTSTANDING	TOTAL INCURRED
TO				
TO				
TO				
TO				
TO				

ATTACH ALL AVAILABLE YEAR-END CLAIMS SUMMARIES FOR EACH OF THE ACCIDENT YEARS.

2. DESCRIBE ALL LIABILITY LOSSES OVER $10,000 WHICH YOU INCURRED IN THE LAST FIVE YEARS (WHETHER COVERED BY INSURANCE OR NOT).

DATE OF LOSS	DESCRIPTION OF LOSS/CLAIM	TOTAL PAID	TOTAL "RESERVES" OUTSTANDING	TOTAL INCURRED

ATTACH ADDITIONAL SHEETS IF NECESSARY